Allergic rhinitis and its homoeopathic approach

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Abstract

Allergic rhinitis is characterized by sneezing, rhinorrhea, obstruction of nasal passage, conjunctival, nasal and pharyngeal itching, lachrymation, all occurring in temporal relationship to allergen exposure. Although commonly seasonal due to elicitation by airborne pollens, it can be perennial in an environment of chronic exposure. Allergic rhinitis occur in an atopic individual. The conclusion drawn from this article is how Homoeopathy can manage allergic rhinitis and advisable for permanent and effective result.

Keywords: Allergic rhinitis, homoeopathy, simillimum, therapeutics, hay-fever

1. Introduction

There are multiple disease which reappear at certain time of period like allergic rhinitis, atopic dermatitis, ringworm, bronchial asthma and other diseases. But with the help of Homoeopathic management we can lessened the effect of the condition. Usually any disease like allergic rhinitis which occur in a single patient at a time usually not seen epidemic or sporadic. They are either of psoric or sometime complicated with sycotic or syphilis also.

2. Definition

It is an Ig-E mediated immunological response of nasal mucosa to airborne allergens and is characterized by watery nasal discharge, nasal obstruction, sneezing and itching in nose. This may also be associated with symptoms of itching in eyes, palate and pharynx.

3. Common Allergens

Grass Pollen, Dust Mites Saliva, Animal dander, Mold

4. Pathophisiology

Inhaled allergens produce specific IgE antibody in the genetically predisposed individuals. This antibody becomes fixed to the blood basophils or tissue mast cells. This reaction produces degranulation of the mast cells with release of several chemical mediators. These mediators are responsible for symptomatology of allergic disease. Depending upon the tissues involved, there may be vasodilation, mucosal oedema, infiltration with eosinophils, excessive secretion from nasal glands or smooth muscle contraction.

4.1 Phases of allergic response

4.1.1 Acute or Early phase

Duration- 5- 30 minutes. Symptoms includes- sneezing, pruritus and clear rhinorrhea and nasal blockage and/or bronchospasm. Mediator- Histamine appears to be a major mediator.

4.1.2 Late or delayed phase

Duration- begins in 2 to 8 hours and subsides in 12 to 24 hours. Symptoms- sneezing, nasal obstruction, lacrimation, etc. Mediator- chemokines and cytokines play a major role. Eosinophil activates release of leukotrienes which develops nasal congestion.

5. Types

5.1 Seasonal – Symptoms appear in or around a particular season or only for a limited period
of the year. It is also called as intermittent allergic rhinitis. It is caused by sensitivity to airborne mold spores or to pollens from trees, grasses or weeds.

5.2 Perennial – It remains throughout the whole year. It is also called as persistent allergic rhinitis. It is generally caused by sensitivity to dust mites, pet dander, mold or cockroaches.

6. Clinical Features
There is no age or sex predilection. It may start in infants as a young as 6 months or older people. Usually the onset is at 12-16 years of age.
Signs of allergy may be seen in the nose, eyes, ears, pharynx or larynx.

6.1 Nasal signs
Include transverse nasal crease - a black line across the middle of dorsum of nose due to constant upward rubbing of stimulating a salute (allergic salute), pale and oedematous nasal mucosa which may appear bluish. Turbinates are swollen. Thin, watery, or mucoid discharge is usually present.

6.2 Ocular signs
Include oedema of lids, congestion and cobblestone appearance of the conjunctiva, and dark circles under the eyes (allergic shiners).

6.3 Otologic signs
Include retracted tympanic membrane or serous otitis media as a result of eustachian tube blockage.

6.4 Pharyngeal signs
Includes granular pharyngitis due to hyperplasia of submucosal lymphoid tissue. A child with perennial allergic rhinitis may show all the features of prolonged mouth breathing as seen in adenoidal hyperplasia.

6.5 Laryngeal signs
Include hoarseness and oedema of the vocal cords.

7. Risk Factors
Genetic factors.
Environmental factors.
Production of IgE.

8. Factors Triggering
Fumes
Humidity
Sprays
Temperature changes
Cold climate
Humidity
Air pollution

9. Physical Examination
On physical examination, it may show following:
Conjunctival swelling.
Nasal polyps or enlarged nasal turbinates.
Swelling of the eyelids.
Middle ear effusion

10. Diagnosis
A detailed history taking along with the following investigations may help to confirm the diagnosis:

10.1 Skin-prick testing
A small amount of a set of known allergens is injected into the dermis and any “weal and flare” reaction is taken as a positive result to that allergen.

10.2 Blood test
RAST (Radioallergosorbent test) detects specific circulating IgE antibodies.

10.3 Nasal smear
It may reveal large number of eosinophils and presence of neutrophils.

11. Differential Diagnosis
Atrophic rhinitis
Bacterial rhinitis
Viral rhinitis
Vasomotor rhinitis
Hormonal rhinitis
Gustatory rhinitis
Rhinitis medicamentosa

12. Complications
Nasal allergy may cause:
Recurrent sinusitis because of obstruction to the sinus ostia.
Formation of nasal polypi in about 2%.
Serous otitis media.
Orthodontic problems and other ill-effects of prolonged mouth breathing especially in children.

13. Management
Exposure to dust or exposure to any allergen as much as possible.
Wearing mask may prevent entering the allergens.
Use of glasses or sunglasses.

14. Homoeopathic Therapeutics
In Homoeopathy any of the remedies can be used for any of the disease conditions if it is similar to the totality (whether acute chronic). Homoeopathy with the person as a whole, not on the nosological name. Hence non of the remedies can be specifically used for allergic rhinitis. Here we are only pointing out remedies which are most often used for this condition and has a prominent action on respiratory symptoms of allergic rhinitis.

14.1 Allium Cepa: Sneezing, especially when entering a warm room. Copious, water and extremely acrid discharge. Feeling of a lump at root of nose. Hay-fever (Sabad; Sil; Psor). Fluent coryza with headache, cough, and hoarseness. Polypus. Ailments from damp cold winds or colds and odors of flowers. Profuse watery, acrid nasal discharges with burning, redness, rawness of the wings of nose and upper lip. It starts on the left side and goes to the right. Sensation of fullness in the nose due to congestion with occasional epistaxis. Bland lachrymation.


14.4 Hepar Sulphur: Soreness of nostrils, with catarrhal troubles. Sneezes every time he goes into a cold, dry wind, with running from nose, later, thick, offensive discharge. Stopped up every time he goes out into cold air. Smell like old cheese. Hay-fever (Hepar1x will often start secretions and profuse drainage in stuffy colds). Inflammation and swelling of the nose with redness. Pain in the nose “as of a bruise” <touch. Increased power of smell. Coryza mainly on one side along with roughness in the throat. Weariness in all the limbs. Fever may or may not accompany. Sneezing with running nose on slightest (every) exposure to cold or dry wind. Ulcerated soreness of nostrils.


15. Essential of Case Taking
Preliminary data
Chief complaint – Location, Sensation, Modality, Concomitant (Complete Symptoms).
Past History
Family History
Physical General
Mental Generals
Physical Examinations
Systemic Examination
Totality of Symptoms
Medicine Prescribed

16. A Case Study
16.1 Preliminary Data: Mrs. PST 21/F, a student comes to the clinic with complaint of allergic rhinitis since 7-8 months.

16.2 Chief complaints

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Location</th>
<th>Sensation</th>
<th>Modality</th>
<th>Concomitant</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nose</td>
<td>Sneezing (10-15 times/episode)</td>
<td>&lt;dust+++</td>
<td>Headache especially temporal and frontal.</td>
</tr>
<tr>
<td>2</td>
<td>Nose</td>
<td>Coryza- watery thin discharge</td>
<td>&lt; cold water++, change of weather+++</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Eyes</td>
<td>Acrid Lachrymation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16.3 Past history
Dengue fever before 1 year. Thermal: Chilly
Menstrual history: Regular 4-5 days/28 days

16.4 Family history:
Mother: Allergic rhinitis, Thyroid. 16.6 Mental generals
Father: Asthma
Extroverted

16.5 Physical generals
Appetite: Adequate (3 times/day) Hobby: music, travelling.
Desire: Spicy+++ Anxiety about her health
Aversion: Not specific Fastidious to do her work
Thirst: 1-2 lit/day Hasty speech
Urine: 7-8 times/day
Stool: once/day
Perspiration: All over body
Sleep: Sound
Dreams: Not remember

16.7 Physical examination
General Examination:
Level of Consciousness: Conscious and oriented
Intelligence level: Good
Nutritional level: well- nourished
Weight: 45 kg
Nails: Pink
Tongue: Moist Pink
Height: 4’8"
Conjuctiva: Pink
Vitals:
Pulse rate: 80/min
Blood Pressure: 110/70 mm of hg
Respiratory rate: 18-20/min
SPO2 level: 98%
Temperature: 37°F

16.8 Systemic examination:
Respiratory system: Air Entry Bilateral Equal
Gastrointestinal Tract: p/a soft
Central Nervous System: Conscious and oriented
Cardio Vascular System: S1S2 heard
Genito Urinary System: Nothing abnormal detected
Locomotor system: Nothing abnormal detected

16.9 Totality of symptoms
Fearful

Anxiety about her health
Fastidious
Desire: spicy
Sneezing < dust, cold air
Coryza – discharge thin watery
Coryza < cold water, dust, change of weather, from entering in cold room.

16.10 Prescription: (Non Repetorial Approach)
15/10/2020
Rx,
1. Arsenic Alb 200 1 dose stat
2. Rubrum 4-0-4-0 for 15 days

16.11 Posology
Susceptibility of the Patient: Moderate (because of age, sex, functional disturbance).
Potency choice: 200

16.12 Follow UP

<table>
<thead>
<tr>
<th>Date</th>
<th>Symptoms</th>
<th>Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>30/10/2020</td>
<td>1. Sneezing 5 times/episode 2. coryza-watery discharge decrease from every day to 3-4 days of interval 3. lachrymation decreases</td>
<td>Rubrum 4-0-4-0 for 15 days</td>
</tr>
<tr>
<td>14/11/2020</td>
<td>1. sneezing 7 times/episode 2. watery discharge from nose increases.</td>
<td>1.Arsenic Alb. 200 1 dose Stat 2.Rubrum 4-0-4-0 for 15 days</td>
</tr>
<tr>
<td>29/11/2020</td>
<td>Patient feels better 1. Sneezing 3 times/episode 2. Coryza decreases</td>
<td>Rubrum 4-0-4-0 for 15 days</td>
</tr>
<tr>
<td>13/12/2020</td>
<td>1. Sneezing and Coryza decreases as compared to last follow up</td>
<td>Rubrum 4-0-4-0 for 15 days</td>
</tr>
<tr>
<td>26/12/2020</td>
<td>Patient Improved 80-90% No Fresh complaint</td>
<td>Rubrum 4-0-4-0 for 7 days and than stopped.</td>
</tr>
</tbody>
</table>

17. Conclusion
Allergic disorder are on the rise and have a significant impact on the quality of life. Allergic rhinitis can lead to other comorbidities such as Asthma and Sinusitis if not treated appropriately. According to organon of Medicine, Disease is nothing but totality of symptoms and removal of this symptoms totality in its entire is cure. So in Homoeopathic Mode of treatment disease like allergic rhinitis can also manage and gives a definite results.

18. References
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