



## **Allergic Rhinitis & Its Homoeopathic Management**

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### **Abstract**

With the world being continuously developing, we are becoming more and more exposed to a number of unsuitable changes. These changes are mainly lifestyle related and make us more prone to acquire many immune related diseases. It is commonly associated with Conjunctivitis, Post Nasal Dripping and Sinusitis. If untreated, it may also result in sleep disturbances, fatigue, depressed mood and affects quality of life and productivity. Many co-morbid conditions like Nasal Polyps, Hives and Atopic Dermatitis are associated with Allergic Rhinitis

**Key word-** Allergic Rhinitis, Allergens, Homoeopathy.

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### **INTRODUCTION**

Allergic Rhinitis is characterized by sneezing, rhinorrhea, obstruction of the nasal passages, itching in conjunctiva, nose and pharynx; and lachrymation, all occurring in a temporal relationship to allergen exposure. Although commonly seasonal due to elicitation by airborne pollens, it can be perennial in an environment of chronic exposure to house dust mites, animal dander, or insect products<sup>1</sup>.

Most common triggering allergens of Allergic Rhinitis are house dust, pollens, mites, molds, domestic animals, and insects or allergens of plant origin. Various lifestyle and occupational allergens like latex, tobacco smoke, automotive pollution and even non-steroidal anti-inflammatory drugs.<sup>2</sup>

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With the changing lifestyle, there are a lot of environmental factors like sudden change of weather and temperature, cold exposure, rainy weather etc. which have been seen to trigger Allergic Rhinitis.

According to the revised ARIA (Allergic Rhinitis and Its Impact on Asthma) guidelines in 2016, Allergic Rhinitis can be classified clinically into Intermittent and Persistent AR on the basis of its frequency and duration of the attacks. It is also classified into Mild and Moderate to Severe Allergic Rhinitis on the basis of its severity of attacks.<sup>3</sup>

World Allergy Organization states that over 400 million people suffer from AR around the world.<sup>4</sup> The burden of AR is enormous and constitutes 55% of all allergies. Around 20-30% of the Indian population suffers from AR and that 15% develop Asthma.<sup>2</sup>

The burden of allergic diseases in India has been on an uprising trend in terms of prevalence as well as severity. Approximately 20% to 30 % of total population suffers from at least one of these allergic diseases in India. Studies have reported that 20% to 30% of the population suffers from AR and that 15% develop Asthma<sup>5</sup>.

**Etiology:** Allergic Rhinitis generally occurs in atopic individuals, often in

association with atopic dermatitis, food allergy and urticaria. It has closely been associated with Asthma. Up to 40% of patients with rhinitis manifest asthma, whereas 70% of individuals with asthma experience rhinitis.<sup>1</sup> In cases of seasonal Allergic Rhinitis, the individuals develop the symptoms only in some specific months in accordance with the climate, weather and the environmental changes during that season.

#### **PREDISPOSING FACTORS<sup>6</sup>:**

- A. **Heredity:** It may be a familial condition.
- B. **Climate:** One of the major factors is climate and change of weather. Most of the nasal symptoms arise due to the temperature change, humid climate.
- C. **Others:** Early antibiotics usage, born during pollen season, maternal smoking in the early years of the child, environmental pollution are also some predisposing factors.

#### **Precipitating Factors:**

Allergens can be Endogenous as well as Exogenous. The most common allergens are the environmental inhalants like dust, pollen, animal odor, feathers, moulds, house dust and mites. The endogenous (within the body) allergens can be intestinal helminthes, tissue proteins in transudates and exudates<sup>6</sup>.

**Classification<sup>6</sup>:**

**ARIA (Allergic Rhinitis and its impact on asthma)** guidelines on classification:

<p><b>Intermittent:</b> Following condition are present:</p> <ul style="list-style-type: none"> <li>• &lt; 4 days aweek</li> <li>• Or for &lt; 4 consecutiveweeks.</li> </ul>	<p><b>Persistent:</b> Following conditions are present:</p> <ul style="list-style-type: none"> <li>• &gt; 4 days aweek</li> <li>• And for &gt; 4 consecutive weeks.</li> </ul>
<p><b>Mild:</b> None of the following conditions arepresent:</p> <ul style="list-style-type: none"> <li>• Sleepdisturbance</li> <li>• Impairment of daily activities, leisure, and/or sport</li> <li>• Impairment of school orwork</li> <li>• Troublesome symptoms.</li> </ul>	<p><b>Moderate/severe:</b> One or more of the following conditions are present:</p> <ul style="list-style-type: none"> <li>• Sleepdisturbance</li> <li>• Impairment of daily activities, leisure, and/or sport</li> <li>• Impairment of school or work</li> <li>• Troublesome symptoms.</li> </ul>

available for infants with milk allergy<sup>7,8</sup>

**General Management:**

- a) **Pollens:** Closing windows and remaining in air-conditioned environment can decrease exposure when pollen counts are high.
- b) **Animal dander:** It is necessary to remove the animal from the home altogether.
- c) **House dust and dust mites.**
- d) **Mold Spores.**
- e) **Foods:** Most persons with well-documented food allergy are allergic to one or a small number of foods, so that avoidance is rarely a problem. presence of peanut can be unsuspected in some foods, so the patient must be vigilant in restaurants and parties. Allergy to shellfish and Udad dal can be fatal. Soya-based formulas are

**Supportive Treatment:**

- Supplements
- Pranayama & Yoga<sup>9</sup>

**Modern Treatment:**

- Antihistamines
- Decongestants
- Mast CellStabilizers
- Corticosteroids<sup>10</sup>

**Surgical Treatment:** Occasionally turbinate surgery is required to mechanically unblock the nasal airways.

**Homoeopathic Treatment:**

Homoeopathy is “the medicine of likes” (as etymological ‘homois’ means like of similar-‘pathos’ meaning suffering). In other words homoeopathy is a method of curing the suffering of a person by the administration of the drug which has been experimentally proved to

possess power of producing similar suffering in a healthy human being. It is specialized system of drug therapy and nothing more or nothingless. Hahnemann has explained the miasmatic background of a hypersensitive allergic state. An organism once inoculated, remains, forever, in a state of hypersensitivity and responds with varying symptoms of a local and general nature. Psoracan be taken in the sense of an original sensitization which results in various phenomena of hypersensitivity.<sup>11</sup>

There are a large number of medicines available in Homoeopathic Literature. Various medicines indicated for Allergic Rhinitis are<sup>12-14</sup>

**Aegle Folia** - Coryza with bland white or watery discharge, sneezing with heaviness of head, malaise and chilliness. Sneezing gets worse with pungent odor.

**Agaricus Muscarius** - Itching internally and externally. Spasmodic sneezing after coughing; sensitiveness; watery non-inflammatory discharge.

**Agathis Australis** - Sneezing more in the sunshine. One sided nasal discharge, at night. Bloody discharge in the morning. Dripping nasal discharge, gummy discharge. Dryness inside the nose at night which is painful and itchy.

**Aids Nosode** - This Homoeopathic preparation from the AIDS nosode has

severe coryza from slight change of temperature. It has clear nasal discharges. Crusty scabs found inside the nose. Eruptions on nose which bleed when touched. It has thick, viscid and tough discharge from nose in the evenings. There is itching in nose.

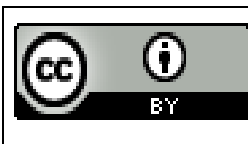
**Ailanthus Glandulosa** - Nose is congested, dry and secretions are suppressed. Coryza with rawness in nostrils and sneezing. Loss of smell. Thin, copious, bloody ichorous nasal discharge. Itching and uneasy feeling around the nose.

**Allium Cepa** - Acrid watery discharge from the nose, it drops from the tip of the nose. Cold after damp northeasterly winds. Spring coryza; tingling and itching in right nostril, with burning acrid discharge.

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