



# International Journal of Homoeopathic Sciences

E-ISSN: 2616-4493  
P-ISSN: 2616-4485  
[www.homoeopathicjournal.com](http://www.homoeopathicjournal.com)  
IJHS 2022; 6(3): 176-179  
Received: 12-06-2022  
Accepted: 16-07-2022

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## Brief overview on vasomotor rhinitis and its utility from repertory of the homoeopathic materia medica by J.T. Kent

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DOI: <https://doi.org/10.33545/26164485.2022.v6.i3c.629>

### Abstract

Vasomotor Rhinitis (VMR) is one of the type of Non-Allergic Rhinitis which is not related to infections, allergy, drug abuse, systemic lesions or structural problems in disease. It comprises 71% of all non allergic rhinitis and it is the most common form of Non-Allergic Rhinitis (NAR). This disease prevalence is estimated to 320 million approaching worldwide. According to the epidemiological data of Rhinitis, the ratio between Allergic Rhinitis (AR) and Non- Allergic Rhinitis is 3:1 [1] VMR presents in adulthood between 20-60 years of age group. Females are more commonly affected than men. VMR is triggered by conditions of environment such as strong smell, exposure to the cold air from air conditioner, weather change, temperature change, cold air exposure, humidity changes, intake of alcoholic beverages and stress [2, 12] VMR is misdiagnosed often as Allergic Rhinitis most of the time and leads to improper medications which ultimately result in failure of treatment in this specific type of Rhinitis – and becomes a challenge for modern medicine. But Homoeopathic practitioners try to bring out good improvement in VMR as they select medicine based on symptom similarity and individuality of the patient. VMR has several mental and physical triggers without involvement of IgE (Non-Allergic reaction) and with internal and external environmental surrounding of the individual. Even in this modern era, Kent repertory is most commonly used and one among the trusted Repertory. VMR rubrics are found under the chapter Nose, mind and Generalities of Kent Repertory. Kent Repertory follows deductive logic (General symptom to particular symptom) and the individualisation concept is achieved by considering the patient's totality i.e considering the patient as a whole.

**Keywords:** Vasomotor rhinitis, homoeopathy, Kent repertory

### Introduction

VMR is a common type of NAR. It is also called as idiopathic rhinitis/ perennial Non-Allergic rhinitis / irritant rhinitis/ chronic Non infectious Rhinitis. It has highest prevalence in females and is commonly seen between 20 – 60years of age group. It has a 5-10% prevalence in worldwide population. It is difficult to distinguish the symptoms of VMR from other types of rhinitis as they present with Rhinorrhoea, nose block, sneezing, rarely post nasal discharge. But lack other symptoms like pruritis, conjunctivitis and other systemic affections characteristic of Allergic Rhinitis [4, 13] VMR is usually of two form, With the predominance in symptoms it is differentiated [3].

- Runners – predominantly having symptoms of coryza and runny nose
- Dry subjects /congestion – Predominantly having symptoms of nose block with or without Rhinorrhoea [3, 20].

### Etiology of vasomotor rhinitis

Several etiological factors are responsible for causing VMR. Commonest cause is 3 months of arrival duration. Psychological stress which result in frustration or depression also plays an important role in occurrence of VMR [5].

### Common triggers or irritants of vasomotor rhinitis

Non allergic triggers are the characteristic feature of VMR.

Temperature changes, Humidity changes (like change of weather, draft air, cold air etc.), respiratory irritants like cigarette smoke, perfume, hairspray, fumes, soap, odour off detergent, vehicle exhaust, paint fumes, strong odour or fumes, alcoholic beverages and stress (Emotional cause).

Recently the Food and Drug Administration stated that the weather (Relative humidity/ temperature changes) triggers define Vasomotor Rhinitis at its best [3, 20].

### Pathology of vasomotor rhinitis

The exact pathology is not known, so VMR is also known as idiopathic rhinitis. After exposing to triggers it is assumed that either motor (neuronal) or vascular component will initiate the release of neuro peptide due to sensory or nervous hyper reactive response in nasal mucosa producing the symptoms of Vasomotor Rhinitis. It is also assumed that VMR occurs due to autoimmune nervous dysfunction where there will be parasympathetic system domination resulting in hyper secretions of nasal mucosa resulting in oedema of nasal mucosal vasculature and vasodilatations [3, 18].

### Clinical feature

Patients usually present with Rhinorrhoea, nose block, sneezing and rarely post nasal drip. Nasal blockage may present in both nostrils, alternate sides or only in one nostril. These symptoms occur constantly or with weather changes which trigger VMR usually. Symptoms of VMR mimic Allergic Rhinitis and the symptoms of VMR may get worse on waking in morning or at night time. Symptoms last several hours in a day or it will be intermittent in nature. The obstructed feeling of nose does not get relieved by blowing the nose. In some patients sinus ostia gets blocked due to hyperaemia of nasal mucosa resulting in dull aches in face which is more of vascular type [6].

### Physical examination

On physical examination, the persons with VMR usually show normal findings of nose or with mild erythematous and boggy turbinates rather than bluish pale which is a common finding in Allergic Rhinitis [3].

Anterior rhinoscopy show swollen turbinates, more in anterior end of inferior turbinate with mucosal hyper secretion. Septum will be normal in colour and appearance (helps to differentiate the VMR from infective conditions of nose). Purulent and offensive discharges will be absent in VMR [6, 17].

### Investigation

There is no specific test to diagnose the Vasomotor Rhinitis.

It can be elicited by ruling out Allergic Rhinitis by using skin test or by evaluating serum IgE levels. Clinically VMR is diagnosed by the symptoms of rhinitis after exposure to common Non allergic triggers [2].

### Complications

Long standing cases of VMR (untreated, maltreated) are likely to develop nasal polyps, sinusitis and hypertrophic rhinitis [7, 21].

### Differential diagnosis

#### 1. Infectious rhinitis

It is usually viral or bacterial in origin and affects the upper respiratory tract. Infectious rhinitis is characterized by congestion, purulent secretions and it is associated with pressure around eyes and other systemic symptoms like chills, fever, cough, gastro intestinal symptoms, myalgia, and arthralgia in addition to headache, nasal congestion and post nasal dripping [8].

#### 2. Allergic rhinitis

It is characterised by sneezing, coryza, obstruction of nose, lachrymal, palatine, conjunctival and pharyngeal itching after exposure to some allergen. It is seen from childhood. It is immune mediated hypersensitivity reaction so IgE will be positive for persons with Allergic Rhinitis. Persons with AR will have a previous history or family history of urticaria, asthma, eczematous dermatitis in their family members as it is generally found in atopic individuals [8].

### Homoeopathy and vasomotor rhinitis

Homoeopathic system of medicine treats the individual as a whole based on their individual symptoms. There is no particular or specific medicine for one particular disease condition. Individualistic symptom of a person is collected from case taking, and then with the available totality medicine is selected for that person. So symptomatology is given prime importance than the diagnosis of disease condition. By doing so, the medicine selected will not only improve the immunity of a person but also helps to stop the recurrence of disease. According to Homoeopathy Vasomotor Rhinitis is classified as chronic, dynamic and true miasmatic disease [9, 19].

**Table 1:** Miasms and common symptoms of VMR according to R.P. Patel are given below [10, 14, 15, 16]

S. No	Symptoms	Psora	Syphilis	Sycosis
1.	Long continued coryza	+	-	+
2.	Coryza from weather change	+	-	+
3.	Violent sneezing	+	-	-
4.	Sneezing without coryza	+	-	-
5.	Sneezing aggravation morning	+	-	-
6.	Nasal obstruction aggravated at night	+	-	+
7.	Chronic nasal obstruction	+	-	+
8.	Diminished smell	+	+	-
9.	Swelling inside of nose	-	-	+
10.	Thin watery discharge	+	-	-
11.	Coryza with sore throat	+	-	-
12.	Tendency to take cold	+	+	-
13.	Aggravation from mental exertion	+	-	-

### Repertory of the homoeopathic materia medica by J.T. Kent

Kent repertory is the most trusted and most popular

repertory even in modern era.

Dr. J.T. Kent said most of the symptoms originate from the mind and thus gave importance to general symptoms. Dr.

Kent gave importance to general symptoms because at the level of general symptoms, a person can be understood by his expressions. He gave least importance to Common

symptoms but if the common symptoms are qualified or absent they become important<sup>[11]</sup>.

Several rubrics related to the symptoms of Vasomotor Rhinitis which are described in Mind, Nose and Generalities chapter play a vital role while analysing a case based on individual symptoms of a person

S. No	Chapter	Rubric	Sub rubric	Sub Rubric
1.	MIND	Excitement	Emotional	Ailments from
2.	MIND	Exertion	Agg, from mental	
3.	MIND	Grief	Ailments from	
4.	MIND	Grief	Ailments	Cannot cry
5.	NOSE	Coryza	Air, from a draft of	
6.	NOSE	Coryza	Agg in open	
7.	NOSE	Coryza	constant	
8.	NOSE	Coryza	Chronic, long continued	
9.	NOSE	Coryza	Cold, on becoming	
10.	NOSE	Coryza	Sore throat, with	
11.	NOSE	Coryza	Cough, with	
12.	NOSE	Discharge	copious	
13.	NOSE	Discharge	bland	
14.	NOSE	Discharge	watery	
15.	NOSE	Obstruction	Right	
16.	NOSE	Obstruction	Left	
17.	NOSE	Obstruction	Morning	Fluent during day
18.	NOSE	Obstruction	Morning	On waking
19.	NOSE	Obstruction	Night	
20.	NOSE	Obstruction	Evening	
21.	NOSE	Obstruction	Air, in the open, amel	
22.	NOSE	Obstruction	Alternating sides	
23.	NOSE	Obstruction	Alternates with discharge	
24.	NOSE	Obstruction	Cold, after every	
25.	NOSE	Obstruction	chronic	
26.	NOSE	Obstruction	Root, at	
27.	NOSE	Obstruction	One sided	
28.	NOSE	Smell	Diminished	
29.	NOSE	Smell	Wanting, lost	
30.	NOSE	Smell	Strong odours	
31.	NOSE	Sneezing	Morning	Bed in
32.	NOSE	Sneezing	Morning	Rising after
33.	NOSE	Sneezing	Morning	Waking, on
34.	NOSE	Sneezing	Evening	
35.	NOSE	Sneezing	Air	cold in
36.	NOSE	Sneezing	Air	Open (see coryza)
37.	NOSE	Sneezing	Air	Open, amel in the.
38.	NOSE	Sneezing	Frequent	
39.	NOSE	Sneezing	Coryza, without	
40.	NOSE	Sneezing	paroxysmal	
41.	NOSE	Sneezing	Violent	
42.	GENERAITIES	Alcoholic stimulants		
43.	GENERAITIES	Air	Draft agg	
44.	GENERAITIES	Air	Open agg	
45.	GENERAITIES	Change	Temperature agg	
46.	GENERAITIES	Change	weather	Cold to warm agg
47.	GENERAITIES	Cold	Becoming, agg	
48.	GENERAITIES	Cold	After, agg	
49.	GENERAITIES	Cold	Dry weather agg	
50.	GENERAITIES	Cold	Tendency to take	
51.	GENERAITIES	Cold	Wet weather agg	

### Conclusion

Several rubrics related to the symptoms of Vasomotor Rhinitis which are described in Mind, Nose and Generalities chapter play a vital role while analysing a case based on individual symptoms of a person. The utility of Kent repertory with regard to rubrics of Vasomotor Rhinitis is great while treating variety of cases.

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