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Role of *aralia racemosa* in management of allergic rhinitis

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Abstract

Allergic rhinitis is a disease characterized by watery coryza, sneezing with irritation in nose, throat and eyes. Cases of allergic rhinitis is increasing globally, and it is impacting the quality of life of patient and increasing the economic burden of the country. The symptoms of allergic rhinitis though does not lead to mortality but it can cause various complications, thus these symptoms should not be neglected and proper management should be done to prevent the complications and improve the quality of life of patients. *Aralia racemosa* is one of the most commonly indicated medicine for allergic rhinitis which can aid in improving the symptoms of allergic rhinitis along with asthma.

Keywords: Allergic rhinitis, *aralia racemosa*, hay fever, homoeopathic medicines

Abbreviations

Ige: immunoglobulin E AR: allergic rhinitis

ARIA: allergic rhinitis and its impact on asthma RAST: radioallergosorbent test

Introduction

Allergic rhinitis is defined as a disorder which is caused due to Ige - mediated immune response of nasal mucosa to airborne allergens. It is characterized by watery nasal discharge, nasal congestion, sneezing and pharyngeal, conjunctival and nasal itching.

There are two main clinical types of allergic rhinitis:

1. **Seasonal allergic rhinitis:** symptoms are present in a particular season in which seasonal antigens to which the person is sensitive are present in the atmosphere. Hay fever is one of the most common types of seasonal allergic rhinitis which is caused due to grass pollen and is seen at its peak in between May and July.
2. **Perennial allergic rhinitis:** symptoms are present throughout the year. ^[1,2]

Epidemiology

The prevalence of allergic rhinitis is increasing globally. Low- and middle-income countries are experiencing high rise in cases of AR and it ranges from 1.0% to 54.5%. The prevalence increases by age as in children upto 3 years of age, it is 5%, in age group of 6-7 years of age, it is 8.5% and 14.6% in 13-14 year-olds, and rises to 11.8% to 46% in people aged 20-44 years old people ^[3].

Predisposing Factors and Etiology

Allergens can be seasonal or perennial. Seasonal allergens includes the pollen from weeds, grasses and trees. Perennial allergens include dust mites (which are found in beddings, mattresses, pillows and carpets), insect parts, animal danders and fibres ^[1]. Allergic rhinitis usually occurs in atopic individuals and it is often associated with disease conditions such as atopic dermatitis, urticaria, food allergy and asthma. Asthma and sinusitis are closely related to AR. Around 50 % patients who are suffering with AR manifest the symptoms of asthma and 70- 80 % patients of asthma and 80 % individuals affected with chronic bilateral sinusitis suffer with symptoms of allergic rhinitis [4]. A study revealed atmospheric pollution, alcohol intake, smoking (Present, past and passive smokers), higher daily computer usage (due to dust trapped on the computer and higher indoor allergens) and decreased sleeping hours are strongly associated to increased susceptibility to allergic rhinitis.

Having a stressful life and history of depression in mother (Pre and post-natal) has a strong association to AR as it can trigger the expression of cortisol and which subsequently induce allergic responses and thus increases chances of AR. Children born through cesarean delivery are also susceptible to AR as they are not exposed to mother's birth canal microflora which has a protective effect against AR. Providing a hygienic environment to children in their early life is also a risk factor as the child does not get exposed to these allergens. A positive family history of atopy and allergic disease is a strong predisposing factor [3, 5] If one parent is suffering with allergic diathesis, chances of the offspring to be affected is 20 % and it rises to 47 % if both the parents are affected. [1]

Pathogenesis

In genetically predisposed individuals, inhaled allergens produce specific Ige antibody. The Fc end of this antibody gets fixed to the tissue mast cells or blood basophils. When the individual subsequently gets exposed to the allergen, the antigen combines to the Fab end of the Ige antibody, and it causes the degranulation of mast cells with release of several chemical mediators which are responsible for producing symptoms of allergic rhinitis. There may be vasodilation, mucosal oedema, eosinophilic infiltration and excessive secretion from nasal glands depending on the type of tissue involved.

Normal stimuli produce increased nasal response which causes symptoms such as sneezing, nasal discharges and nasal congestion. It occurs in two phases:

- a. **Acute or early phase:** It occurs due to release of vasoactive amines such as histamine. It occurs spontaneously within 5- 30 min after exposure to specific allergen and produces symptoms such as sneezing, nasal obstruction, nasal discharges and bronchospasm.
- b. **Late or delayed phase:** It is caused due to infiltration of inflammatory cells such as eosinophils, neutrophils, basophils, monocytes and CD4 + T cells at the site of antigen deposition. It occurs 2 to 8 hours after the exposure to the allergen and causes swelling, congestion and thick secretion. [1]

Clinical features: Symptoms

- a. **Seasonal allergic rhinitis:** There are frequent sudden attacks of characteristic symptoms which includes watery nasal discharge, nasal obstruction and itching, paroxysmal sneezing (around 10 to 15 at once). It lasts for few hours and be accompanied by itching and irritation in eyes, palate and pharynx.
- b. **Perennial rhinitis:** symptomatology is the same but more persistent and intensity is less severe. Patient experiences frequent attacks of cold, persistent stuffy nose, anosmia due to mucosal oedema, post nasal drip, chronic cough and impairment of hearing due to blockage of Eustachian tube or collection of fluid in the middle ear. [1,2]

Signs

- A black line across the middle of dorsum of the nose may be seen due to constant rubbing of nose simulating a salute known as allergic salute.

- Nasal mucosa may appear bluish and edematous with swollen nasal turbinate's.
- Nasal discharge is usually seen which is thin and watery.
- Lids may appear edematous and dark circles under eyes can also be seen which is called allergic shiners.
- Oedema of vocal cords maybe present with hoarseness of voice.
- Due to blockage of Eustachian tube, tympanic membrane is retracted, and fluid is seen in middle ear.
- Child may show features of mouth breathing. [1]

Classification of allergic rhinitis

Allergic rhinitis and its impact on asthma classification (ARIA) is a new system of classification of allergic rhinitis which is based on the duration and severity of disease.

- **On the basis of duration of disease,** it is divided in intermittent and persistent. If symptoms are present for less than 4 weeks or for less than 4 days a week, it is classified under intermittent type and if symptoms are present for more than 4 weeks or more than 4 days a week, it is considered to be persistent type allergic rhinitis.
- **On the basis of severity of disease,** it is divided into mild, moderate and severe. If any of the symptoms such as sleep disturbance, impairment of daily activities, school, work sports and leisure is present then it is considered to be moderate to severe and if these symptoms are absent, then it is considered to be mild [1].

Diagnosis

- History of patient is a key feature for differentiating between seasonal and perennial allergic rhinitis. Occurrence of symptoms during pollination of certain weeds, grasses or trees indicates seasonal allergic rhinitis. Perennial allergic rhinitis is usually manifested in adult life and symptoms appear due to contaminated house or workplace, animal dander, dust mite etc. [4]
- **CBC:** Peripheral eosinophilia is usually present [1, 4].
- **Nasal smear:** Ideal time to take smear is during presence of clinical symptoms. It shows large number of eosinophils [1, 4].
- **Skin prick test:** Total serum Ige levels are usually elevated. A skin test by intracutaneous route either by puncture or prick with the allergens aids in identifying allergen specific Ige that has sensitized cutaneous mast cells [4].
- **Radioallergosorbent test (RAST):** It is an in vitro test which measures specific Ige antibody concentration in the patient's serum.
- **Nasal provocation test:** Allergen is taken into small amount at the end of toothpick and the patient is asked to sniff into each nostril. If any symptom of allergy is produced, it should be noted [1].

Complications

Allergic rhinitis may lead to complications such as recurrent sinusitis, bronchial asthma, nasal polyp, serous otitis media and orthodontic problems due to prolonged mouth breathing [1] If the symptoms of allergic rhinitis are not properly managed it may lead to decreased sleeping hours, sleep apnea fatigue in daytime, impaired learning, decreased

cognitive functions and overall productivity leading to decreased quality of life. [6]

General Management

Most important step is to avoid the allergen. Care should be taken to avoid pollen and antigens from pets at home. People who are allergic to house dust / dust mite should renew their old pillows, clean the dust from their bed and surroundings and keep proper ventilation. If the patient is food allergic to any food substance, it should be avoided. [1,2]

Homoeopathic management

Aralia Racemosa is a commonly indicated homoeopathic medicine in allergic rhinitis. It has its principal action on respiratory organs and is used in asthmatic conditions with dry cough. According to Burnett, it has a characteristic cough which occurs before midnight, immediately on lying down (around 11 pm) or after a short sleep. The patient feels better from lying with head high and sitting upright. Chest feels constricted and there is a sensation of tickling in throat. , he feels as if some foreign body is stuck in there. This obstruction is worse in spring with frequent sneezing and is frequently prescribed medicine for hay fever. The patient experiences rawness and burning in the retrosternal region. The patient is sensitive to cold air and its exposure causes sneezing with profuse acrid watery nasal discharge which tastes salty. Loud wheezing is heard when patient lies down at midnight. Inspiration is difficult than expiration. Right lung is more affected. The patient is weak, exhausted and has fear of lung disease which cannot be shaken off from his mind [7, 8, 9, 10]

Aralia racemosa covers the following rubrics related to allergic rhinitis and its common complications in Homoeopathic Materia medica & repertory by William Boer Icke [7].

- Nose, coryza, fluent, watery.
- Nose, lachrymation, sneezing.
- Nose, type of discharge in rhinitis, acrid, watery, fluent, hot or thin mucus.
- Nose, type of discharge in rhinitis, profuse.
- Nose, sneezing.
- Respiratory system, bronchial tubes, asthma: remedies in general.
- Respiratory system, bronchial tubes, asthma, type, hay asthma.
- Respiratory system, bronchial tubes, asthma, preceded by coryza.
- Respiratory system, bronchial tubes, asthma, concomitants, with burning in throat and chest.
- Respiratory system, bronchial tubes, asthma, modalities, aggravation, after sleep.
- Respiratory system, bronchial tubes, asthma, modalities, aggravation, in spring.
- Respiratory system, bronchial tubes, asthma, modalities, amelioration, from expectoration.
- Respiratory system, cough- remedies in general.
- Respiratory system, cough, aggravation, after falling asleep, especially in children, constant tickling cough without waking.
- Respiratory system, cough, aggravation, before

midnight.

- Respiratory system, cough, aggravation, lying down.

Discussion & Conclusion

Allergic rhinitis has an adverse impact on the quality of life of patient suffering with severe signs and symptoms. It affects the social life, academic performances and work productivity and thus it has an impact on the economic growth of the country as well. Thus, the main aim in treating the cases of allergic rhinitis is to give these patients a better life and improve their quality of life. [11,12] In homoeopathy, these types of patients who are allergic to agents which are harmless to other population are described as idiosyncratic as described in aphorism 117 of organon of medicine 5th & 6th edition. [13] According to past studies conducted in homoeopathy , it can be concluded that homoeopathic medicines such as *sinapis nigra*, *quillaya saponaria*, *ambrosia artemesia elfolia*, *nux vomica*, *tuberculinum*, *natrum sulph*, *medorrhinum*, *allium cepa* has marvelous result in improving the symptoms of allergic rhinitis. [14,15] Dr. S.A. Jones experimented *aralia racemosa* on himself and he suffered with the symptoms of asthma with loud wheezing respiration, cough on lying down with tickling in throat as if some foreign body is stuck and constriction feeling in chest. [9] *Aralia racemosa* grows in rich woodlands throughout North America and was used in ancient time for tuberculosis, cough and leucorrhoea. [8] Thus, this medicine can be used in cases of allergic rhinitis with asthma. More research work is needed in proving its efficacy in cases of allergic rhinitis.

References

1. Dhingra PL, Dhingra S. Diseases of Ear, Nose and Throat & Head and Neck Surgery. 6th ed. New Delhi: Elsevier, c2014.
2. Walkar BR, Colledge Nicki R, Ralston SH, Davidson's Principles and Practice of Medicine. 22nd ed. Edinburgh: Churchill livingstone/ Elsevier, c2014.
3. Liu Y, Liu Z. Epidemiology, Prevention and Clinical Treatment of Allergic Rhinitis: More Understanding, Better Patient Care. Journal of Clinical Medicine [Internet] [cited 2023 jan 20]. 2022;11(20):6062. Available from: <http://dx.doi.org/10.3390/jcm11206062>
4. Jameson J, Fauci AS, Kasper DL, Hauser SL, Longo DL, Localzo J. editors. Harrison's Principles of Internal Medicine, [internet] 20e. McGraw Hill; [cited 2023 jan 20], c2018. available from: <https://accessmedicine.mhmedical.com/content.aspx?bookid=2129§ionid=15921374>
5. Chong SN, Chew FT. Epidemiology of allergic rhinitis and associated risk factors in Asia. World Allergy Organization Journal. [Internet] Jan 1[cited 2023 jan 20]. 2018;11:17. Available from : <https://doi.org/10.1186/s40413-018-0198-z>
6. Agarwal K, Goyal M, Bist S. Study of predisposing factors, clinical profile and complications of allergic rhinitis. Clin Rhinol Int J. [Internet] Aug 1 [cited 2023 jan 20]. 2016;9(2):74-6.
7. Boericke W. Pocket Manual of homoeopathic materia medica and repertory, 9th ed. Noida: B. Jain Publishers

- Pvt. Ltd, c2016.
8. Murphy R. Lotus Materia Medica, 3rd ed. New Delhi: B. Jain Publishers Pvt. Ltd, c2010.
 9. Choudhri NM. A study of Materia Medica, export ed. New Delhi: B. Jain Publishers Pvt. Ltd, c1965.
 10. Nash EB, Sivaraman, Expanded works of Nash, 1st ed. B. Jain Publishers Pvt. Ltd, c1995.
 11. Green RJ. The burden of allergic rhinitis. Current Allergy & Clinical Immunology. [Internet] dec 11[cited 2023 jan 20]. 2020;18(4):176-8. Available from <https://hdl.handle.net/10520/AJA1528405077>
 12. Greiner AN, Hellings PW, Rotiroti G, Scadding GK. Allergic rhinitis. The Lancet.[internet] Dec 17 [cited 2023 jan 20]. 2011;378(9809):2112-22.
 13. Sarkar BK. Hahnemann's Organon of Medicine.9th revised ed. Delhi: Birla Publications Pvt. Ltd, c2004.
 14. Kasana V, Bhinda K. Efficacy of lesser-known homoeopathic medicines in the treatment of Allergic Rhinitis. Journal of Pharmacy and Biological sciences. 2016;11(1):8-13.
 15. Ghosh S. An open label pilot study testing the role of classical homoeopathy in chronic allergic rhinitis. International Journal of Pharmaceutical Sciences and Research. 2013;1475-1484.

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