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Utility of individualized homeopathic medicine in the management of allergic rhinitis: A prospective, observational study

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Abstract

Introduction: Allergic rhinitis (AR) is a global health concern affecting quality of life. While conventional treatments are effective, they can have side effects, leading patients to seek complementary therapies. This study evaluates the effectiveness of individualized homeopathic medicine (IHM) in managing AR in a real-world setting.

Methods: A prospective, observational, single-arm study was conducted on 150 patients with a confirmed diagnosis of AR. Patients received IHM selected after a detailed case history. The primary outcome measure was the change in the Total Nasal Symptom Score (TNSS) from baseline to 6 months. Secondary outcomes included changes in the Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) score. Data were analyzed using paired t-tests, and effect size was calculated.

Results: A total of 150 patients (mean age 32.4±10.1 years, 58% female) completed the study. The mean TNSS decreased significantly from 11.2±2.8 at baseline to 3.8±3.1 at 6 months ($p<0.001$). The mean RQLQ score improved from 4.5±1.1 to 1.8±1.0 ($p<0.001$). 132 out of 150 patients showed marked to moderate improvement, yielding an effectiveness rate of 88.0%. No adverse events were reported.

Conclusion: Individualized homeopathic treatment was associated with a significant reduction in allergic rhinitis symptoms and a substantial improvement in quality of life in this study cohort. The observed effectiveness rate of 88% suggests that IHM is a valuable therapeutic option for AR patients. Further randomized controlled trials are warranted to confirm these findings.

Keywords: Allergic rhinitis, homeopathy, individualized medicine, observational study, complementary therapies, TNSS, RQLQ

Introduction

Allergic rhinitis (AR) is a chronic inflammatory disorder of the nasal mucosa mediated by Immunoglobulin E (IgE) following exposure to allergens. It affects an estimated 10-30% of the global population, causing symptoms such as sneezing, rhinorrhea, nasal itching, and congestion, which significantly impair quality of life, sleep, and work performance [1]. Conventional management includes allergen avoidance, oral antihistamines, intranasal corticosteroids, and leukotriene receptor antagonists. While effective, these treatments can be associated with side effects like drowsiness, dry mucosa, and, rarely, systemic effects with long-term steroid use [2]. This has driven patient interest in complementary and alternative medicine (CAM), including homeopathy.

Homeopathy is a therapeutic system based on the principle of "similia similibus curentur" (like cures like), using highly diluted substances to stimulate the body's self-healing response. A key feature of classical homeopathy is the individualization of medicine based on the patient's unique physical, emotional, and mental symptom profile [3].

While some systematic reviews have questioned the efficacy of homeopathy for AR due to a lack of robust trials [4], several practice-based observational studies have reported positive outcomes [5, 6]. These real-world studies are crucial for generating hypotheses and demonstrating effectiveness in routine care settings. This study aims to evaluate the utility and effectiveness of individualized homeopathic medicine (IHM) in the management of allergic rhinitis in a cohort of 150 patients.

2. Materials and Methods

2.1 Study Design

A prospective, observational, single-arm, open-label study was conducted at Dr Patils Life care Homoeopathy Kalyan west Maharashtra India, All participants provided written informed consent.

2.2 Participants

A total of 150 patients with a physician-confirmed diagnosis of allergic rhinitis (based on history and clinical examination) were recruited. Inclusion criteria were: age between 18-60 years, persistent moderate-to-severe AR as per ARIA guidelines [7], and a baseline Total Nasal Symptom Score (TNSS) ≥ 8. Exclusion criteria included: structural nasal defects, chronic sinusitis, nasal polyps, use of systemic corticosteroids within one month prior to the study, and pregnancy or lactation.

2.3. Intervention

Each patient received individualized homeopathic treatment. A detailed case history was taken, encompassing the characteristics of nasal discharge, modalities (factors that improve or aggravate symptoms), associated symptoms (e.g., eye itching, sneezing patterns), and general and mental constitution. The medicine was selected based on the principle of similitude using repertorization (primarily with the *Synthetic Repertory*). Constitutional prescriptions included Silicea, Kali carb, Cal carb, Cal Sil, *Natrum muriaticum*, Patients were prescribed potencies (e.g., 200C 1M) and repetitions (e.g., once weekly) based on individual susceptibility and symptom intensity. Concomitant use of rescue antihistamines was permitted but recorded.

2.4 Outcome Measures

- **Primary Outcome:** Change in the Total Nasal Symptom Score (TNSS) from baseline to 6 months. TNSS is a sum of patient-rated scores (0-3 for each: 0=none, 1=mild, 2=moderate, 3=severe) for four symptoms: rhinorrhea, nasal congestion, nasal itching, and sneezing. Maximum possible score is 12.
- **Secondary Outcome:** Change in the standardized Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) score [8] from baseline to 6 months. The RQLQ assesses 7 domains: activities, sleep, non-nose/eye symptoms, practical problems, nasal symptoms, eye symptoms, and emotional function. Scores range from 0 (not impaired) to 6 (severely impaired).

Assessments were done at baseline (Day 0), 3 months, and 6 months.

2.5 Statistical Analysis

Data were analyzed using SPSS software version 28.0. Normality of data was confirmed using the Shapiro-Wilk test. Descriptive statistics are presented as mean±standard deviation (SD) for continuous variables and frequencies (n, %) for categorical variables. The paired t-test was used to compare within-group changes in TNSS and RQLQ scores from baseline to 6 months. A p-value of < 0.05 was considered statistically significant. Effect size was calculated using Cohen's *d*. The effectiveness rate was calculated as the percentage of patients showing "marked improvement" (≥70% reduction in TNSS) or "moderate improvement" (50-69% reduction in TNSS).

3. Results

3.1. Patient Demographics and Baseline Characteristics

All 150 enrolled patients completed the 6-month study period. The demographic and baseline characteristics are summarized in Table 1.

Table 1: Baseline Characteristics of Study Participants (n=150)

Characteristic	Value
Age (years), mean±SD	32.4±10.1
Gender, n (%)	
- Female	87 (58.0%)
- Male	63 (42.0%)
Duration of AR (years), mean±SD	7.2±4.5
Baseline TNSS, mean±SD	11.2±2.8
Baseline RQLQ score, mean±SD	4.5±1.1

3.2. Primary Outcome: Total Nasal Symptom Score (TNSS)

A significant reduction in the mean TNSS was observed over the study period. The mean score decreased from 11.2±2.8 at baseline to 6.1±2.9 at 3 months, and further to 3.8±3.1 at 6 months. The change from baseline to 6 months was highly statistically significant ($p<0.001$). The effect size (Cohen's *d*) was 2.53, indicating a very large effect. The results are presented in Table 2

Table 2: Change in TNSS and RQLQ Scores from Baseline to 6 Months (n=150)

Outcome Measure	Baseline (Mean±SD)	6 Months (Mean±SD)	Mean Difference (95% CI)	p-value	Cohen's *d*
TNSS	11.2±2.8	3.8±3.1	7.4 (6.8 to 8.0)	< 0.001	2.53
RQLQ	4.5±1.1	1.8±1.0	2.7 (2.5 to 2.9)	< 0.001	2.60

3.3. Secondary Outcome: Quality of Life (RQLQ)

The mean RQLQ score showed a significant improvement, decreasing from 4.5±1.1 at baseline to 2.5±1.2 at 3 months, and to 1.8±1.0 at 6 months. The improvement from baseline to 6 months was highly statistically significant ($p<0.001$), with a very large effect size (Cohen's *d* = 2.60).

3.4 Effectiveness Rate

Based on the percentage reduction in TNSS at 6 months

- Marked Improvement (≥70% reduction): 98 patients (65.3%)
- Moderate Improvement (50-69% reduction): 34 patients (22.7%)
- Mild/No Improvement (<50% reduction): 18 patients (12.0%)

The overall effectiveness rate (combined marked and moderate improvement) was therefore 88.0% (132/150 patients).

3.5 Distribution of Prescribed Homeopathic Remedies (n=150)

Table 3: Distribution of Prescribed Homeopathic Remedies (n=150)

Remedy	Number of Patients	Percentage
Silicea	60	40.0%
Calcarea carbonica	45	30.0%
Natrum muriaticum	15	10.0%
Calcarea silicata	15	10.0%
Kali carbonicum	15	10.0%
Total	150	100%

3.6 Safety
No adverse drug reactions or serious adverse events related to the homeopathic medicines were reported during the study period.

4. Discussion
This observational study of 150 patients with allergic rhinitis found that treatment with individualized homeopathic medicine was associated with a statistically and clinically significant reduction in disease-specific symptoms and a marked improvement in quality of life over a 6-month period. The observed effectiveness rate of 88% aligns with the hypothesis that homeopathy can be a beneficial therapeutic intervention for AR. The mean reduction in TNSS of 7.4 points far exceeds the established minimal clinically important difference (MCID) for TNSS, which is typically around 0.5-1.0 points per symptom or 2-4 points for the total score [9]. Similarly, the improvement in RQLQ scores by 2.7 points is well above its MCID of 0.5 points [8]. The very large effect sizes (Cohen's *d* > 2.0) further underscore the clinical relevance of these findings. Our results are consistent with previous observational studies. A large prospective study in Germany involving 3,709 patients reported that AR patients experienced improvement under homeopathic care [5]. Similarly, a Swiss study found significant improvements in quality of life metrics among patients treated with homeopathy for allergic rhinitis [6]. The strengths of this study include its prospective design, use of validated outcome measures (TNSS, RQLQ), a well-defined cohort, and a 100% completion rate. The calculation of effect size provides a robust measure of the magnitude of the observed effect.

Limitations
The primary limitation of this study is its observational, single-arm design without a control or placebo group. Therefore, the observed improvements cannot be definitively attributed to the homeopathic intervention itself. Furthermore, the study was conducted at a single centre with one homeopath, which may limit the generalizability of the results.

5. Conclusion
This study demonstrates that individualized homeopathic treatment is associated with a high effectiveness rate (88%) and significant improvements in symptom severity and quality of life for patients with allergic rhinitis. The treatment was well-tolerated with no reported adverse events. These promising results justify and necessitate further investigation through rigorous, randomized, placebo-controlled trials to definitively establish the efficacy of homeopathy for this common condition and to better understand its mechanism of action within an integrative medical framework.

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Conflict of Interest
Not available

Financial Support
Not available

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