

Review Article

Effectiveness of Homoeopathy in Allergic Rhinitis

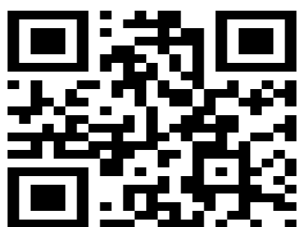
Dr. Aiman Ansari and Dr. Govind Thote

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

ABSTRACT

Allergic rhinitis, also called hay fever, is an allergic reaction that causes sneezing, congestion, itchy nose, and watery eyes. Pollen, pet dander, mold and insects can lead to hay fever symptoms. Hay fever can make you feel awful, but you can find relief with lifestyle changes, allergy medications and immunotherapy (allergy shots). Allergic rhinitis is not the same as infectious rhinitis, otherwise known as the common cold. Hay fever is not contagious. Also, not all rhinitis is allergic. Many people suffer from nonallergic rhinitis resulting in similar symptoms. Inflammation causes rhinitis, not allergens or histamine release

Keywords: Hey fever, Rhinorrhoea, Homoeopathy



Address for Correspondence:

Dr. Aiman Ansari

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

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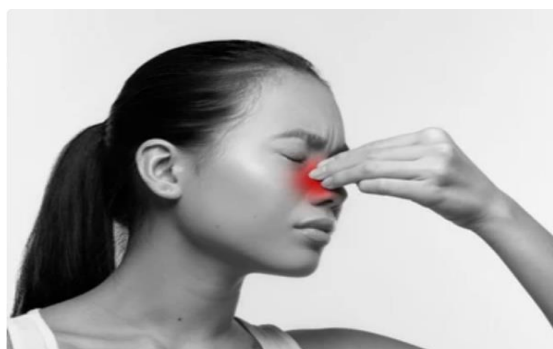
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INTRODUCTION

ALLERGIC RHINITIS

The inflammation in the nose is immunoglobulin E (IgE)- mediated in allergic rhinitis and is due to acute exposure to the inciting allergens which induce the early symptoms such as sneezing, itching, and clear rhinorrhoea within minutes of exposure. Late phase symptoms (nasal congestion and obstruction) appear 4 to 6 hours after exposure.

The nasal mucous membrane appears boggy and pale. Acute infectious rhinitis is usually viral in origin. Secondary bacterial



infection involving the sinuses is a common complication in which patients have mucopurulent or purulent nasal discharge, facial pain and pressure, and fever may be present⁽⁴⁾.

NON-ALLERGIC RHINITIS

Patients with non-allergic, non-infectious rhinitis without eosinophilia, and some with vasomotor rhinitis, present with nasal obstruction, rhinorrhoea, and congestion that may be precipitated or exacerbated by certain odours, alcohol, spicy foods, emotions, and environmental factors such as temperature, barometric pressure changes, and bright lights. Chronic nasal obstruction is frequently associated with sleep disordered breathing⁽⁴⁾.

Causes of allergic rhinitis

Your immune system is how your body protects itself, so it produces immunoglobulin E (IgE) antibodies to protect against this allergen. The next time you come in contact with the allergen, these

antibodies signal your immune system to release chemicals such as histamine into your bloodstream. This causes a reaction that leads to the symptoms of hay fever ⁽⁴⁾.



TRIGGERS:

Hay fever triggers include:

- Tree pollen, which is common in early spring
- Grass pollen, which is common in late spring and summer
- Ragweed pollen, which is common in fall
- Dust mites and cockroach droppings, which are present year-round
- Dander from pets, which can be bothersome year-round but might cause worse symptoms in winter, when houses are closed up
- Spores from indoor and outdoor fungi and molds, which can be both seasonal and year-round ⁽⁴⁾.

COMMON SYMPTOMS

Hay fever symptoms can include:

- Runny nose and nasal stuffiness (congestion)
- Watery, itchy, red eyes (allergic conjunctivitis)
- Sneezing
- Cough
- Itchy nose, roof of mouth or throat
- Mucus that runs down the back of your throat (postnasal drip)
- Swollen, bruised-appearing skin under the eyes (allergic shiners)
- Extreme tiredness (fatigue), often due to poor sleep ⁽¹¹⁾.

CLASSIFICATION

Based on the duration of complaints:

1) Intermittent: If symptoms last for <4 days a week or an episode lasts for <4 weeks, it is

classified as intermittent allergic rhinitis.

2) Persistent: On the other hand, if symptoms last for >4 days a week or an episode lasts for >4 weeks, it is classified as persistent allergic rhinitis.

Based on the severity of complaints

1) Mild: Mild allergic rhinitis does not show major symptoms. It does not impair daily household, school, or work activities and sleep is not affected.

2) Moderate-severe: Moderate-severe allergic rhinitis has at least two of the following: impairment of daily activities, reduced productivity at school and work, troublesome symptoms (itching of eyes/nose, nose block, and discharge from eyes), and disturbed sleep.

Difference between hay fever and common cold

Condition	Symptoms	Onset	Duration
Hay fever	Runny nose with thin, watery discharge; no fever	Immediately after exposure to allergens	As long as you're exposed to allergens
Common cold	Runny nose with watery or thick yellow discharge; body aches; low-grade fever	1 to 3 days after exposure to a cold virus	3 to 7 days

RISK FACTORS

The following can increase the risk of developing hay fever:

- Having other allergies or asthma
- Having a condition called atopic dermatitis or eczema, which makes your skin irritated and itchy
- Having a blood relative, such as a parent or sibling, with allergies or asthma
- Living or working in an environment that constantly exposes you to allergens — such as animal dander or dust mites
- Being exposed to smoke and strong odors that irritate the lining of the nose

Having a mother who smoked during your first year of life⁽¹³⁾.

DIAGNOSIS

Identification of the aetiological causes is based on the pattern, chronicity, and seasonal variation of symptoms (or the lack of these), history of medication, presence of co-existing conditions, occupational exposure, environmental history and identification of the precipitating factors.

Physical examination should also focus on identifying surgically correctable conditions such as deviation of the nasal septum (DNS), polyps, or enlarged turbinates. Allergen skin or in vitro testing is useful in detecting allergic rhinitis.

A blood allergy test measures antibodies to an allergen in a sample of your blood. This blood test is called an immunoglobulin E (IgE) test. It can detect most types of allergies, including food allergies.⁽¹³⁾

MANAGEMENT

Management of rhinitis includes antihistamines, topical corticosteroids, and avoidance of inciting factors.

Second generation, non-sedating oral antihistaminics (e.g. loratadine, cetirizine, fexofenadine) are effective in reducing symptoms of itching, sneezing, and rhinorrhoea.

The World Health Organization (WHO) recommends using a combination of a non-sedating anti-histamine with anti-leukotriene for treating allergic rhinitis.

Intranasal anti-histaminics (e.g. azelastine), while useful in relieving rhinorrhoea, have a bitter taste and may cause sedation due to systemic absorption⁽¹¹⁾.

SCOPE OF HOMOEOPATHY

Homoeopathy works on the principle “like cures like,” this means that the prescribed medicine is able to produce symptoms similar to the disease condition, which helps in curing the condition. Homoeopathic medicines are seen to improve the over-sensitized immune system and thus act as an immunomodulator or immunoregulator. Homeopathy follows an individualized treatment approach, where medications are prescribed after studying personal characteristics.

The following medicines are commonly

indicated:

1) Arsenic Album:

It is the best homeopathic medicine for allergic rhinitis, especially if presented with intense thirst.

Other symptoms that indicate its use are thin acrid nasal discharge, burning in the nose and throat, and a cold that gets worse at midnight or is triggered by temperature fluctuation.

2) Allium Ceba:

Acrid discharge from the nose but plain discharge from the eyes is a common indication.

Burning and itching of the nose/eyes improve when in the open air.

3) Natrum Mur:

Works wonders in cases where sneezing is the predominant symptom or a bout of rhinitis starts with sneezing.

Other symptoms include dryness of mouth, thin, and watery discharge from the nose, and a craving for salt.

4) Sabadilla:

It is most commonly used in cases with frequent sneezing but scanty nasal discharge. Some other indications are hay fever-like symptoms, frontal pain, and watery discharge from the eyes.

5) Arundo

Indicated in cases where itching dominates amongst other symptoms.

Itching in the nose, eyes, and roof of the mouth occurs along with a diminished sense of smell.

PREVENTION

The best way to prevent allergic rhinitis is to avoid the allergen that causes it.

But this is not always easy. Allergens, such as dust mites, can be hard to spot and can breed in even the cleanest house.

It can be difficult to avoid contact with pets, particularly if they belong to friends and family.

How to avoid the most common allergen

To help limit the number of mites in your house:

choose wood or hard vinyl floor coverings instead of carpet

clean cushions, soft toys, curtains and upholstered furniture often by washing or vacuuming them

If you cannot remove a pet from the house, you can try to:

keep pets outside as much as possible or limit them to 1 room, preferably one without carpet

wash pets at least once a fortnight

To avoid exposure to pollen:

keep doors and windows shut during the mid-morning and early evening. This is when there's most pollen in the air

shower, wash your hair and change your clothes after being outside

To help prevent mould spores, you should:

keep your home dry and well ventilated

when showering or cooking, use extractor fans or open windows but keep internal doors closed. This stops damp air spreading through the house⁽¹³⁾.

REFERENCES

1. Asthma and Allergy Foundation of America. Nasal Allergies (Rhinitis) (<https://aafa.org/allergies/allergy-symptoms/rhinitis-nasal-allergy-hayfever/>). Last reviewed 8/2015. Accessed 9/21/2023.
2. InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Hay fever: Overview (<https://www.ncbi.nlm.nih.gov/books/NBK279488/>). [Updated 2020 Apr 23]. Accessed 9/21/2023.
3. Hay fever/rhinitis. American Academy of Allergy, Asthma & Immunology. <https://www.aaaai.org/Conditions-Treatments/Allergies/Hay-Fever-Rhinitis>. Accessed April 13, 2022.
4. Ask Mayo Expert. Allergy testing. Mayo Clinic; 2021.
5. Allergy testing. American Academy of Allergy, Asthma & Immunology. <https://www.aaaai.org/tools-for-the-public/conditions-library/allergies/allergy-testing>. Accessed April 13, 2022.
6. Herbert A. Roberts – The Principals & Art of Cure by Homoeopath, Third Edition – 2005, B. JAIN PUBLISHERS (P) LTD.1921/10, Chuna Mandi, Paharganj, New Delhi – 110055
7. J. T. Kent – Repertory of the Homoeopathic Materia Medica. Reprint Edition: Oct 2013.
8. Indian Books & Periodicals Publishers, Block – 5/62, Dev Nagar, Pyare Lal Road, Karol Bagh, New Delhi – 110005.
9. National Homoeopathic Journal – 1999, Editor: DR. VISHPALA

PARIHASARATHY

10. Samuel Hahnemann: Organon of Medicine, 6th edition: translated by William Boericke; B. Jain Publishers, 1921/10, Chuna Mandi, Paharganj, New Delhi 110055 (India)
11. <https://www.ncbi.nlm.nih.gov> 13/09/2022; 2:00PM
12. <https://www.health.harvard.edu> 13/09/2022; 2:30PM
13. <https://www.myo.edu> 13/09/2022; 2:40PM