International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493
P-ISSN: 2616-4485
Impact Factor (RJIF): 5.96
www.homoeopathicjournal.com
IJHS 2025; 9(3): 1079-1085
Received: 15-05-2025
Accepted: 19-06-2025

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Allergic rhinitis and homoeopathy: An overview

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DOI: https://www.doi.org/10.33545/26164485.2025.v9.i3.Q.1790

Abstract
Allergic rhinitis (AR) is a common IgE-mediated hypersensitivity disorder caused by exposure to allergens which include pollen e,g, trees, grasses, weeds, dust mites, molds, animal dander, etc. Approximately 500 million individuals around the world are afflicted with AR, which reduces quality of life for individuals and has a significant impact on economic and workplace productivity. AR may exist alongside other disorders, such as asthma and conjunctivitis. Conventional management of AR is focused on symptomatic treatments: antihistamines, corticosteroids, and immunotherapy, often carried out over long durations. Homoeopathy, with its holistic and individualized approach, aims at reducing susceptibility and improve constitutional health, thereby minimizing recurrence and intensity of symptoms. This article reviews the etio-pathogenesis, clinical features, diagnosis, and conventional management of AR while emphasizing homoeopathic perspectives. This article reviews the etio-pathogenesis, clinical features, diagnosis, and conventional management of AR while emphasizing homoeopathic approach. Additionally, it provides an overview of the indications of a number of commonly prescribed remedies with reference to allergic manifestations. Homoeopathy, by addressing the root susceptibility rather than only symptoms, may provide an effective and sustainable approach to the management of allergic rhinitis.

Keywords: Homoeopathy, allergic rhinitis, allergen, hypersensitivity, idiosyncrasy

Introduction
Allergic Rhinitis is defined as an IgE-mediated, type 1 hypersensitivity response to a spectrum of inhaled environmental allergens. Allergic rhinitis is characterized by anterior or posterior rhinorrhea, nasal congestion/blockage, itching of the nose, and sneezing occurring for more than one hour on two or more consecutive days [1]. Additional symptoms such as headache, impaired smell, and conjunctival symptoms can be associated. The Allergic Rhinitis and Its Impact on Asthma (ARIA) guidelines classify allergic rhinitis based on the duration of symptoms as intermittent and persistent allergic rhinitis. ARIA also categorizes allergic rhinitis based on severity as mild, moderate, and severe allergic rhinitis. Allergens related to allergic rhinitis are proteins found in airborne particles that include pollens, dust mites, insect excrement, animal dander, and mold [2]. The most common comorbid conditions associated with allergic rhinitis are asthma and conjunctivitis. The strong relationship with asthma may be explained by the concept of a unified airway that says that inflammation may develop in both the upper and lower airways, since they share common pathophysiologic mechanisms, coexisting and communicating via the systemic circulation [3]. Clinical expression of the disease is a result of a cascade of immunological and biochemical events [4].

The prevalence of AR seems to be increasing and had enormous impacts in all aspects. Though, treatment protocol in modern medicine provides temporary relief of symptoms with insufficient control of disease. It requires multiple dosage of medicine with long term therapy at high cost. Complementary and alternative medicines (CAM) are widely used to manage AR. [5] Patients may choose CAM for a number of reasons including distrust of conventional medicine, insufficient patient physician interaction, and assumption that CAM has no negative side effects [6].

Homoeopathic management of Allergic Rhinitis is based on holistic and individualistic approach, therefore aiming to improve the susceptibility & vitality of the patient which in turn will reduce the frequency of the acute attacks. As the susceptibility of the patient is enhanced after taking the individualized homoeopathic medicine, with time there is improvement in the atopic background of the patient.

This article will help in understanding individualized homoeopathic approach in management of Allergic Rhinitis.

Prevalence

ARIA 2008 updated document estimates that there are around 500 million patients with allergic rhinitis (AR) worldwide. Data suggests that AR is the most common chronic disorder in the paediatric population with up to 40% of children affected [7].

About 10-20% of the general population in many developed countries are suffering from allergic rhinitis [8]. Recent studies conducted in South India showed that allergic rhinitis affects around 21.29% of South Indian population. Furthermore, the trend seems to increase at a rate of 6%,9%,13% in the year from 1998,2003,2009 respectively [9].

Allergic rhinitis seems to begin at any age the worst of it is seen in children and adults in their 30s and 40s. The prevalence decreases after age 50 and was highest in individuals be-tween the ages of 20 to 29, and 30 to 39 [10].

Etio-Pathogenesis

Common allergens causing allergic rhinitis include proteins and glycoproteins in pollens from the trees and grasses, mould spores, house dust, debris from insects or house mite, cockroach residues, animal dander etc. Additional occupational exposures may be pertinent in selected situations (e.g., bakers, health care workers, food handlers, horse fanciers, laboratory animal handlers) in which specific allergen may be identified.

Genetic predisposition also plays an important part. If one or both parents suffer from allergic diathesis, probability of children developing allergy are 20% and 47% respectively [11].

The priming effect refers to the phenomenon whereby repeated allergen exposure progressively reduces the threshold of allergen required to elicit an immediate hypersensitivity response. Clinically, this effect is manifested as enhanced mucosal hyper responsiveness to non-antigenic stimuli, including irritants such as strong odors and cigarette smoke. This mechanism provides an explanation for the paradoxical observation that patients often report progressive symptom exacerbation despite declining aeroallergen concentrations later in the season [12].

Allergic rhinitis (AR) is an IgE-mediated hypersensitivity disorder characterized by variable degrees of inflammatory cell infiltration within the nasal mucosa. A substantial body of evidence demonstrates the presence of eosinophilic airway inflammation and identifies increased expression of chemokines, cytokines, endothelial adhesion molecules, and epithelial adhesion molecules, which collectively contribute to the persistence of the inflammatory milieu.

The release of inflammatory mediators from infiltrating leukocytes and resident mast cells is implicated not only in the acute symptomatology of AR but also in the induction of nasal non-specific hyper reactivity, thereby perpetuating the chronicity and severity of the disease process [13].

During the sensitization phase, inhaled allergens are captured and processed by antigen-presenting cells (APCs) within the nasal mucosa and presented to $CD4^+$ T lymphocytes. Activated T cells subsequently secrete cytokines and granulocyte-macrophage colony-stimulating factor (GM-CSF), which drive the differentiation of B lymphocytes into plasma cells. Plasma cells produce antigen-specific IgE, which binds with FcεRI receptors expressed on the surface of mast cells and basophils, thus sensitizing these effector cells.

Upon re-exposure to allergen, the allergenic peptides are recognized by IgE bound to mast cells or basophils, leading to cross-linking of IgE molecules and activation of intracellular signalling cascades. This process culminates in degranulation and release of both preformed and newly synthesized mediators, including histamine, leukotrienes, prostaglandins, and platelet-activating factor. These mediators mediate the immediate-phase symptoms of AR.

Subsequently, a late-phase reaction emerges within 4-12 hours, characterized by the release of chemokines and chemo attractants that recruit Th2 lymphocytes, eosinophils, and additional mast cells into the nasal epithelium. These infiltrating cells perpetuate inflammation through the release of cytokines, proteolytic enzymes, and secondary mediators, thereby establishing nasal non-specific hyper reactivity and driving the persistence or chronicity of allergic symptoms [2].

Clinical Features

Allergic rhinitis is characterized by anterior or posterior rhinorrhea, nasal congestion/blockage, itching of the nose, and sneezing occurring for more than one hour on two or more consecutive days.

Clinically, AR has been classified as *seasonal*, caused by seasonal or outdoor allergens (e.g., moulds, pollens); and *perennial*, due to year-round allergens or indoor allergens (e.g., dust mites, moulds, insects, cockroaches and animal dander); or *episodic*, caused by sporadic exposures. However, this phenotyping approach is often unreliable and it frequently overlaps.

The Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines provide a standardized framework for the classification of allergic rhinitis (AR) based on both duration and severity [15].

1. **By Duration**
- **Intermittent AR:** Symptoms occur on <4 days per week or for <4 consecutive weeks.
- **Persistent AR:** Symptoms occur on >4 days per week and for >4 consecutive weeks.

2. **By Severity**
- **Mild AR:** Defined by normal sleep, no impairment of daily activities, work, leisure, sport, or school, and absence of troublesome symptoms.
- **Moderate/Severe AR:** Defined by the presence of one or more impairments, including disturbed sleep, reduced daily functioning, or troublesome symptoms

The clinical presentation of seasonal allergic rhinitis (SAR) is characterized by a constellation of nasal and extranasal symptoms. Prominent nasal manifestations include paroxysmal bouts of sneezing (often 10-20 sneezes in succession), nasal obstruction, profuse watery rhinorrhea, and nasal pruritus. Pruritus may also extend to the eyes, palate, and pharynx, contributing to significant discomfort. In certain individuals, bronchospasm may accompany nasal symptoms, reflecting the overlap between upper and lower airway allergic responses.

The duration and intensity of symptoms vary with the seasonal distribution of aeroallergens. Since many allergenic plants release pollen predominantly during the early

morning hours, symptom severity is typically greatest at this time and tends to diminish as the day progresses.

In contrast to the marked seasonal variability of seasonal allergic rhinitis (SAR), perennial allergic rhinitis (PAR) is generally associated with less severe but more persistent symptoms. Patients frequently report recurrent "colds," chronic nasal obstruction, anosmia secondary to mucosal edema, postnasal drip, chronic cough, and, in some cases, hearing impairment attributable to Eustachian tube dysfunction or middle-ear effusion.

Clinical signs of allergy may be evident in the nose, eyes, ears, pharynx, or larynx:

- **Nasal findings:** A transverse nasal crease (from the habitual "allergic salute"), oedematous nasal mucosa and turbinate, and a thin watery or mucoid discharge are common.
- **Ocular findings:** Patients may exhibit lid oedema, conjunctival hyperaemia with a cobblestone appearance, and allergic shiners (periorbital darkening due to venous stasis).
- **Aural findings:** Retracted tympanic membranes or serous otitis media may occur secondary to Eustachian tube obstruction.
- **Pharyngeal findings:** Granular pharyngitis, resulting from lymphoid hyperplasia, is often observed in association with prolonged mouth breathing and adenoid hypertrophy.
- **Laryngeal findings:** Hoarseness of voice and vocal cord edema may develop in some individuals [11].

Investigations and Diagnosis

The diagnosis of allergic rhinitis (AR) requires a comprehensive medical history and a thorough clinical examination. Although peripheral eosinophilia may be observed in patients with AR, it is regarded as an inconsistent finding and lacks diagnostic specificity.

A nasal smear, obtained during a period of clinically active disease or following a nasal allergen challenge test, may demonstrate nasal eosinophilia. However, this finding is not unique to AR, as it may also be present in non-allergic rhinitis with eosinophilia syndrome (NARES) [11].

The most widely employed diagnostic tests for AR include:

1. **Skin Prick Test (SPT):** This *in vivo* test involves introducing a small quantity of allergen extract, along with appropriate control solutions, into the epidermis. A wheal-and-flare reaction typically develops within 15 minutes. A positive test is conventionally defined as a wheal with a diameter ≥ 3 mm compared with the negative control.
2. **Allergen-Specific IgE Antibody Testing:** Radioallergosorbent Test (RAST): An *in vitro* assay that measures concentrations of allergen-specific IgE antibodies in the patient's serum.
3. **ImmunoCAP System:** A more advanced *in vitro* method, which employs a three-dimensional cellulose solid-phase allergen matrix to enhance sensitivity and specificity in detecting allergen-specific IgE to both whole allergens and molecular allergen components [1]

Management

The management of allergic rhinitis includes allergen avoidance, pharmacological treatment, immunotherapy and education.

Allergen avoidance appears to be an effective measure to manage allergic rhinitis as patients don't have any symptom excluding pollen season or any occupational exposure. On the contrary, exposure to allergen leads to symptoms. However, the amount of exposure varies in indoor and outdoor conditions, and patients are frequently sensitized to a variety of allergens [15].

Conventional Medical therapy includes intranasal corticosteroids, oral antihistamines or the combination of intranasal corticosteroids and antihistamines.

Allergen immunotherapy involves the gradual administration of increasing doses of a standardized allergen extract (subcutaneous or sublingual), with the objective of inducing immunologic tolerance. This approach has been demonstrated to reduce symptom severity and medication requirements during subsequent allergen exposure and is currently the only disease-modifying treatment for AR [15].

Nasal saline irrigation (isotonic or hypertonic) is recommended as a safe and effective adjunctive measure. It promotes mucus clearance, reduces allergen load, and enhances the effectiveness of concomitant pharmacologic therapies by improving nasal mucosal penetration of medications.

Homoeopathy in Allergic Rhinitis

BK Sarkar has suggested Psoric miasm in the sense of an original sensitization which results in various phenomenon of hypersensitivity, one of which happens to be a lowered resistance of the skin to an invasion of the "*Acarius Scabii*".

In case of secondary acute exacerbations of the chronic miasmatic illness the internal hypersensitivity is the pertinent factor; only a constitutional treatment can be of real help. [16]

According to Dr Samuel Hahnemann allergy falls under Idiosyncrasy as mentioned in 117th aphorism. It is defined as "peculiar corporeal constitutions which although otherwise healthy possess a disposition to be brought into a more or less morbid state by certain things which seems to produce no impression and no change in many other individuals" [17].

According to J H Allen "Idiosyncrasy is a well-known state of the body or mind, in fact we may have either a physical, mental or moral idiosyncrasy." [18].

According to Stuart close "Idiosyncrasy is a habit or quality of the organism peculiar to the individual it can be inborn or acquired." [19].

When we think of an allergic patient he is supersensitized presenting with sneezing, coryza with or without fever and subsides without complication confirms it belongs to Psora as quoted by Dr Kent. [20] When the expression of disease progresses to oppression in chest and passing on to asthma together with anosmia, nasal stuffiness and dry rattling, the healing is slow it is the sycotic type, as per H.A. Roberts. [21].

Allergic Rhinitis in Repertories

After analysis of various homoeopathic repertories, the following rubrics may help in finding potential medicines for management of Allergic Rhinitis.

1) Boenninghausens Therapeutic Pocket Book: [22]

Chapter - Nose, Nasal catarrh

ARS, BELL, BROM, K.BI, MERC, MERC.C, NUX.V, RHUS, SELE, SUL.

Nasal discharges, Acrid - ALL.C, ALUM, ARS, MERC.

2) Kent J.T, Repertory of Homoeopathic Materia Medica: [23]

Chapter - Nose

Catarrh - Ars. Aur. Bell. Brom. Calc. Carb-s, Carb-v. Eup-per. Graph. Hep. Kali bi. Lyc. Merc. Merc-c. Nat-a. Nat-m. Nit-ac. Nux-v. Petr. Psor. Puls. Rhus-t. Sel. Sep. Sil. Sulph.

Chapter - Nose

coryza, annual (hay fever)- All-c, Arund. Nat-m. Psor. Sabad. Sin-n.

Inflammation- Lach. Phos. Sulph.

3) Boger's Boenninghausen's Characteristics Materia Medica and Repertory

Chapter - Nose

Inflammation - ARN. ARS. AUR. BELL. MERC. RHUS-T. SULPH.

Catarrh - atrophic- kali-bi.

Chapter - Coryza

Coryza, catarrh - AM-C. ANT-T. ARS. BELL. CHAM. CHIN. DULC. EUPHR. HEP. IGN. IP. LACH. LYC. MERC. NAT-C. NUX-V. PULS. SAMB. SULPH.

Sneezing - ALL-C. ANTT. ARN. ARS. BELL. BRY. CALC. CARB-V. CAUST. CON. CYCL. GELS. IP. KALI-C. MERC. NAT-C. NAT-M. NUX-V. PULS. RHUS-T. SABAD. SENEG. SIL. STAPH. TEUCR.

4) Boericke W., A New Manual of Homoeopathic Materia Medica and Repertory [24]

Chapter - Nose

Inflammation; acute catarrhal - from pollen irritation, hay fever, rose cold,

Summer Catarrh

Ambro. Aral. Ars. Ars-i. Euphr. Lach. Naphtin. Psor. Ran-b. Sabad. Sangin-n. Sin-n. Stict.

Coryza - Inflammation - chronic catarrhal

Alum. Am-m. Calc. Eucal. Hep. Hippoz. Hydr. Kali-bi. Merc. Nat-c. Puls. Sep.

Type of discharge in rhinitis - Acrid, watery, fluent, hot, or thin mucus

All-c. Am-m. Ambro. Aral. Ars. Ars-i. Gels. Iod. Kali-i. Merc-c. Nat-ar. Nat-m. Sabad. Sangin-n.

5) Barthel H., Synthetic Repertory [25]

Chapter - Coryza

General symptoms - thuja

Suppressed - BRY, CALC, LACH, NUX.V

6) Synthesis Repertory by Schroyens. F [26]

Chapter - Nose

Hay Fever

Agar. All-c. Ars. Arund. Gels. Lyc. NAT-M. Psor. Puls. Sabad. Sin-n. Tub.

Chapter - Generals

Allergic constitution

Apis

7) Homoeopathic Medical Repertory by Robin Murphy [27]

Chapter - Nose

Allergic rhinitis

All-C. ARS. EUPHR. NUX-V.

Nose - HAY fever - ALL-C. AMBRO. ARS. ARS-I. ARUND. MED. NAT-M. NAT-S. PSOR. SABAD. SIN-N. TUB.

CATARRH, mucus congestion

ARS. AUR. BELL. BROM. CALC. CARB-V. CARBN-S. EUP-PER. GRAPH. HEP.

HYDROG. KALI-BI. LYC. MERC. MERC-C. NAT-ACT. NAT-M. NIT-AC. NUX-V. PETR. PSOR. PULS. RHUS-T. SEL. SEP. SIL. SULPH.

8) Complete Repertory by Van ZandvoorT. R: [28]

Chapter - Nose

Coryza - annual, hay fever

ALL-C. ARUND. BROM. HIST. NAT-M. PSOR. SABAD. SIN-N. TUB.

Allergic Rhinitis in Materia Medica

Indications of some common homoeopathic remedies used in clinical practice for the treatment of Allergic Rhinitis are given below: [29-31]

Allium cepa

Allium cepa is characterized by profuse, watery, acrid nasal discharge that excoriates the nose and upper lip, accompanied by bland, non-irritating lachrymation. Coryza is worse in the evening and in warm rooms, but better in the open air. It is often attended by violent sneezing, headache, cough, thirst, and trembling of the hands. A keynote indication is hay fever appearing every August, with great sensitivity to the odor of flowers and peaches

Ammonium carbonicum

Women leading sedentary life they get affected by cold easily who are fleshy, delicate women. Stoppage of nose at night, during sleep and worse at each menses. Acrid coryza. Sneezing at night or in the morning on waking.

Arum triphillum

Sore discharge of ichorous excoriating fluid from nose. Nose is stopped and can breathe only through mouth. Right sided nostril.

Arsenicum album

Arsenicum album presents with violent sneezing, burning and great dryness of the nostrils. The coryza is fluent yet the nose feels obstructed, with acrid, watery, excoriating discharge. Burning and swelling of the nose are characteristic, along with marked restlessness and anxiety in general conditions.

Arsenicum iodatum
Coryza with extremely excoriating discharge. Chronic nasal catarrh, discharge gluey, like yellow honey, excoriating. It is described by Hale as a preventive and the nearby specific. Better: Open air.

Arundo
A remedy for catarrhal states. Burning and itching of the nostrils. Coryza and sneezing due to pollen allergy.

Calcarea carbonica
In *Calcarea carbonica*, coryza may be dry in the morning with frequent sneezing, or excessively fluent at other times. The nasal symptoms can alternate with cutting abdominal pains. Patients may also perceive a fetid odor before the nose, likened to a dunghill, rotten eggs, or gunpowder. These features highlight Calcarea's deep constitutional action on mucous membranes with offensive discharges and systemic disturbances

Chininum arsenicosum
Post nasal dripping and coryza >erect posture and when out of doors.

Dulcamara
Dulcamara is suited to coryza brought on by cold, damp weather or exposure to rain or when the days are hot and nights are cold. The nose becomes completely stopped up, especially from the least cold air, and the patient desires warmth. Discharge is thick, yellow, and may form bloody crusts. It is also indicated in coryza of newborns

Hepar Sulphuris Calcareum
Hepar sulphuris is marked by extreme sensitivity to cold air, sneezing on the least exposure, and stoppage of the nose whenever out in cold wind. Coryza begins with fluent discharge, later becoming thick, purulent, and offensive, like old cheese. The patient is chilly, sweats easily, and always wants to be wrapped up. It is also valuable in sinus infections with pus formation and ulcerated nasal passages.

Kalium Bichromicum
Dry nose with a pressure feeling in nasal bones. Coryza <evening, open air. Right sided complaint. Nose feels to be stuffed up and loss of smell. Post nasal dripping and intense headache.

Kalium Iodatum
Kali iodatum is indicated in hay fever and chronic catarrh with thick, yellowish discharge causing burning and rawness of the nasal passages. The external nose is sore, and the entire face may ache during attacks. Symptoms are worse in a warm room but relieved by walking in the open air, which does not cause fatigue. It is especially suited to the asthmatic form of hay fever and catarrhal conditions of syphilitic origin.

Lyssinum
Hypersensitiveness to external impression. Strong odours produce spasms. Frequent sneezing during morning hours.

Mercurius Solubilis
Mercurius solubilis is marked by coryza with alternating dryness and obstruction of the nose or fluent discharge of acrid, corrosive serum. Sneezing is frequent, and a characteristic symptom is a putrid odor from the nose. It is especially suited to catarrhal states tending toward ulceration and offensive secretions, reflecting the general mercurial tendency to destruction of tissues.

Naphthalinum
Naphthalinum is highly valued in hay fever, often regarded as an almost specific remedy, both preventive and curative. It produces acrid, excoriating discharges from the eyes and nose, with swelling of the eyelids. There is also a strong tendency to asthma, linking it to allergic respiratory states. Its chief sphere is allergic coryza and hay fever with asthmatic complications.

Nux Vomica
Uncontrollable itching of nose with extreme sensitiveness and redness of the nose. Nasal obstruction occasionally on one side<morning. Sensitive to smell.

Natrium Muriaticum
Violent, fluent coryza. After 2-3 days nose becomes stopped and the patient has to breath through his mouth. Discharge is thin and watery with violent sneezing. If used on commencement of sneezing, it often controls further worsening. Nose is sore, especially the left wing.

Phosphorus
Nose is red swollen and painful, scabs in nose. Wants to blow nose occasionally. Frequent sneezing coryza alternatively dry and fluent.

Pulsatilla pratensis
Adapted to persons of indecisive, slow, phlegmatic temperament. Symptoms are ever changing. Nose is sore both internally and externally, greenish pus from nose. Loss of smell and taste. There is constant shivering with coryza. Coryza < morning, warm room.

Sabadilla
Violent spasmodic cough with lachrymation and alternate obstruction of nose. Itching in ears and throat. Sensitiveness and dryness of nose.

Silica marina
Silicea is indicated in obstinate nasal catarrh with anosmia and violent, abortive sneezing. The nose may be painfully dry at night or obstructed by hardened mucus, alternating with fluent coryza. Discharges are often acrid and corrosive, producing excoriation. A keynote is the alternation between dry and fluent coryza, reflecting Silicea's chronic, deep-acting nature.

Sulphur
Sulphur is indicated in chronic or obstinate coryza, which may be dry or fluent, with burning discharges. Nasal obstruction occurs in warm rooms, while open air may bring on burning coryza. Sneezing is frequent, even spasmodic, and discharges are often thick, yellow, and offensive. The sense of smell is variable, sometimes heightened, lost, or altered, with characteristic odors like burnt horn or smoke.

Tuberculinum
Symptoms are constantly changing and when well selected

remedies don't make any impression. Patient can't take cold. Dry cough and patient always long for cold air. Coryza with headache and nose which used to feel hot and burning had lost his sensation.

Conclusion

Allergic rhinitis is a growing global health concern that significantly impairs quality of life and contributes to the development of asthma and other comorbidities. Modern therapeutic strategies provide only temporary relief and fail to address the root cause of the disease. Homoeopathy, using the totality of the symptoms exhibited by the patient as well as the rational, holistic medication approach, seeks to reduce the individual's susceptibility to respiratory allergens, enhancing immunity, and minimizing recurrence of acute attacks. In particular, medicines such as Arsenicum album, Sabadilla, Natrum muriaticum, Pulsatilla, and many others have clinical significance in the management of allergic rhinitis. Further clinical studies and evidence-based research is required to provide evidence supporting the efficacy of homoeopathic medicines and its role in the multidisciplinary treatment of allergic rhinitis.

Conflict of Interest

Not available

Financial Support

Not available

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How to Cite This Article
Siddiqui AR, Shrivastava B. Allergic rhinitis and homoeopathy: An overview. International Journal of Homoeopathic Sciences. 2025;9(3):1079-1085.