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Conquering allergies for a restful sleep: A case report on allergic rhinitis with sleep disturbances

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Abstract
Allergic rhinitis is the most common clinical manifestation among the respiratory allergies affecting a significant portion of the global population, with prevalence rate varying between 10% and 40% in adults and exceeding 40% in children. Allergic rhinitis can significantly disrupt sleep, leading to various sleep disturbances. Homoeopathic system of medicine plays a positive role in treating cases of Allergic rhinitis as depicted in the earlier research studies.
Case summary: A case of Allergic rhinitis with sleep disturbances treated with Homoeopathic remedies has been presented here. The attribution of the outcome to the intervention was assessed using Modified Naranjo Criteria for Homoeopathy. Significant improvement was seen in patient's symptom and general well- being. This case report emphasis the role of Homoeopathic medicine in the management of Allergic rhinitis with sleep disturbances using Homoeopathic similimum and intercurrent remedy.

Keywords: Allergic rhinitis, case report, individualised homoeopathic medicine, intercurrent remedy, sleep disturbances

Introduction
Allergy is an exaggerated response of body's immune system to foreign bodies found in the environment. Hypersensitivity is an inappropriate immune response to common, inert antigens, presenting a range from minor atopic dermatitis and rhinitis to severe manifestations such as Anaphylaxis, anaphylactoid and Asthma [1].
Allergic Rhinitis (AR) is the most common clinical manifestation among the respiratory allergies affecting a significant portion of the global population, with prevalence rate varying between 10% and 40% in adults and exceeding 40% in children. It is estimated to affect over 400 million individuals globally. The prevalence is generally greater in developed countries [2].
Allergic rhinitis is a disorder in which there are frequent episodes of sneezing, nasal congestion, and watery nasal discharge. It may be seasonal or perennial and result from an immediate hypersensitivity reaction in the lining of nasal mucosa. Seasonal pollen causes hay fever, the most common type of seasonal allergic rhinitis in northern Europe, which is at its peak between May and July. This is a global issue, nevertheless, which might worsen during harvest seasons [3].
Sleep is essential for human and sleep disorders and inadequate sleep durations are viewed as factors that can lead to hypertension, diabetes, obesity, cardiovascular disease and higher mortality rate. Allergic rhinitis has been shown to be a significant factor in altered sleep pattern. Numerous studies have shown the relationship between AR and sleep outcomes. Patients with AR were more prone to experience nocturnal sleep-related dysfunctions such as insomnia, nocturnal enuresis, restless sleep, snoring and sleep disordered breathing. AR was also associated with a higher risk of daytime sleep-related dysfunctions, including difficulty waking up, daytime sleepiness, headache, and consumption of sleeping pills [4].
Homoeopathy is a 'Science of Individualization' grounded on the premise that every human being is unique. It regards each person as a separate entity altogether. Homoeopathy describes the various dimensions of health in terms of vital force. Disease is the altered state of health of an individual resulting from the derangement of vital force which manifest through observable signs and symptoms. It is observed as the organism's response to internal and external environmental factors, influenced by inherited and acquired constitutional

factors [5, 6]. This applies to all diseases, including Allergic rhinitis. Etiological concepts of Allergic rhinitis are seen as a product of "constitutional" and environmental factors. Homoeopathy focuses on the patient with Allergic rhinitis as a whole, rather than on the Allergic rhinitis itself. The totality of characteristic signs and symptoms exhibited by the patient direct the homoeopathic physician to the similar remedy. The similar remedy alleviate the totality of symptoms and with it the symptom of an Allergic rhinitis.[7]
This case report aims to highlight the positive effect of individualised Homoeopathic treatment in the management of Allergic rhinitis with sleep disturbances.

Patient information
A 32 years old male patient working in abroad presented with the complaint of recurrent attack of sneezing and coryza for the past 5 years.
Patient had history of recurrent episodes of sneezing 10-15 at a time and coryza < exposure to dust^{+3}. He also complaints of severe nasal obstruction at night, causes sleep disturbances. He has to get up in the middle of the night and has to drink hot water which gives him temporary relief.
He has to take breath through mouth due to nose block. He feels tiered while getting in the morning and used to feels like sleeping in morning hours.

Past history
Recurrent attack of Urticaria after eating sea food, mutton – Subsides by itself without any medications.
Hypersensitivity reaction to Paracetomol - History of swelling of face and giddiness after administration of Paracetomol. Was hospitalised and took Allopathic treatment for the same.

Treatment history
Taken Allopathic treatment for the presenting complaint.
Complaints subside after Allopathic treatment but recurrence after exposure to dust.

Family history
Mother - COPD. Died due to lung complications after Covid.
Father - Dermatitis.

Clinical findings
Pulse rate: 78 beats/ min, Blood pressure: 130/80 mmHg.
Temperature was afebrile at the time of examination.
Examination of nose: Nasal mucosa was congested and turbinates were enlarged.
There was watery nasal discharge.
There was no visible polyp.
On auscultation vesicular breath sounds heard all over the lung field.
Examination of sinuses: No tenderness over frontal, ethmoidal and maxillary sinuses.
Based on History and examination findings the patient was diagnosed to have allergic rhinitis.

Physical generals
Appetite: Good.
Thirst: Thirsty, 4 Litres/day
Bowel habit: Once/ day, Regular and soft.
Urine: Clear urine, frequency: 4-5 times / day.
Desire: Warm food^{+3}.
Aversion: Nil.
Perspiration: Profuse, non-offensive.
Thermal state: Likes cold weather, can't tolerate warm weather: prefers fan or AC always.
Hot patient.

Life space investigation
Patient hails from middle socio economic background. He studied up to B.com and immediately after his studies he has gone to abroad for JOB. He started his carrier as a junior accountant. Presently employed as financial analyst in a reputed company. At office he used to anger if anybody contradicts him and used to shout at them. He can't tolerate contradictions from anybody whether it's his superior officers or other colleagues. Patient likes company. He is very fast in his work. Likes to do dance photography and play cricket.

Mental generals
Patient is haughty in nature.
He can't tolerate contradiction.
He would get anger if anyone contradicts him.

Acute totality
Complaints of coryza and sneezing A/F: exposure to dust.
Frequent sneezing and profuse watery nasal discharge.
Desire for hot drinks during acute attack and which would relieve his complaints.

Chronic totality
Haughty.
Can't tolerate contradiction.
Desire for warm food.
Profuse perspiration.
Allergic to Dust, Sea foods, Mutton, Paracetomol.
Thermal state: Hot patient.
Nose block < Night.
Frequent sneezing.

Therapeutic intervention
During the first visit the patient presented with an exacerbation of Allergic rhinitis on exposure to dust. He had episodes of frequent sneezing and profuse watery nasal discharge. There was desire for hot drinks during acute attack and which would relieve his complaints.
Hence after considering acute totality Sabadilla 30/ 7 doses from a GMP certified company were given.
As there was recurrence of symptoms and there was a need of constitutional treatment, the case was repertorised using Frederik Schroyens-Synthesis Repertory. The symptoms taken for repertorisation was Haughty, can't bear contradiction, Desire for warm food, Thirsty, Profuse perspiration, Allergic to - dust, mutton, prawns, Paracetomol, Nasal obstruction < Night.
Based on the repertorisation individualised homoeopathic remedy Lycopodium 200/1 Dose from a GMP certified company was selected and prescribed.
Acute exacerbations during follow up period were prescribed according to the acute totality.
Tuberculinum 200/1 dose was given from a GMP certified company as an intercurrent remedy as there was recurrence of symptoms.
Avoidance of exposure to dust and usage of mask were advised to the patient.

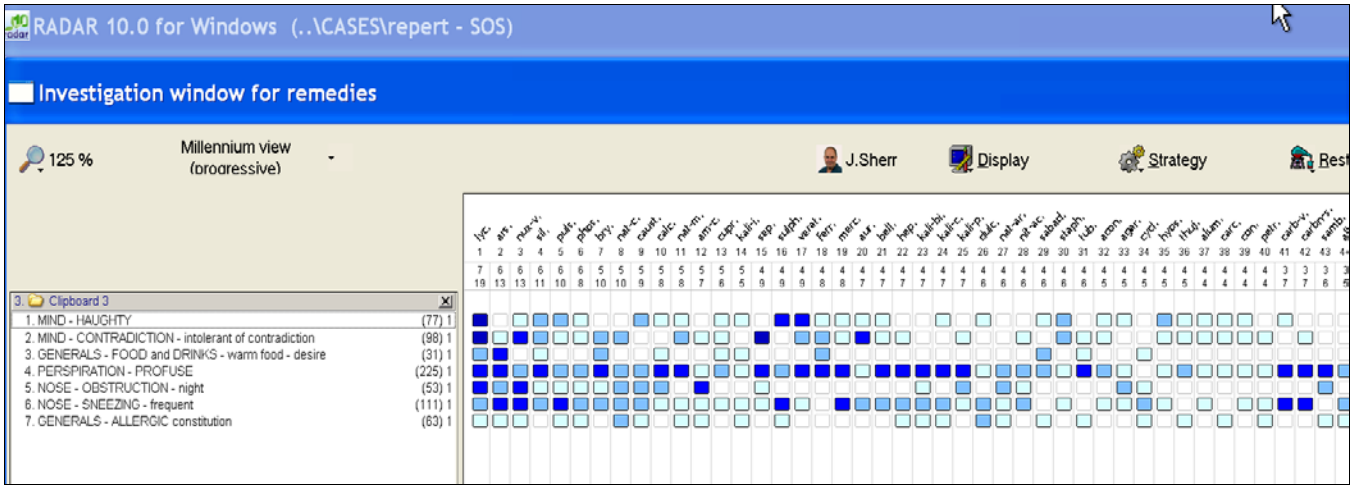


Fig 1: Repertorisation chart

Follow-up and outcome

During the first visit the patient presented with an exacerbation of Allergic rhinitis on exposure to dust. He had episodes of frequent sneezing and profuse watery nasal discharge. There was desire for hot drinks during acute attack and which would relieve his complaints. Hence Sabadilla 30/ 7 doses were given.

Subsequently based on the analysis of the case and repertorisation of the available totality, Lycopodium 200 was selected as constitutional remedy. The case was followed up for 1 year. During the follow up Bromium 30 was given during acute exacerbation of the complaints. Tuberculinum 200 was given as an intercurrent remedy as there was recurrence of symptoms.

Later with Lycopodium 1M there was steady and gradual improvement in patient's symptoms and general well-being. The modified Naranjo Criteria are applied to this case to determine the causal attribution between the Homoeopathic medicine applied and the changes in the symptom of the patient. The total outcome score is 9.

Table 1: Follow up and outcome

Date	Symptoms and examination findings	Prescription	Justification
30/03/2023	Complaints of frequent episodes of Sneezing, 10-15 at a time after exposure to dust. Profuse watery nasal discharge. Nose block < Night, > Hot drinks. Breathing through mouth while sleeping. Sleep disturbed due to complaint. O/E: Nasal congestion and Turbinates are enlarged. Auscultation: Normal vesicular breath sounds heard. AEC as on 14/03/2023 – 0.55 x $10^{9/L}$	Sabadilla 30/ 7 doses Daily one dose HS for 1 week Rubrum TID/1 week	Based on Acute Totality Frequent episodes of sneezing and watery nasal discharge. Nose block > Hot drinks
8/04/2023	Complaints of sneezing and coryza reduced. Frequency of sneezing reduced. Nose block slightly better. No mouth breathing. Sleep improved. No sleepiness in morning hours. O/E: Nasal congestion.	Rubrum TID/2 week	As patient was feeling better.
25/04/2023	Complaints of sneezing A/f exposure to dust. Sneezing 3-4 at a time. Watery nasal discharge. Nose block < night, Drinking hot water relive. Sleep disturbed due to complaint. O/E: Nasal congestion and Turbinates are enlarged.	Lycopodium 200/1 dose Rubrum TID/ 2 weeks	Complaints were better after Acute prescription. Considering recurrence of complaints on exposure to dust, constitutional remedy was prescribed after analysis and repertorisation of the case.
10/05/2023	Complaints of sneezing and coryza reduced. Sneezing occasionally on exposure to dust 1-2 at a time. Nose block reduced. Sleep improved. O/E: No nasal congestion.	Rubrum TID/ 1 month	As patient was feeling better.
06/06/2023	Complaints of sneezing, coryza and nose block improved. No mouth breathing. Sleep- good. O/E: No nasal congestion.	Rubrum TID/ 1 month	As patient was feeling better.
10/07/2023	Complaints are better. No episodes of Sneezing.	Lycopodium 1M/ 1 dose Rubrum TID/ 1 month	As there is alteration in the general symptoms.

	No mouth breathing. Nose block reduced. Sleeplessness due to thoughts. Had an argument with his colleague 2 days back. Ego got hurt. Appetite reduced since 2 days. Other generals are good. O/E: No nasal congestion.		
15/08/2023	Complaints are better. All generals are good. O/E: No nasal congestion.	Rubrum TID/ 1 month	As patient was feeling better.
25/10/2023	Patient is feeling better. Recurrence of sneezing and coryza is much better. Nose block is improved. Sleep-good. AEC as on 20/10/2023- 0.4 x $10^{9/L}$	Rubrum TID/ 1 month	As patient was feeling better.
20/01/2024	Complaints are better. Sneezing occasionally on exposure to dust. But tolerable Sleep- good.	Rubrum TID/ 1 month	As patient was feeling better.
10/03/2024	Patient is feeling better. No episodes of sneezing, coryza reported. All generals good.	Rubrum TID/ 1 Month	As patient was feeling better.
20/03/2024	Complaints of itching all over body after eating seafood. O/E: No eruptions. Sleep disturbed due to itching. Other generals are good.	Lycopodium 1M/ 1 dose Rubrum TID/ 2 weeks.	Considering the totality. Itching < seafood.
10/04/2024	Complaints of Recurrence of sneezing^{+2} and coryza < Exposure to dust. Acrid nasal discharge, Complaints of burning inside the nose. C/o Nose block. Unable to sleep due to nose block. Feels drowsy in the morning hours. No itching. O/E: Nasal congestion and Turbinates are enlarged. Auscultation: Normal vesicular breath sounds heard. AEC as on 07/04/2024 – 0.81 x $10^{9/L}$	Bromium 30/ 4 doses Daily one dose HS for 4 days. Rubrum/ 1 week.	As there was acute exacerbation of complaints with Acrid nasal discharge.
17/04/2024	Complaints of Sneezing and coryza better. Nose block reduced. Sleep improved. No drowsiness. All generals are good.	Tuberculinum 200/1 dose HS Rubrum/ 1 month.	Complaints were better for months, followed by recurrence of sneezing and coryza. Hence Tuberculinum 200 was prescribed as an intercurrent remedy.
20/05/2024	Complaints of sneezing and coryza better. Nose block better. Sleep- Good. O/E: No nasal congestion.	Rubrum/ 1 month	As patient was feeling better.
25/06/2024	Complaints of sneezing occasionally. No nose block. Sleep: good. O/E: NO congestion of nasal mucosa.	Rubrum/ 1 month	As patient was feeling better.
25/07/2024	Patient is feeling better. No complaints reported. All generals good. O/E: No nasal congestion. AEC as on 23/07/2024- 0.3 x $10^{9/L}$	Rubrum/ 1 month	As patient was feeling better.

Table 2: Modified Naranjo criteria

	Modified Naranjo algorithm	Yes	No	Not sure or NA
1.	Was there an improvement in the main symptom or condition for which the homoeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible timeframe relative to the medicine intake?	+1		
3.	Was there a homeopathic aggravation of symptoms?	-	-	0
4.	Did the effect encompass more than the main symptom or condition (i.e., were other symptoms, not related to the main presenting complaint, ultimately improved or changed)?	+1		
5.	Did overall well-being improve? (use Eq-5D-5L)	+1		
6.	(A) Direction of cure: did some symptoms improve in the opposite order of the development of symptoms of the disease?	-	-	0

7.	(B) Direction of cure: Did at least one of the following aspects apply to the order of improvement of symptoms: - From organs of more importance to those of less importance? - From deeper to more superficial aspects of the individual? - From the top downwards?	-	-	0
8.	Did 'old symptoms' (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?	-	-	0
9.	Are there alternative causes (i.e., other than the medicine) that –with a high probability – could have produced caused the improvement? (Consider known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
10.	Was the health improvement confirmed by any objective evidence? (e.g., investigations, clinical examination, etc.)	+2		
11.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
Total		9		

Diagnostic assessment

Complete blood count.

Absolute eosinophil count.

DEPARTMENT OF LABORATORY MEDICINE

Name	:	**Ordered On**	: 14/03/2023 18:41
Age/Gender	: 32Y 9M 27D/Male	**Collected On**	: 14/03/2023 19:03
MPI	: 1000366935/	**Received On**	: 14/03/2023 19:27
Referred By	:	**Reported On**	: 15/03/2023 03:41
Referring Org	:	**Reporting Org**	

HAEMATOLOGY

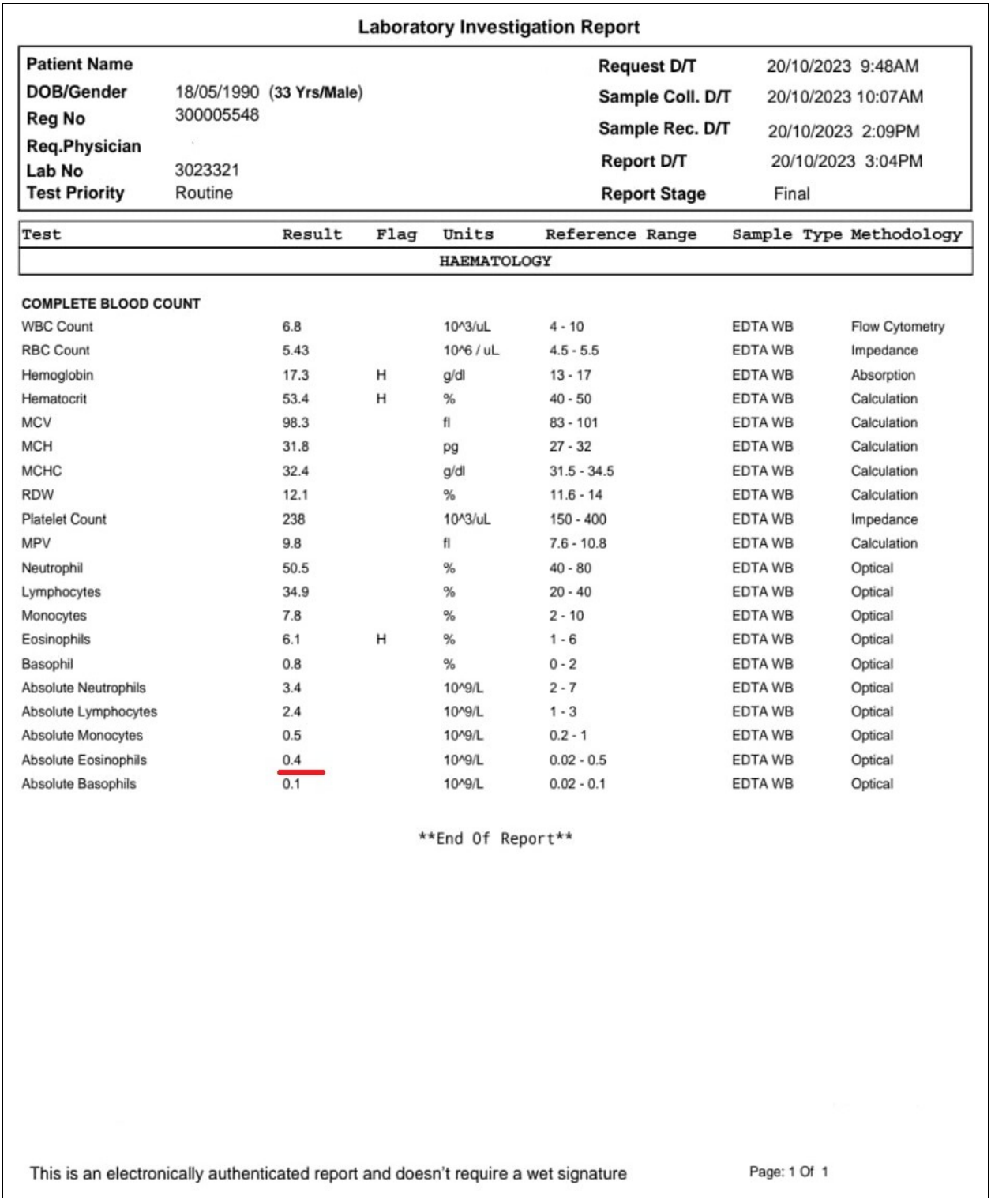
Test Name	Results	Biological Reference Interval	Units	Specimen	Test Method
CBC - Complete Blood Count *Sample : Whole Blood EDTA*					
RBC	5.36	4.5 - 5.9	10^6 / uL		Hydrodynamically focussed DC detection method
Haemoglobin	17.00	13.5 - 18	g/dL		SLS Method
Hematocrit	48.9	40 - 50	%		RBC pulse height detection method
MCV	91.2	80 - 101	fL		Cell Count computation
MCH	31.7	27 - 32	Pg		Cell Count computation
MCHC	34.8 H	31.5 - 34.5	g/dL		Cell Count computation
Red Cell Distribution Width	12.0	11.6 - 14	%		Cell Count computation
Total WBC Count	10.28 H	4 - 10	10^9/L		Flow Cytometry
Neutrophils	62	40 - 75	%		Flow Cytometry
Lymphocytes	24.6	20 - 40	%		Flow Cytometry
Eosinophils	5.4	1 - 6	%		Flow Cytometry
Monocytes	7.2	2 - 10	%		Flow Cytometry
Basophils	0.6	< 2	%		Flow Cytometry
Absolute Count					
Absolute Neutrophil Count (ANC)	6.40	2 - 7	10^9/L		Flow Cytometry
Absolute Lymphocyte Count (ALC)	2.53	1 - 3	10^9/L		Flow Cytometry
Absolute Eosinophil Count (AEC)	0.55 H	0.02 - 0.5	10^9/L		Flow Cytometry
Absolute Basophil Count (ABC)	0.06	0.02 - 0.1	10^9/uL		Flow Cytometry
Absolute Monocyte Count (AMC)	0.74	0.2 - 1	10^9/L		Flow Cytometry
Platelet	309	150 - 410	10^3/uL		Flow Cytometry
Mean Platelet Volume	9.70	7.6 - 10.8	fL		Cell Count computation

Entered By:

Reviewed By: Lab Technician

Released By: Lab Supervisor

Fig 2: Investigation report



Laboratory Investigation Report

Patient Name		**Request D/T**	20/10/2023 9:48AM
DOB/Gender	18/05/1990 **(33 Yrs/Male)**	**Sample Coll. D/T**	20/10/2023 10:07AM
Reg No	300005548	**Sample Rec. D/T**	20/10/2023 2:09PM
Req.Physician		**Report D/T**	20/10/2023 3:04PM
Lab No	3023321	**Report Stage**	Final
Test Priority	Routine		

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
			HAEMATOLOGY			
COMPLETE BLOOD COUNT						
WBC Count	6.8		10^3/uL	4 - 10	EDTA WB	Flow Cytometry
RBC Count	5.43		10^6 / uL	4.5 - 5.5	EDTA WB	Impedance
Hemoglobin	17.3	H	g/dl	13 - 17	EDTA WB	Absorption
Hematocrit	53.4	H	%	40 - 50	EDTA WB	Calculation
MCV	98.3		fl	83 - 101	EDTA WB	Calculation
MCH	31.8		pg	27 - 32	EDTA WB	Calculation
MCHC	32.4		g/dl	31.5 - 34.5	EDTA WB	Calculation
RDW	12.1		%	11.6 - 14	EDTA WB	Calculation
Platelet Count	238		10^3/uL	150 - 400	EDTA WB	Impedance
MPV	9.8		fl	7.6 - 10.8	EDTA WB	Calculation
Neutrophil	50.5		%	40 - 80	EDTA WB	Optical
Lymphocytes	34.9		%	20 - 40	EDTA WB	Optical
Monocytes	7.8		%	2 - 10	EDTA WB	Optical
Eosinophils	6.1	H	%	1 - 6	EDTA WB	Optical
Basophil	0.8		%	0 - 2	EDTA WB	Optical
Absolute Neutrophils	3.4		10^9/L	2 - 7	EDTA WB	Optical
Absolute Lymphocytes	2.4		10^9/L	1 - 3	EDTA WB	Optical
Absolute Monocytes	0.5		10^9/L	0.2 - 1	EDTA WB	Optical
Absolute Eosinophils	0.4		10^9/L	0.02 - 0.5	EDTA WB	Optical
Absolute Basophils	0.1		10^9/L	0.02 - 0.1	EDTA WB	Optical

End Of Report

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Fig 3: Investigation report

DEPARTMENT OF LABORATORY MEDICINE

Name	:	**Ordered On**	: 07/04/2024 18:47
Age/Gender	: 33Y 10M 20D/Male	**Collected On**	: 07/04/2024 18:54
MPI	: 1000366935/	**Received On**	: 07/04/2024 19:46
Referred By	:	**Reported On**	: 07/04/2024 20:12
Referring Org	:	**Reporting Org**	:

HAEMATOLOGY

Test Name	Results	Biological Reference Interval	Units	Specimen	Test Method
CBC - Complete Blood Count *Sample : Whole Blood EDTA*					
RBC	5.35	4.5 - 5.9	10^6 / uL		Hydrodynamically focussed DC detection method
Haemoglobin	16.90	13.5 - 18	g/dL		SLS Method
Hematocrit	48.7	40 - 50	%		RBC pulse height detection method
MCV	91.0	80 - 101	fL		Cell Count computation
MCH	31.6	27 - 32	Pg		Cell Count computation
MCHC	34.7 H	31.5 - 34.5	g/dL		Cell Count computation
Red Cell Distribution Width	12.4	11.6 - 14	%		Cell Count computation
Total WBC Count	9.50	4 - 10	10^9/L		Flow Cytometry
Neutrophils	50	40 - 75	%		Flow Cytometry
Lymphocytes	33.1	20 - 40	%		Flow Cytometry
Eosinophils	8.5 H	1 - 6	%		Flow Cytometry
Monocytes	7.6	2 - 10	%		Flow Cytometry
Basophils	0.8	< 2	%		Flow Cytometry
Absolute Count					
Absolute Neutrophil Count (ANC)	4.75	2 - 7	10^9/L		Flow Cytometry
Absolute Lymphocyte Count (ALC)	3.14 H	1 - 3	10^9/L		Flow Cytometry
Absolute Eosinophil Count (AEC)	0.81 H	0.02 - 0.5	10^9/L		Flow Cytometry
Absolute Basophil Count (ABC)	0.08	0.02 - 0.1	10^9/uL		Flow Cytometry
Absolute Monocyte Count (AMC)	0.72	0.2 - 1	10^9/L		Flow Cytometry
Platelet	294	150 - 410	10^3/uL		Flow Cytometry

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Lab Tecnnician

Released By:
Lab Technician

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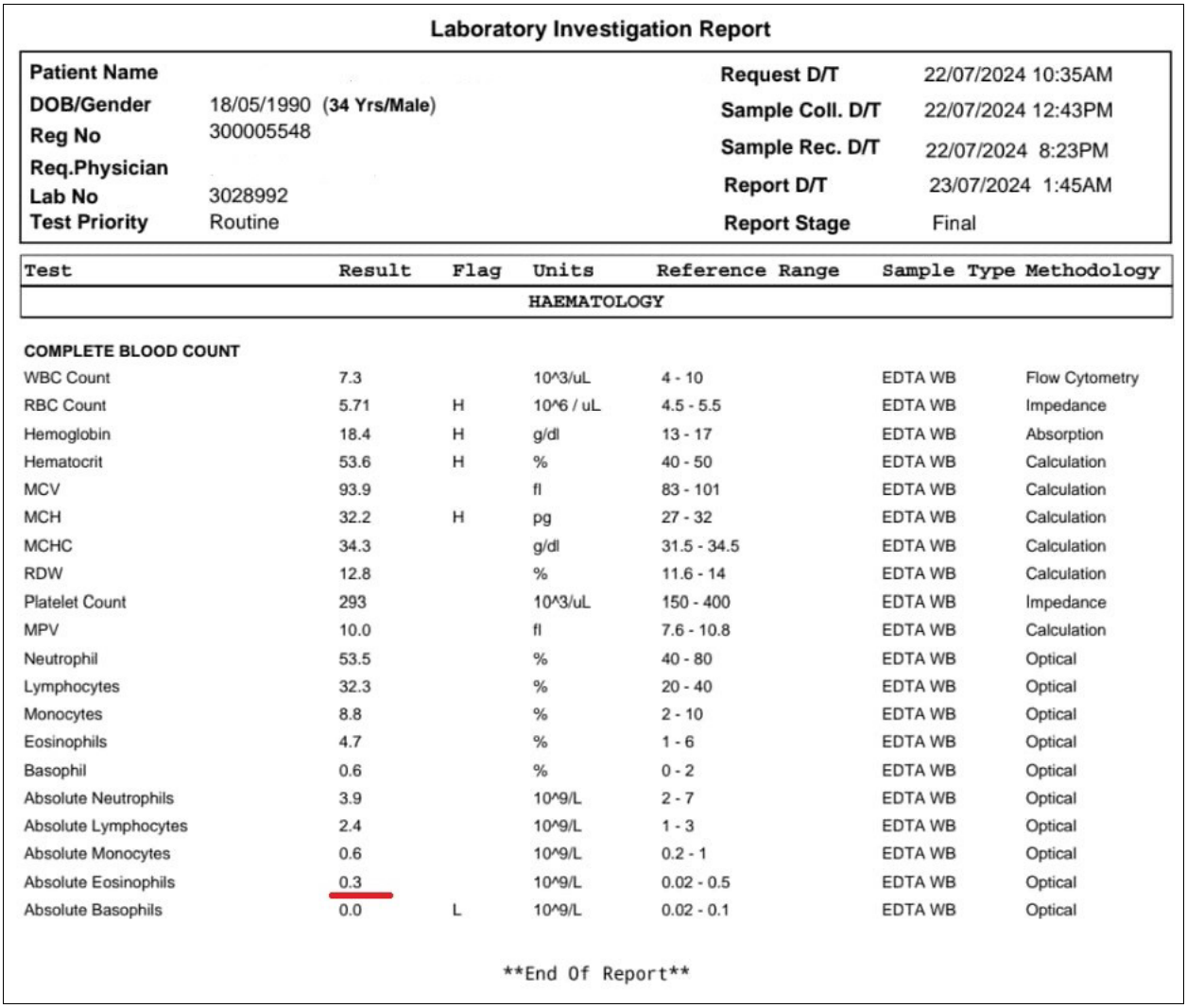
Fig 4: Investigation report



Laboratory Investigation Report

Patient Name		**Request D/T**	22/07/2024 10:35AM
DOB/Gender	18/05/1990 **(34 Yrs/Male)**	**Sample Coll. D/T**	22/07/2024 12:43PM
Reg No	300005548	**Sample Rec. D/T**	22/07/2024 8:23PM
Req.Physician		**Report D/T**	23/07/2024 1:45AM
Lab No	3028992	**Report Stage**	Final
Test Priority	Routine		

Test	Result	Flag	Units	Reference Range	Sample Type	Methodology
			HAEMATOLOGY			
COMPLETE BLOOD COUNT						
WBC Count	7.3		10^3/uL	4 - 10	EDTA WB	Flow Cytometry
RBC Count	5.71	H	10^6 / uL	4.5 - 5.5	EDTA WB	Impedance
Hemoglobin	18.4	H	g/dl	13 - 17	EDTA WB	Absorption
Hematocrit	53.6	H	%	40 - 50	EDTA WB	Calculation
MCV	93.9		fl	83 - 101	EDTA WB	Calculation
MCH	32.2	H	pg	27 - 32	EDTA WB	Calculation
MCHC	34.3		g/dl	31.5 - 34.5	EDTA WB	Calculation
RDW	12.8		%	11.6 - 14	EDTA WB	Calculation
Platelet Count	293		10^3/uL	150 - 400	EDTA WB	Impedance
MPV	10.0		fl	7.6 - 10.8	EDTA WB	Calculation
Neutrophil	53.5		%	40 - 80	EDTA WB	Optical
Lymphocytes	32.3		%	20 - 40	EDTA WB	Optical
Monocytes	8.8		%	2 - 10	EDTA WB	Optical
Eosinophils	4.7		%	1 - 6	EDTA WB	Optical
Basophil	0.6		%	0 - 2	EDTA WB	Optical
Absolute Neutrophils	3.9		10^9/L	2 - 7	EDTA WB	Optical
Absolute Lymphocytes	2.4		10^9/L	1 - 3	EDTA WB	Optical
Absolute Monocytes	0.6		10^9/L	0.2 - 1	EDTA WB	Optical
Absolute Eosinophils	0.3		10^9/L	0.02 - 0.5	EDTA WB	Optical
Absolute Basophils	0.0	L	10^9/L	0.02 - 0.1	EDTA WB	Optical

End Of Report

Fig 5: Investigation report

Discussion

Homoeopathy considers the patient with Allergic rhinitis as a whole. The totality of characteristic signs and symptoms exhibited by the patient direct the homoeopathic physician to the indicated similar remedy [7]. The process of choosing the exact similimum needs a proficient Homoeopath and an open minded patient willing to share his or her physical and mental symptoms during the case taking. A review on advances in Homoeopathy and immunology suggest that homoeopathic remedies in high dilution, prescribed by trained professionals are safe and unlikely to provoke severe adverse reactions. Even though most decisions about treatments still, rest on individual judgments of physicians and patients [8].

A single-arm, experimental, interventional, prospective, non-randomized, before and after comparison pilot study without control was carried on thirty participants suffering from allergic rhinitis in India aimed to assess the efficacy of homoeopathic remedies, chosen strictly on individualisation and symptom similarity, in bringing changes in serum IgE level, absolute eosinophil count and allergic rhinitis symptom scores by comparing the score before treatment (baseline) with score after treatment. Outcome measures were assessed and analysed following duration of 1 year. After 1 year of homoeopathic treatment, reduction in serum IgE level, absolute eosinophil count and symptom score were statistically highly significant [9, 11].

Passalacqua *et al*. conducted a systematic review on complementary and alternative medicine for rhinitis and asthma, concluded that the evidence for a distinct effect of Homoeopathy is limited and weak [10, 11].

An observational, cohort, single arm, interventional study was conducted to assess the changes in serum IgE values in cases of atopic respiratory complaints where Bromium 30C was prescribed. Thirty diagnosed cases of atopic respiratory complaints (allergic rhinitis and atopic bronchial asthma) were studied for a period of minimum 3 months. It was observed that there was a highly significant reduction in serum IgE values in before and after, and before and during treatment groups. Significant reduction in serum IgE value was observed in during and after treatment group. The study concluded that there is a significant reduction in serum IgE levels with symptomatic improvement in cases of atopic respiratory complaints during and after homoeopathic treatment with Bromium 30C [11].

This case report describes the positive effect of homoeopathic treatment in Allergic rhinitis. Sabadilla, the remedy prescribed initially, as per the acute totality, is known for its action on mucous membrane of the nose and producing spasmodic sneezing with running nose.[12] It alleviated the initial symptoms of the patient. However, considering the frequent recurrence of the complaints, during the follow up visit, the remedy Lycopodium was prescribed based on analysis and evaluation of the

constitutional totality, repertorisation [Figure 1] and referring materia medica. Lycopodium 200 was given initially and there was steady and gradual improvement in patient's symptoms and general well- being. Later, after 2 months as there was disturbed sleep and decreased appetite after fight with colleague Lycopodium 1M was given. The patient had a complaint of itching all over body after eating seafood. Sleep disturbed due to itching. Hence Lycopodium 1M was repeated after 8 months. An acute exacerbation of Sneezing and coryza was treated with Bromium 30 based on the symptom similarity. As there was recurrence of the complaint Tuberculinum 200 were given as an intercurrent remedy. With the individualised homoeopathic treatment, there was significant improvement in the symptoms as well as the general well-being of the patient. The frequency and intensity of acute exacerbations of sneezing gradually decreased. According to the modified Naranjo Criteria, there was notable improvement in the primary symptom (+2) within a reasonable period following the medication (+1); with an improvement in other symptoms (+1) and overall well-being (+1); with no other potential alternative factors or causes that could have caused the improvement (+1). There was improvement in the absolute Eosinophil count after the remedy. The Homoeopathic remedy, on repetition of dose in accordance with homoeopathic principle has resulted in a similar clinical improvement (+1). Thus, in this case, the total score of 9 indicates a clear causal attribution of Homoeopathic treatment with the outcome.

Limitation

IgE levels were not done before and after treatment.

Conclusion

In this case the individualised Homoeopathic treatment helped the patient to win the battle against the sleep disturbances due to allergic rhinitis. There was gradual and steady improvement in the patient's symptoms and general well-being. Thus, this case emphasis on the beneficial effect of Homoeopathic medicines in the treatment of Allergic rhinitis with sleep disturbances.

Declaration of patient consent

Patient's written consent was obtained to disseminate the clinical information on a scientific platform.

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