

Review Article

Homoeopathic Management in The Treatment of Allergic Rhinitis

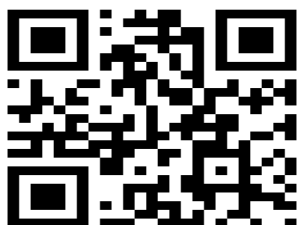
Javeria Shazlee* and Sushama Sambhaji Lawate

Guru Mishri Homoeopathic Medical College and PG Institute, Shelgaon, Jalna

ABSTRACT

Allergic disorder constitutes about 50% of all chronic disease states. Allergy is the price we have paid for modern civilization. An estimated 270 million Indians suffer from allergies and alarmingly the incidence as well as the severity of this disease state is increasing every year. Although allergic rhinitis may have its onset at any age, the incidence of onset is greater in children and adolescents, with a decrease in incidence seen in advancing age. Studies have shown that up to 10% of children and 20% to 30% of adolescents have allergic rhinitis.

Keywords: Allergic rhinitis; seasonal rhinitis; perennial rhinitis



QR Code for Mobile Users

(Received 01 September 2022; Accepted 15 August 2022; Published 25 September 2022) ISSN: 2347-8136 ©2022 JMPI

Address for Correspondence:

Dr. Javeria Shazlee

Guru Mishri Homoeopathic Medical College & PG Institute, Shelgaon, Jalna (MS) India

Conflict of Interest: None Declared!

INTRODUCTION

Allergic rhinitis is characterized by frequent sneezing; nasal fluid secretions; nasal passages obstruction; with symptoms like conjunctival, pharyngeal, nasal itching; and lacrimation, occurring in a temporal relationship to exposure of allergen. It is commonly seasonal due to stimulation by airborne pollens, and can also be perennial due to chronic exposure to allergens.

Currently prevalence around 20–30 % of the Indian population suffers from allergic rhinitis. Up to 40% of patients with rhinitis manifest asthma, whereas 70% of individuals with asthma experience rhinitis. Allergic rhinitis is mostly seen in 10 to 70 yrs age group.

Definition

In Allergic Rhinitis there is moderate to severe inflammation of mucous and serous membrane which leads to frequent sneezing, Rhinorrhoea, obstruction of nasal passage, conjunctival, nasal, and pharyngeal itching, lacrimation. All occurring in association with allergen exposure.

Causes

The body's immune system is designed to

fight harmful substances like bacteria and viruses. Any substances can cause an allergy if exposed to a person in the right way. But for all practical purposes and with few exceptions, allergic rhinitis is caused by proteins. Commonly, allergic rhinitis is a result of an allergic person coming in contact several times with protein from plants. Many trees, grasses, and weeds produce extremely small, light, dry protein particle called pollen. This pollen is spread by the wind and is inhaled. These pollen particles are usually the male sex cells of the plant and are smaller than the tip of a pin or less than 40 microns in diameter.

Even though pollen is usually invisible in the air, pollen is a potent stimulator of allergy. Pollen lodges in the nasal lining tissue and other parts of the respiratory tract where it initiates the allergic responses. A person is programmed to be allergic by his/ her genetic makeup and is destined to be allergic from birth. Approximately one in four people with allergic rhinitis also have asthma.

Types

Many different types of allergens produce

nasal allergy symptoms. The type of allergen and where it is found often can have an impact on when allergy symptoms occur.

The different *types of allergic rhinitis* are

Seasonal Allergic Rhinitis

Perennial Allergic Rhinitis

Seasonal Allergic Rhinitis

Seasonal allergic rhinitis is usually thought of as outdoor allergens. The two main kinds of outdoor allergens are pollen and mold. These are considered the most common forms of hay fever. The quantity of allergens in the air is going to peak at different times of the year, depending on which allergen it is. The season for hay fever starts in the spring and will last until the first hard frost.

Perennial Allergic Rhinitis

Year-round hay fever is usually thought of as indoor allergens. The two main kinds of indoor allergens are house dust and mold. Most people are usually allergic to more than one type of these allergens. If allergic to only one kind, being allergic to dust mites is the most common type of perennial allergic rhinitis.

Dust Mite Debris: It is not the dust mite themselves that cause dust mite allergy symptoms. Dust mites settle out of the air quickly. The culprit is the many droppings that they produce each day, their shed skin, and their decaying bodies that become airborne and inhaled by people. Usually if people are allergic to dust mites, their symptoms are worse at night.

Cockroach Debris: Cockroaches are a nasty pest that puts out a strong allergen. The allergen consists of dead body parts, eggs, cast skin, and fecal waste matter. Cockroaches live in colonies so where you see one, there are more that you don't see. Both the cockroaches and their allergen are hard to get rid of once they are present in a building.

Pet Protein: Pet allergy is caused by the dander (skin flakes), the saliva, and the urine of pets. Contrary to popular belief, the hair/fur on the pet is not the allergen

Symptoms:

Symptoms that occur shortly after you come into contact with the substance you are

allergic to may include:

Itchy nose, mouth, eyes, throat, skin, or any area

Problems with smell

Runny nose

Sneezing

Tearing eyes

Symptoms that may develop later include:

Stuffy nose (nasal congestion)

Coughing

Clogged ears and decreased sense of smell

Sore throat

Dark circles under the eyes

Puffiness under the eyes

Fatigue and irritability

Headache

Memory problems and slowed thinking

Prevention and Management

As the saying goes "prevention is better than cure"

Hahnemann in aphorism 4 states "He is like wise a preserver of health if he knows the thing that deranges health and cause disease, and how to remove them from persons in health."

The management of allergic rhinitis consists environmental control measures and allergen avoidance, that triggers allergy symptoms, although it does collect and retain a large amount of the allergen. Pet allergens are very sticky and can cling to anything including walls, drapery, and bedding. Their small particle size keeps them airborne for a long period of time. Dog allergies and cat allergies are the most common type of pet allergies.

Mold Spores: Mold spores inside our home grow all year long and mold allergy will have no defined season. Moisture that mold needs for growth can come from high humidity, condensation, and water leaks. Many household activities such as cooking and taking showers can put more than enough moisture into the air. Unlike many plants, mold does not need sunlight for growth. It can thrive in moist, poorly ventilated, and dark areas.

Complications

It has been suggested that allergy may contribute to serious otitis media. However,

the evidence is conflicting; some studies have not demonstrated a greater prevalence of atopy and allergy in otitis media patients compared with normal control subjects. It is possible that pathological changes associated with rhinitis may lead to obstruction of the eustachian tube with dysfunction and middle ear effusion. It seems more likely that serous otitis is not an allergic disease per se but a frequent complication of nasal allergy, particularly in children.

Homoeopathic therapeutics Sulphur

‘The catarrh affections of the nose are extremely troublesome in sulphur. he in subject to coryza constant sneezing stoppage of the nose under coryza we read “fluent like water trickling from the nose”’ All the nasal discharges are acrid and burning.

Hepar Sulph

The hepar patient is subject to coryza. In some instances, the colds settle in the nose and then there will be much discharge, with sneezing every time, he goes into a cold wind. The cold winds bring on sneezing and running from the nose, first of watery character and finally ending in a thick, yellow, offensive discharge.

Arsenicum iodatum

coryza with watery discharge in open air with cough. It has been a most useful remedy in hay fever. obstruction of nose, pain in nose, smell lost, much sneezing inside of nose. Thin watery irritating, excoriating discharge from anterior and posterior nares, sneezing hay fever. Irritation and tingling of nose, constant desire to sneeze. Aggravation by sneezing.

Arsenicum album

The arsenicum patient is always taking cold in the nose, always sneezing from change in weather. he is always chilly and suffers from drafts and pale, waxy, broken-down constitution with catarrhal discharge from the nose on looking at bright light becoming blind. Sneezing and coryza with inflammatory condition through the whole nasal cavity, throat larynx and chest. The cold begins in the nose and goes down to the throat vary often causing hoarseness with dry tickling, hard, rasping cough.

Burt emphasizes on the utility of ars alb in treatment of allergic rhinitis copious watery, acrid discharge that burns, much distressing stoppage at the bridge of the nose, stuffed cold, the nose seems stopped up, still it runs. Fluent coryza with frequent sneezing.

Natrum Mur

The characteristic discharge from nose is watery or thick whitish of an egg. There is marked coryza with a watery discharge but the constitutional state has thick white discharges in the morning.

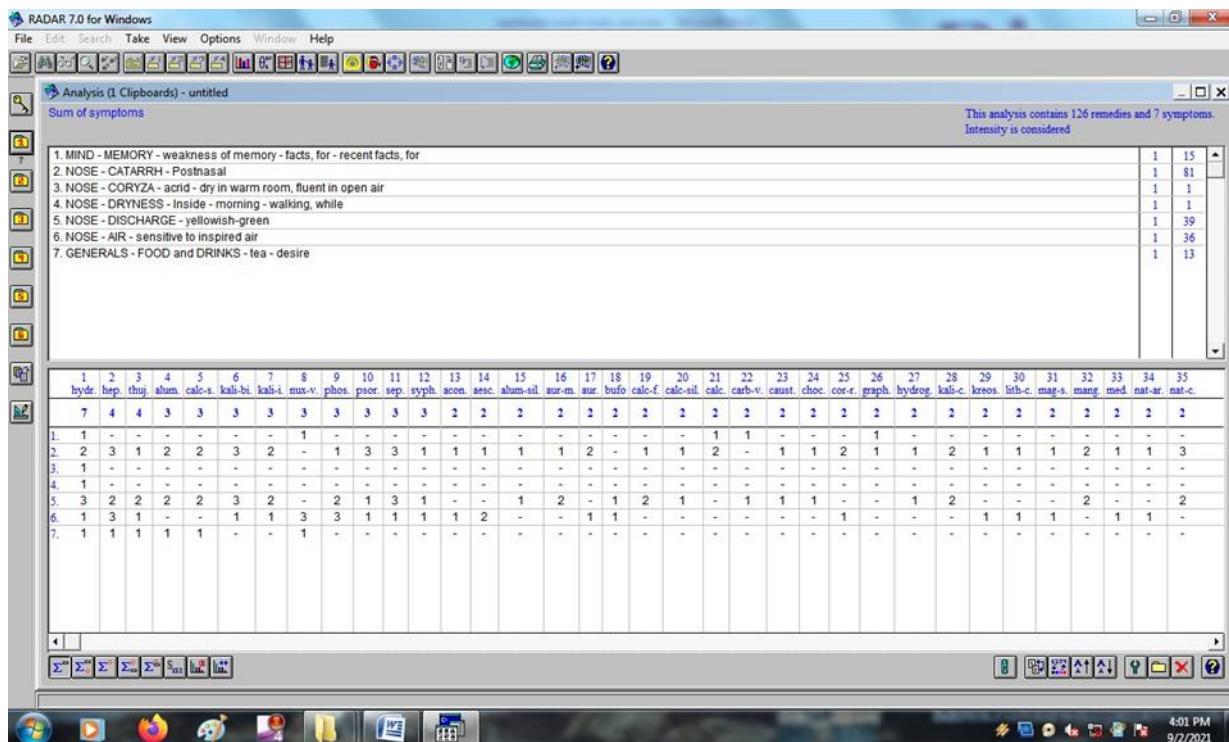
Natrum mur acts on mucous membranes. He finds it indicated in catarrhs with mucus secretions abnormal in quantity rather than in quality. This hypersecretion of mucus is accompanied by paroxysm of sneezing. Fluent alternates with dry coryza. Every exposure to fresh air gives the patient cold. The wings of the nose are apt to be sore and sensitive. There is almost always in the natrum mur catarrh loss of smell and in acute, frequently loss of taste.

Allium cepa

Kent explains the virtue of Allium cepa in the treatment of allergic rhinitis “every year in august morning coryza with violent sneezing, very sensitive to odour of flowers and the skin peaches.” That is one of the forms of hay fever cured by Allium cepa violent sneezing, sensitive to the odour of flowers and skin of peaches.

CONCLUSION

There is a better scope in homoeopathy for the treatment of Allergic rhinitis, since the treatment is based on holistic and individualistic approach.



REFERENCES

1. DR. Chintanwala. Adil; “Allergic Disorders Today's Epidemic”; National Journal of Homoeopathy; Nov-Dec 2004.
2. Ballenger John Jacob James B. snow, Jr. “Otorhinolaryngology. Head and Neck Surgery”; USA; Williams and Wilkins; 15th edition.
3. Kerr Allen G. Scott- Brown’s “Otolaryngology-Rhinology”; Oxford; Reed educational and professional Publishing Ltd; sixth Edition 1997.
4. www.emedicine.madscape.com 22/01/2011
5. www.avoid_nasal_allergies.com 10/01/2011