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Action of homoeopathic medicine against pollen grains in respiratory complaints

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Abstract

In the field of allergy care, there is rising interest in how homoeopathic therapy reacts to pollen grains. Based on the idea that "like cures like", homoeopathy uses highly diluted chemicals made from pollen to activate the body's natural healing process. Homoeopathic treatments work to reduce allergy symptoms and improve general health by balancing immunological responses and restoring harmony. According to clinical research, homoeopathic treatment may help those who suffer from common pollen allergy symptoms such as sneezing, nasal congestion, and itchy eyes.

Keywords: Pollen grains, allergies, homoeopathy

Introduction

The need to investigate alternative treatment alternatives has arisen as a result of the rise in the prevalence of pollen allergies. In order to treat pollen allergies naturally and holistically, homoeopathic medicine, which is founded on the idea that "like cures like," is used. In order to activate the body's natural healing processes and rebalance the immune system, homoeopathy uses highly diluted compounds made from pollen. Symptom alleviation or immune suppression are frequently the main goals of conventional treatment, which may have unintended side consequences. Homoeopathy, in contrast, tries to treat the underlying causes of allergies, promoting long-term relief and improving general health. The background for further investigation of the role of homoeopathic medicine in this situation is created by this introduction, which emphasises the necessity for efficient and secure treatment alternatives for pollen allergies.

Aetiology

Inhaling pollen grains, which contain allergenic proteins that sensitise people and produce symptoms, is the source of respiratory issues. Seasonal fluctuations, environmental factors, personal vulnerability, and airborne pollen dispersion all have a role in the emergence of various respiratory problems.

Clinical Features

- **Sneezing:** People with pollen allergies frequently endure persistent bouts of sneezing.
- Nasal congestion causes a stuffy or blocked nose by clogging the nasal passages.
- **Runny Nose:** Excessive nasal discharge, also known as a "runny nose", is a typical sign of pollen allergies.
- **Itchy Nose, Throat, and Eyes:** People with pollen allergies frequently complain of having itchy noses, throats, and eyes.
- **Watery Eyes:** People with pollen allergies frequently experience watery eyes and excessive tear production, which is medically referred to as allergic conjunctivitis.
- **Post-Nasal flow:** The extra mucus that the nose produces may flow into the back of the throat, giving the sense that there is mucus there.
- **Coughing:** Post-nasal drip or exposure to allergens might irritate the airways.

Investigations

- **Skin prick test:** In this test, little amounts of allergen extracts, such as different kinds of pollen, are applied to the skin, usually on the forearm or back.

In order to allow the allergen to penetrate the skin's surface, the skin is then poked or scraped. An individual will experience a localised allergic reaction, such as redness, swelling, or itching at the spot if they are allergic to a certain pollen allergen.

- **Allergen-specific IgE Blood Test:** Tests for specific immunoglobulin E (IgE) antibodies in the blood that are created in response to allergen exposure are used to identify allergies. Healthcare providers can pinpoint the precise allergens causing the respiratory problems by testing for IgE antibodies against particular pollen allergens^[1].

Risk Factors

- **Genetic Predisposition:** Having a family history of allergies, including pollen allergies, can raise the risk of having comparable allergy diseases. Allergies have a genetic component, and those who have allergies in their family are more likely to develop a pollen allergy.
- **Personal or Past Allergies:** People who have a history of other allergic disorders, such as eczema or food allergies, may be more susceptible to developing pollen allergies and respiratory issues.
- **Age:** Allergies, particularly pollen allergies, can appear at any age. Though the risk may diminish with age, allergies are more likely to develop in children or young adults.
- **Environmental Exposure:** Prolonged or repeated exposure to pollen might raise the risk of sensitization and the emergence of respiratory problems. Living in neighbourhoods.

Pathophysiology

- **Sensitivity:** In people who are prone to pollen allergies, the first contact with pollen grains causes sensitivity. During this process, the immune system mounts an immunological response after identifying particular pollen proteins as alien. Pollen allergens are captured and processed by dendritic cells, specialised immune cells in the nasal mucosa, which then present them to T-helper cells.
- **IgE Production:** After exposure, T-helper cells secrete chemicals like interleukins, which prompt B cells to make antibodies called immunoglobulin E (IgE) that are particular to pollen allergens. Mast cells and basophils, which are abundant in the nasal mucosa and conjunctiva of the eyes, have receptors on which IgE antibodies attach.
- **The phase of Sensitization:** After repeated exposure to pollen, mast cells and basophils get activated as a result of a cross-linking reaction between allergenic proteins and IgE antibodies. Inflammatory mediators such as histamine, leukotrienes, prostaglandins, and cytokines are released as a result.
- **Inflammatory Response:** A series of allergic reactions are triggered by the production of inflammatory mediators. Histamine produces symptoms such as nasal congestion, sneezing, itching, and rhinorrhea by causing vasodilation, increased vascular permeability, and smooth muscle contraction. Some people experience respiratory symptoms as a result of bronchoconstriction and mucus production caused by leukotrienes and prostaglandins.

- **Recruitment of Inflammatory Cells:** The immune cells eosinophils and neutrophils are drawn to the site of inflammation by the inflammatory mediators generated during the allergic reaction. Inflammatory mediators are additionally released by eosinophils, which can lead to tissue damage and protracted allergic reactions.
- **Late-Phase Reaction:** Occasionally, an allergic reaction may continue for several hours after it first manifests. This subsequent immune response causes tissue remodelling, the recruitment of more inflammatory cells, a protracted release of mediators, and lingering inflammation

Management

Management of pollen-induced respiratory complaints includes allergen avoidance, medications like antihistamines and nasal corticosteroids, and considering immunotherapy for severe cases.

Differential diagnosis

- **Vasomotor rhinitis:** Noninflammatory rhinitis that can be triggered by a change in temperature, odours, or humidity
- **Infectious rhinitis:** Viral or bacterial infections, most commonly seen in the pediatric population
- **Cerebrospinal fluid leak:** Clear rhinitis refractory to treatment
- Non-allergic rhinitis with eosinophilia syndrome (NARES) - infiltration of eosinophils in nasal tissue without allergic sensitization
- **Chemical rhinitis:** Exposure to chemicals through occupation, household chemicals, sport/leisure exposure
- Rhinitis of pregnancy and hormonally-induced rhinitis
- **Drug-induced rhinitis:** e.g., NSAIDs, ACE inhibitors, nasal decongestants, cocaine
- Autoimmune, granulomatous, and vasculitic rhinitis - Granulomatosis with polyangiitis, sarcoidosis, etc.
- Nasal polyposis^[2].

Homoeopathic Management

1. **Natrum muriaticum:** Violent coryza that lasts for one to three days before turning into a blocked nose that makes breathing difficult. Discharge that is watery and flimsy, like the uncooked egg white. Violent Coryza with sneezes. Unbeatable at preventing colds that start with sneezing. Use the thirty-first potency. Loss of flavour and scent. Nasal discomfort on the inside. Dryness.
One side of the nose is completely insensitive and numb. One side^[1] only of the nose is inflamed and swollen, and it hurts to be touched. The nose's bones are boring. Excoriation of the inside of the nose, together with enlargement of the inside wings. Nasal scabs and scurf. On the nose, scarf. Loss of taste and scent. Absent-minded sneezing. Nasal obstruction and dryness. Dry coryza, occasionally only in the morning. Sneezing and violent coryza that is fluent or dry, along with a loss of taste and smell. Nasal bleeding while coughing at night
2. **Sabadilla officinalis:** Spasmodic sneeze and a runny nose. Coryza with strong frontal aches, chrysalis, and red eyes. Excessive nasal discharge that is watery.

Contractive smarting and nose tingling itching. Great sensitivity to the smell of garlic, epistaxis, and sensitive dryness in the upper region of the nose. Violent spasmodic sneezing (abdominal shaking followed by lachrymation). Alternately block each nostril. Fluent coryza, often known as hay fever, has altered features and a confused head. Large amounts of white, clear mucus are expelled from the nose without coryza. The bright red blood that has been expectorated comes from the posterior nares.

3. **Arsenic album:** Excoriating discharge that is thin and watery. My nose feels congested. Sneezing ineffectively. Coryza and hay fever are worse outside; they are better indoors. Bleeding and burning, nasal acne, nasal symptoms that are throbbing. Nasal swelling and burning. Nasal swelling and burning. Nasal bleeding that is violent. Desquamation, in future, of the nose skin. Nostril tumours that are knotty. Ulceration at the top of the nostrils, with a flow of foul-smelling ichor and a bitter taste. Pitch or sulphur scent before the nose. Aggressive sneezing. Nasal dryness is really severe. Fluent coryza accompanied by a stopped nose, nasal burning, and the discharge of a serious and caustic mucous.
4. **Allium cepa:** Especially after entering a heated area, sneezing. Abundant, watery, and bitter discharge, a lumpy sensation at the base of the nose. (Sabad; Sil; Psor) Hay fever. Coryza with a cough, headache, and hoarseness. Polypus. Acrid burning, sneezing, and excessive watery discharge from the nose excoriate the top lip and nose. Fluent coryza, with watery eyes, a headache, heat exhaustion, thirst, coughing, and shaking hands; in the evening and in a room > outside. Ichor leaking from the nostril; scarlatina, second stage. Blood coming from the nose. Every August, there is a sort of hay fever with morning coryza, strong sneezing, and sensitivity to the smell of flowers and peach skin. Nose polyps.
5. **Euphrasia:** Flu-like coryza with copious expectoration and a severe cough. Alae nasi pimples that are infected. Excoriation and painful nasal sensitivity. Epistaxis. Fluent coryza during the day; nasal blockage during the evening. Violent flu-like coryza accompanied by a lot of mucus secretion (from the anterior and posterior nares), extreme mental disorientation, damaging tears in the eyes, and photophobia. Flu coryza is profuse, with coughing up expectorant in the morning.
6. **Arum triphyllum:** Pain in the nose. Raw sores are caused by arid, excoriating discharge. Must breathe through the mouth due to blocked nose. Boring as all get out. Coryza; bloody, watery discharge. Fluent, pungent discharge coming from a nose that has totally stopped. Hay fever and soreness at the base of the nose. Tall scabs on the right side of the nose. Their face feels heated and chapped, as though from a chilling breeze. Picking at the nose nonstop until it bleeds. Excoriating nostrils and upper lip, discharge of scorching ichorous fluid from the sore nose. Dry coryza; nose stopped; only able to breathe through mouth; right nostril open; left nostril obstructed.

Rubrics

- **Nose:** Sneezing-hay asthma with.
- **Skin:** Swelling-Affected part.

- **Skin:** Swelling-Inflammatory.
- **Skin:** Swelling-Shining.

Conflict of Interest

Not available

Financial Support

Not available

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