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A repertorial approach to allergic rhinitis using HA Roberts' sensation as if: A repertory of subjective symptoms

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Abstract

Allergic rhinitis (AR) is an IgE-mediated inflammation of the nasal mucosa presenting with sneezing, rhinorrhoea, itching, and nasal blockage, affecting 10-30% of adults and up to 40% of children worldwide. Its pathophysiology involves allergen-IgE interaction, mast-cell activation, and Th2-driven inflammatory responses. Conventional management includes antihistamines, intranasal corticosteroids, and immunotherapy, but homoeopathy provides an individualized approach based on characteristic symptoms and modalities. A key aspect of this individualized prescribing is the "sensation as if" symptomatology highlighted by Dr. H.A. Roberts, which reflects the patient's inner experience and offers highly differentiating rubrics. Incorporating these single-remedy "as-if" sensations into repertorial analysis enhances precision and improves remedy selection in AR. This article reviews the clinical aspects of allergic rhinitis and emphasizes the utility of Roberts' Sensation as if repertory in refining homoeopathic prescriptions.

Keywords: IgE-mediated hypersensitivity, HA Roberts, allergic rhinitis, homoeopathy, sensation-as-if, subjective symptoms, repertory, individualized prescribing, nasal inflammation

1. Introduction

Allergic Rhinitis (AR) is a common atopic disorder characterized by symptoms such as sneezing, nasal congestion, rhinorrhoea, and itching triggered by exposure to allergens. It affects a significant portion of the population and often coexists with other allergic diseases like asthma and conjunctivitis, forming part of a united airway concept ^[1]. AR is typically mediated by immunoglobulin E (IgE) and involves both early and late-phase responses, resulting in inflammation of the nasal mucosa ^[2]. Despite its prevalence, many cases remain undiagnosed or poorly managed, which can significantly impair quality of life ^[1]. Effective recognition and tailored therapy are essential to reduce morbidity and prevent chronic complications.

2. Etiology

The etiology of AR lies in a sensitization process where genetically predisposed individuals produce IgE antibodies against innocuous inhaled allergens such as pollens, dust mites, molds, or animal dander ^[3]. These allergens, on repeated exposure, cross-link IgE on mast cells in the nasal mucosa, triggering degranulation and release of histamine, leukotrienes, and other mediators ^[4]. A Th2-skewed immune response (via IL-4, IL-5, IL-13) further promotes IgE production and recruitment of eosinophils ^[3]. Over time, the late-phase inflammatory response recruits additional immune cells, perpetuating chronic inflammation ^[4]. Genetic predisposition plays a role, with familial clustering and twin studies indicating heritable risk.

3. Epidemiology

Allergic rhinitis is highly prevalent worldwide, affecting approximately 10-30% of adults and up to 40% of children, with increasing incidence over recent decades. ^[1] In many populations, it represents one of the most common chronic diseases, imposing significant economic and social burden ^[2]. According to epidemiological data, cases can be classified into seasonal, perennial, or mixed types, with a substantial proportion of patients suffering year-round symptoms ^[1].

AR often peaks in the second to fourth decades of life, though paediatric prevalence is also very high ^[5]. The rising prevalence is driven by environmental exposures, urbanization, and increasing sensitization to multiple allergens ^[2].

4. Pathophysiology

The pathophysiology of allergic rhinitis involves a biphasic immune reaction. In the early phase, allergen-IgE interactions on mast cells lead to rapid mediator release (histamine, leukotrienes) causing sneezing, itching, and rhinorrhoea ^[4]. In the late phase, occurring 4-8 hours later, inflammatory cells such as eosinophils, basophils, and T lymphocytes infiltrate the nasal mucosa under the influence of Th2 cytokines (IL-4, IL-5 and IL-13), causing sustained congestion and inflammation ^[3]. Chronic exposure promotes mucosal remodelling and persistent hyperresponsiveness ^[6]. Moreover, systemic immune activation in AR links it with lower airway diseases like asthma, highlighting the unified airway hypothesis ^[6].

5. Clinical Features

Clinically, allergic rhinitis manifests with a constellation of symptoms including sneezing, clear watery rhinorrhoea, nasal itching, and congestion. These may be accompanied by postnasal drip, cough, and reduced sense of smell. ^[5] Many patients also report ocular symptoms such as itchy, watery eyes, reflecting the overlap with allergic conjunctivitis. The severity and pattern can vary widely: symptoms may be intermittent (seasonal) or persistent (perennial). ^[2] Sleep disturbances, fatigue, irritability, and impaired concentration are common in moderate to severe AR, leading to substantial impairment in daily functioning.

6. Diagnosis

Diagnosis of allergic rhinitis begins with a detailed clinical history (including triggering allergens, timing, and pattern of symptoms) and physical examination ^[1]. Confirmatory testing often includes skin prick testing (SPT) or specific IgE measurement in serum, which help identify sensitization to particular allergens ^[2]. Nasal endoscopy may be used to assess mucosal swelling, and in selected cases, nasal provocation tests help validate clinical relevance of sensitization ^[6]. The diagnosis is strengthened when testing correlates with symptom history, confirming IgE-mediated disease. A differential history helps exclude nonallergic or mixed rhinitis types.

7. Differential Diagnosis

Differential diagnosis of AR includes nonallergic rhinitis forms, such as vasomotor rhinitis, which is triggered by changes in temperature or irritants rather than IgE ^[5]. Infectious rhinitis (viral or bacterial) must also be excluded, especially in cases of purulent discharge or systemic symptoms. Structural causes like nasal polyps, deviated septum, or adenoid hypertrophy can mimic or worsen nasal obstruction ^[1]. Drug-induced rhinitis (e.g., from ACE inhibitors or overuse of decongestants) is another consideration. Furthermore, conditions like nonallergic rhinitis with eosinophilia syndrome (NARES) and cerebrospinal fluid (CSF) leak should be ruled out based on history and specific investigations ^[1].

8. Conventional Management

Conventional management of allergic rhinitis is multimodal. First-line pharmacotherapy commonly includes intranasal corticosteroids, which are most effective for reducing nasal inflammation, and second-generation (non-sedating) oral antihistamines to relieve itching and sneezing ^[2]. Allergen avoidance through environmental control (e.g., dust mite covers, minimizing pollen exposure) remains a cornerstone ^[1]. For patients with persistent or severe disease, allergen-specific immunotherapy (subcutaneous or sublingual) offers a disease modifying option. In select cases, leukotriene receptor antagonists may be added. Monitoring and patient education on proper nasal spray technique significantly improve outcomes.

9. Homoeopathic management of allergic rhinitis

Homoeopathic management of allergic rhinitis focuses on individualized prescriptions based on characteristic symptoms, modalities, and the patient's constitutional profile. Remedies such as *Allium cepa*, *Arsenicum album*, *Sabadilla*, and *Natrum muriaticum* are frequently indicated, depending on the nature of discharge, irritability, sensitivity, and concomitants. The peculiar subjective sensations reported by patients especially those expressed as “as if” feelings greatly aid in remedy selection. H.A. Roberts emphasized that *sensation as if* symptoms represent the highest order of individualization, as they reveal the inner experience of disease rather than its outer pathology. ^[8] These sensations help differentiate remedies even when the physical symptoms appear common, such as sneezing, nasal blockage, or watery discharge. By integrating constitutional prescribing with these unique sensations, homoeopathy offers a highly refined, patient-centered approach that aims not only to relieve acute symptoms but also to reduce long-term allergic tendencies through deep-acting remedies.

10. Integrating Sensation-As-if rubrics in the Repertorial analysis of allergic rhinitis

A repertorial approach helps the clinician systematically evaluate symptoms of allergic rhinitis when multiple remedies appear similar. While common rubrics from Kent, Synthesis, or Complete Repertory address modalities like “worse cold air” or “profuse coryza,” the Sensation-As-If Repertory by H.A. Roberts provides a unique advantage by highlighting *highly characteristic, single-remedy rubrics*. These include sensations such as “as if Cold air in nostril”, “Dry, mucus entirely filled nose,” “as if Fishbone in nose” which narrow the prescription to one or two remedies with great precision. ^[8] Such peculiar sensations often arise during a detailed case-taking but are overlooked in standard repertories. In allergic rhinitis cases where symptoms are largely similar across patients the presence of a single “as-if” sensation may be the decisive factor in remedy selection. This elevates accuracy, reduces confusion in differential analysis, and enhances the reliability of repertorization. By combining general nasal rubrics with these unique *as-if* sensations, the clinician achieves a more exact and individualized homeopathic prescription.

Dr. Herbert A Roberts (1868-1950): A Pioneer of Classical Homeopathy
Early Life and Education

Dr. Herbert A. Roberts was born on July 7, 1868, in Riverton, Connecticut. He completed his early education at Winsted High School, after which he resolved to pursue a career in medicine specifically in homeopathy, a system that resonated deeply with his philosophical and scientific mindset. With this objective, he enrolled in the New York Homeopathic Medical College, where he completed his matriculation in 1892. After four years of dedicated study, he graduated in homeopathic medicine in 1896.

Professional Career

After graduation, Roberts began his practice in Brattleboro, Vermont, where he served as a successful homeopathic physician for three years. In pursuit of broader opportunities, he later moved to Shelton, Connecticut, where he practiced for over 55 years, earning a reputation for his clinical skill, deep understanding of homeopathic principles, and commitment to patient care. Remarkably, he was also the only and first homeopath to serve in the U.S. Army Medical Corps during World War I, where he held the rank of First Lieutenant. His service marked a significant moment for homeopathy in the medical history of the United States.

Important Works

Dr. H.A. Roberts authored and contributed to several cornerstone texts in homeopathic literature, including:

- The Principles and Art of Cure by Homeopathy.
- The Study of Remedies by Comparison.
- Sensation as if: A repertory of subjective symptoms.
- Rheumatic Remedies.
- Introduction to Boenninghausen's Therapeutic Pocket Book.

Sensation as if: A repertory of subjective symptoms

Introduction

"Sensation as if: A repertory of subjective symptoms" is one of the most unique and clinically valuable books authored by Dr. Herbert A Roberts, a respected American homeopath, teacher, and philosopher. First published in the early 20th century, this work addresses a crucial but often overlooked aspect of homeopathic symptomatology the peculiar subjective sensations described by patients in the form of "as if" expressions.

What Are "As If" Sensations?

In homeopathy, patients often describe their complaints in metaphorical or imaginative terms, such as:

- It feels as if a band is tightening around my chest.
- It feels as if a hammer striking on the head.
- It feels as if hot iron pressed on the spine.

These expressions, though subjective and seemingly vague, are often keynotes to specific remedies and carry immense diagnostic and repertorial value.

Objective of the book

Dr. Roberts appreciated the diagnostic significance of these unique subjective sensations and aimed to:-

- Create an organized and user-friendly compilation of such descriptive expressions.

- Help clinicians connect these reported sensations with the appropriate homeopathic remedies.
- Highlight the importance of patient-reported language in revealing the inner experience of illness.

The book serves as a bridge between verbal expression and remedy indication, making it a handy reference at the bedside and in the clinic.

Structure and Organization

The book is meticulously structured for ease of use:-

- **Alphabetical arrangement by organ or system:** Each section is organized by anatomical location (e.g., Head, Chest, Abdomen, Extremities).
- **Sub-sections based on type of sensation:** Within each anatomical section, sensations are listed as described by patients (e.g., pressing, bursting, crawling, burning, and stabbing).
- **Corresponding Remedies:** Each sensation is followed by a list of remedies that are known to produce or correspond with that specific sensation.

This structure allows quick referencing during case-taking and repertorization.

Key features

- **Total Chapters:** 25
- **Chapter Titles:** Printed in bold, uppercase letters, centered on each page
- **Arrangement:** Follows Hahnemann's anatomical schema, starting from Mind and ending with Generalities
- **Total Remedies:** 742 (from Abies c to Zizia)
- **Rubrics:** Printed in bold, arranged in alphabetical order
- **Sub-rubrics:** One-space indentation below the main rubric, indicated by a small horizontal line
- No gradation of remedies is done, making it a simple listing without indication of remedy intensity or reliability^[9].

Clinical utility

- **Sharpens clinical perception:** Encourages the physician to listen closely to the patient's exact words and subjective expressions during case-taking.
- **Improves remedy differentiation:** When several remedies appear similar, these "as if" sensations frequently help identify the most accurate one.
- **Benefits cases with limited data:** Particularly valuable in situations where only a few clear or characteristic symptoms are available.
- **Strengthens Individualization:** Captures the patient's distinctive inner experience of illness, which is fundamental to classical homeopathic prescribing.
- **Increases Repertorial Accuracy:** Offers highly specific, frequently single-remedy rubrics that fine-tune repertorization and support precise remedy selection.

Single-remedy rubrics relevant to allergic rhinitis from the Face, Eyes and Nose chapters

Face And Jaw chapter

- Air, cold, were blowing on face: Mag-p-aust.
- Bulging out cheeks just below malar bone, bubble of air were: Sin-n.
- Coal were burning on right side of chin: Ant-t.
- Coal, glowing in small spots on face: Caust.
- Covered by cobweb, face were: Ran-s.
- Crawling, cold, from temple down right cheek: Helod.
- Cut had been made around eyes: Crot-h.
- Drop of water were trickling above left zygoma: Sumb.
- Electric shocks pricking in face: Nux-m.
- Electric, sparks on face: Acon.
- Feather were tickling on face: Aur-m.
- Finger were pressed above left corner of lips: Sul-ac.
- Fire, face were on: Sarr.
- Fire, mounted to face: Stram.
- Flies, were crawling over right face: Gymn.
- Flies, and spiders were crawling on face: Laur.
- Fluid were accumulating in jaw: Daph.
- Fly were crawling on left cheek: Cench
- Frostbitten, face were: Agar.
- Fullness, peculiar, as from pressure, inside of face out: Pip-m.
- Fur, face were covered with: Caust.
- Hairs, on face, > wiping: Carl.
- Heavy, whole face were: Acon.
- Ice, were drawn over face and ears, piece of: Til.
- Ice, face were pricked with points of: Helod.
- Mosquitoes, face were bitten by: Carb-ac.
- Needle in lower face, pierced with a: Ind.
- Pricked with points of ice, face were: Helod.
- Salt on face: Caps.
- Shivering near nose: Puls.
- Splinter sticking into face: Juncus.
- Sweat would break out on face: Ferr.

Eyes and Vision chapter

- Acid, fumes in eye: Sang.
- Adhered to lids, eyes had: Zinc.
- Air, cold, were rushing through eyes: Croc.
- Air, cool, blowing on left eye: Mag-p-arct.
- Air, hot, streamed out of eyes: Kreos.
- Band around eyeball: Laur.
- Biting, in eyes, something corrosive were: Phel.
- Biting, in eyes, dust were: Ambr.
- Biting, in eyes, foreign substance were: Rheum.
- Brain would start out through eyes: Acon.
- Breadcrumbs in eyes: Hura.
- Breaking glass on opening lids: Meph.
- Breathed upon cornea so as to dim its luster: Plb.
- Breeze in eyes when in house: Cinnb.
- Bubbling in eyes: Berb.
- Burned, eyelids were: Merc-c.
- Burning in eyes, a foreign body were: Chel.
- Clogged, eye were: Stram.
- Coals of fire on lids: Phyt.
- Constricted, eyes were: Chlol.

- Constricted, left upper lid were: Gins.
- Contracted, eyeball were much: Lycpr.
- Contracted, in sockets, eyes were: Verb.
- Corroded, eyelids were: Hep.
- Crying hard, eyes were: Kali-p.
- Crying, she had been: Nux-m.
- Crying, a long time, he had been: Pyrus.
- Dry, eyes were: Lyc.
- Dry, and hot in eyes: Cor-r.
- Dry, internally, eyes were too: Crot-h.
- Dryness, in eyes, can move lids only with difficulty: Nux-m.
- Excoriated, eyeballs were: Arn.
- Exposed to electric lights, eyes were long: Oxyt.
- Feathers, on eyelashes: Spig. Feathers, came from corner of eye: Merc.
- Feathers, on eyelashes: Spig. Feathers, came from corner of eye: Merc.
- Fog, or smoke before right eye: Kali-c.
- Fog, before left eye: Crot-t.
- Fog, before eyes when closing them: Bar-c.
- Fog, before eyes on attempting to read: Arn.
- Grain, of sand under lids: Calc-c.
- Knife, were stabbing in ears and eyes: Vib.
- Lead, lids were of: Nat-s.
- Looking, at sun, one had been: Nit-ac.
- Looking, through white bandage, he were: Lepi.
- Looking, through feathers: Nat-m.
- Looking, through film: Lac-c.
- Looking, through a lace veil: Xanth
- Mist, before eyes in morning: Merl.
- Mist, distant objects enveloped in a: Phos-ac.
- Mucus, were in left eye: Apis.
- Open, enough, not: Chin-m.
- Pepper had been thrown into eyes causing lachrymation and spasms of lids: Zinc.
- Pepper, had been thrown into right eye and on upper lid: Eug.
- Phosphorescence on closing eyes, clouds of: Dig.
- Pricking in eye, something were: Caust.
- Pricking, in lower lid, splinter were: Sep.
- Raw in eyes: Clem.
- Raw, edges of lids were: Phyt.
- Sand, were thrown violently into eye: Ter
- Smoke, sees through: Kali-c.
- Splinter, under lids: Ham
- Sticks, in eyes: Dios.
- Swelling, and would force themselves out of sockets, eyes were: Sol.
- Swimming, in tears, eyes were: Cor-r.
- Tears, hot, were bathing eyes: Cor-r.
- Torn, eyes were: All-c.
- Water, objects were seen through: Merc.
- Weeping she had been (felt in lids): Magnol.

Nose chapter

- Air, cold, in nostril: Hydrs.

- Air, in nostrils were icy cold: Anan.
- Biting from something acrid: Plat.
- Biting of mustard in nose: Mez, Saba.
- Blood would burst from nose: Lac-ac.
- Broken, nose were: Sal-ac.
- Bruised, nasal cartilage were: Pers.
- Bruised, nasal bones were: Arg-n.
- Crawling, in cavity of nose: Aur-m.
- Dry, nose were: Verat-a.
- Dust in nose: Verat-a.
- Fish were in nose: Gels.
- Fishbone in nose: Nit-ac.
- Fleabites in left side of nose: Pall.
- Flowed from the nose, acrid matter: Nat-m.
- Hair in nostril: Hydrs.
- Leaf, at root of nose: Kali-i.
- Leaf, fine, lay before posterior nares: Bar-c.
- Leaflet were at root of nose obstructing smell: Kali-i.
- Leather, nasal mucous membrane were stiff as: Stict.
- Pepper, nose were full of: Cench.
- Pepper, red, were through nostrils and air passages: Seneg.
- Needle pricking point of nose: Sars.
- Plug, solid plug in: Sec.
- Pressed, together, bones of nose were: Plan.
- Smell, burnt feathers: Bapt.
- Smell, fumes of iodine: Iodof.
- Smell, herring: Agn.
- Smell, inhaled sulphuric acid: Carb-s.
- Smell, horseradish rising to nose: Sang-n.
- Smell, decayed leaves from a swamp: Iodof.
- Smell, manure: Verat-a.
- Smell, moldy scent: Mag-p-ambo.
- Smell, musk: Agn.
- Splinter, sticking in the: Nit-ac.
- Spread wide open and dry, alæ nasi were: Iod.
- Spread, wide open, posterior nares were: Fl-ac.
- Squeezed in a vise at root of: Plat.
- Squirming in nostril, a small worm were: Nat-m.
- Squirting at root of: Nat-c.
- Steamed from nose and mouth, heat: Stront.
- Sticks, little, or splinters in the nose: Nit-ac.
- Stuffed, as from catarrh: Kali-n.
- Tickled with a stiff feather in nostril: Phyt.
- Tickling of a hair in right nostril: Hydrs.
- Ulcerate, left nostril would: Staph.
- Ulcerated, nose were: Verat-a.
- Ulcerated, margin of nostril were: Nux-v.
- Ulcerated, inside of nose were: Laur.
- Ulcers in mouth and nose were on fire: Syph.
- Wearing someone else's nose: Lac-c.
- Web were in nose going down to the throat: Pen.
- Weight hanging from the nose: Kali-bi.
- Wind, gentle, blowing across the nose: Spig.
- Worm, small, squirming in nostril: Nat-m.

Discussion

Allergic rhinitis is primarily characterized by irritation, inflammation, and hypersensitivity of the nasal mucosa. While many patients present with common symptoms such as sneezing, itching, watery discharge, and congestion, homoeopathic case-taking often reveals deeper layers of subjective suffering expressed through unique metaphors or “sensation as if” descriptions. These expressions reflect the patient’s inner experience of the disease and often point toward highly specific, single-remedy rubrics found in H.A. Roberts’ *Sensation as if* repertory. The individuality revealed through these sensations becomes especially valuable in allergic rhinitis, where several remedies share similar general nasal symptoms, making differentiation challenging.

A striking example is the patient who reports a feeling of icy cold air in the nostrils, directing attention to remedies like *Hydrastis* and *Anantherum*; this peculiar sensation is rarely found in standard repertories. Similarly, a biting or acrid feeling in the nose, “as if from mustard,” immediately suggests *Platina*, *Mezereum*, or *Sabadilla*, each of which has strong relevance in allergic mucosal irritation. Sensations such as dust in the nose or dryness as if the nose were parched correspond to *Veratrum album*, which becomes especially useful in atrophic or dry forms of rhinitis. Some patients describe peculiar foreign-body sensations for example, fishbone in the nose (*Nitric acid*), splinter sticking inside (*Nitric acid*), or a solid plug obstructing the nose (*Secale*). These strikingly individual sensations can strongly influence remedy selection when classical symptoms overlap.

Altered olfactory perceptions also provide high-value rubrics in Roberts’ repertory. Patients may report smelling burnt feathers (*Baptisia*), manure (*Veratrum album*), moldy odors (*Magnesia phosphorica ambo*), or fumes of iodine (*Iodoform*). These distorted smells whether imaginary or exaggerated point toward specific remedies when allergic inflammation heightens or perverts’ olfactory sensitivity. Sensations such as heat steaming from the nose (*Strontium*), wind blowing across the nose (*Spigelia*), or weight hanging from the nose (*Kali bichromicum*) reflect neuro-sensory disturbances often overlooked in conventional clinical examination but crucial for individualization.

Some of the most peculiar sensations such as wearing someone else’s nose (*Lac caninum*), webs in the nose extending to the throat (*Penthorum*), or worms squirming inside the nostril (*Natrum muriaticum*) are highly characteristic and point strongly to a similitum. These unusual sensations hold immense repertorial value because they represent the exact mode in which the patient experiences their discomfort, transcending routine physical symptoms.

In allergic rhinitis, therefore, the true advantage of incorporating Roberts’ *Sensation as If* rubrics lies in their ability to refine differentiation among closely related remedies. When several remedies share sneezing, profuse discharge, or itching, it is the peculiar and uncommon “as if” sensations that guide the clinician toward individualized prescription. This approach not only aligns with Hahnemann’s emphasis on peculiar symptoms but also enhances therapeutic precision in a condition where subjective experiences often outweigh objective findings. Thus, the *Sensation as If* repertory serves as a valuable

adjunct to classical repertories, enabling more accurate remedy selection and improving clinical outcomes in patients with allergic rhinitis.

The integration of Roberts' repertory with standard repertories (Kent, Synthesis and Complete) helps bridge descriptive patient language with remedy selection. Especially in cases with limited data or overlapping symptoms, "as-if" rubrics add a higher level of individualization. This methodological refinement ultimately contributes to more precise prescriptions, better long-term outcomes, and a deeper understanding of the patient's constitutional tendencies.

Conclusion

Allergic rhinitis is a widespread and clinically significant atopic condition caused by IgE-mediated inflammatory responses. While conventional therapies offer symptomatic relief, individualized homoeopathic treatment addresses both acute manifestations and underlying susceptibility. The use of "sensation as if" rubrics, as developed by H.A. Roberts, strengthens the core principle of individualization in homoeopathy by capturing the patient's unique subjective experience. These single-remedy, highly characteristic sensations enhance repertorial precision and are particularly helpful in differentiating remedies in conditions like allergic rhinitis where physical symptoms often overlap. Integrating Roberts' repertory with classical repertories represents a valuable advancement in clinical practice, contributing to accurate remedy selection and improved therapeutic outcomes.

Conflict of Interest

Not available

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Not available

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