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Efficacy of Homoeopathy in the treatment of Allergic rhinitis-Its Miasmatic approach

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Abstract-

Background: Allergic rhinitis is one of the most commonly diagnosed health disorders. Allergic rhinitis is the most common chronic disease in India. Commonly known as hay fever. Allergy symptoms can have a profound effect on a human health and behavior. Left untreated, allergic rhinitis also can lead to a host of other serious conditions, including asthma, recurrent middle-ear infections, sinusitis, sleep disorders and chronic cough. **Objectives:** 1. To understand the Influence of Miasm in the development of Allergic Rhinitis. 2. To assess the Efficacy of Homoeopathic Medicines in the cases of Allergic Rhinitis. **Methods:** The 100 Patients were registered for treatment. The Homoeopathic treatment was given to them after considering the totality of symptoms including stage of disease. The medicines were given in centesimal dilutions. Pre and post treatment score show statistically significant. **Results:** Out of 100 patients of study group 76 patients (76%) showed improvement while 17 patients (17%) maintained status quo while 7 cases (7%) dropped out during treatment. *Arsenicum Album* and *Pulsatilla* were prescribed frequently. **Conclusion:** The present study was carried out to find the efficacy of Homoeopathy in the treatment of allergic rhinitis and the improvement was in 78% cases out of 100, varied from mild to good.

Key word- Allergic Rhinitis, Hay Fever, Asthma, Sinusitis, IgE

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Introduction-

Allergic rhinitis is characterized by sneezing; rhinorrhea; obstruction of the nasal passages; conjunctival, nasal, and pharyngeal itching; and lacrimation, all occurring in a temporal relationship to allergen exposure.

Allergic rhinitis, also known commonly as *Hay fever*, is a highly prevalent, allergen-

induced, upper-airway inflammatory disease. It represents a hypersensitivity response to specific allergens caused by an IgE-mediated inflammation of the nasal membranes.

Allergic Rhinitis can be seasonal or perennial. If untreated, it can result in considerable health-related and economic consequences and can significantly impair quality of life.

Approximately 20% of the general population is affected by allergic rhinitis. The prevalence of allergic rhinitis seems to be increasing in the countries worldwide. In India the prevalence is around 26%.

India is a climatically diverse country; there is diversity in the flora and fauna of different parts of the country. Rajasthan, probably, owing to its dry climate with dust presents an increased exposure to allergens providing a fertile environment for the development of Allergic Rhinitis in susceptible individuals.

Epidemiological studies suggest that the prevalence of allergic rhinitis in the world is increasing. The cause of this increase is unknown. However contributing factors may include higher concentrations of airborne pollution, rising dust mite populations, less ventilation in homes and offices, dietary factors, and the trend toward more sedentary lifestyles.

It occurs when an allergen, such as pollen, dust or animal dander (particles of shed skin and hair), etc is inhaled by an individual with a sensitized immune system. In such individuals, the allergen triggers the production of the antibody immunoglobulin E (IgE). The interaction between IgE and the allergen results in the manifestations of symptoms.

When caused by the pollens of any plant, it is called “**pollinosis**”, and if specially caused by grass pollens, it is known as “**hay fever**”. Ironically, in hay fever, there is neither any fever nor any hay, but since grasses shed their pollens into the air, at about the same time that hay is being cut, the common term hay fever is used.

With the advancement of science, not only our knowledge about allergy improved but also results of treatment improved. If allergic rhinitis not properly treated may lead to bronchial asthma, bronchitis, eczema, and other allergic manifestations. Each of us suffers from cold in his or her unique way. In conventional medicines they make the assumption that all colds are alike and offer a

common series of drugs; like intranasal corticosteroids, antihistamines, decongestants, nasal irrigation and surgery; sometimes to dry the nose, sometimes to suppress the cough, all these drugs can cause side effects. Homoeopathy on the other hand offers possibility of significant cure without any side effects and preventing unnecessary surgery by stimulating the body to heal itself and thus curing the symptoms of the patient holistically as it is a system that looks at an individual and not the disease. In Homoeopathic system of medicine holistic approach is applicable and treats man as a whole rather than treating outcome of the disease.

The concept of susceptibility and *miasm* as forwarded by our master Dr. Hahnemann and elaborated by other pioneers helps in understanding the hypersensitivity phenomenon of certain individuals to allergens and development of Allergic Rhinitis. Homoeopathy aims to satisfy this morbid susceptibility thus bringing about removal of symptoms and cure.

Objective-

The following are the main objectives of the study:

1. To understand the Influence of Miasm in the development of Allergic Rhinitis.
2. To assess the Efficacy of Homoeopathic Medicines in the cases of Allergic Rhinitis.

Material and Method-

Sources of data -The subject for this study were taken from OPD/IPD of Swasthya kalayan Homoeopathic Medical College and Hospital, Sitapura, Jaipur.

Study Design- A type of interventional study without control (placebo) group. Minimum 100 cases satisfying the inclusion and exclusion criteria have been studied. All the cases of allergic rhinitis were taken for the study in one year.

Inclusion criteria - Subjects from 0-70 years and of both the sexes irrespective of socioeconomic status.

Exclusion criteria - 1. Subjects with active treatment for any other chronic disease.

2. Subjects with worm infestations having high eosinophil count.

Intervention- Patients were selected on the basis of inclusion & exclusion criteria. A detailed case history was taken with clinical presentation & necessary investigations were done. Medicine prescribed on basis of totality of symptoms. Patients were reviewed on every seventh day for the first two months and later every 15 days for the remaining period of study.

Criteria of assessment- On basis of disappearance of symptoms after treatment and non recurrence.

Results-

Out of 100 patients of study 76 patients (76%) showed improvement while 17 patients (17%) maintained status quo while 7 cases (7%) dropped out during treatment.

Result Obtained	No. of Patients	Percentage
Improvement	76	76%
Status quo	17	17%
Dropped out	07	07%
Total	100	100%

Table No. - 1 Response after treatment

Miasmatic Distribution- In the miasmatic distribution of 100 cases of allergic rhinitis in First and second decade of life it was seen that majority of patients had Psora in background i.e. 48 (48%), 42 patients (42%) were Sycosis, 8 (8%) patients belonged to Tubercular miasm and 2 (2%) patient had Syphilitic miasm in background

Miasm	No. of Patients	Percentage
Psora	48	48%
Sycosis	42	42%
Tubercular	8	08%
Syphilis	2	02%
Total	100	100%

Table no. 2- Miasmatic Distribution

Among 100 cases with diagnosis of "allergic rhinitis" Maximum prevalence was noticed in the age group of 21-30 years. The second's highest prevalence was of age group 11-20 consisting 21 (21%) patients.

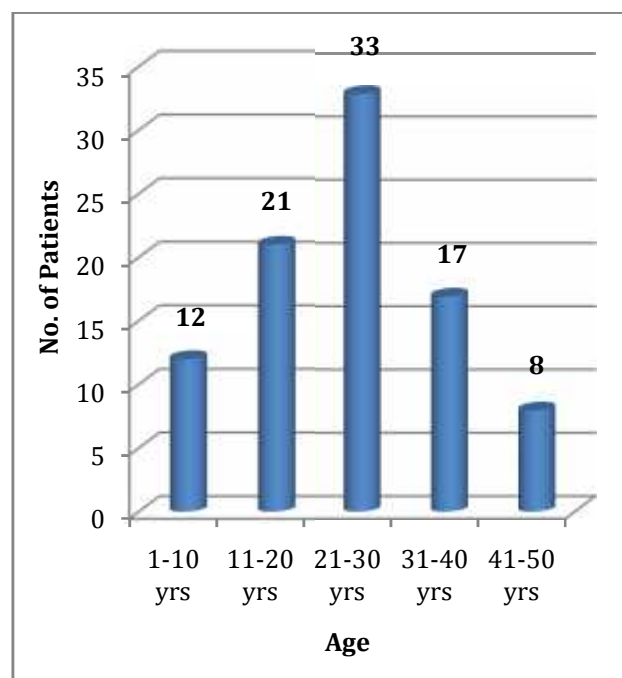


Fig No. 1- Age distribution

During my study male predominance in incidence of allergic rhinitis. Amongst the total 100 cases studied, 58 (58%) were male patients and 42 (42%) were female patients.

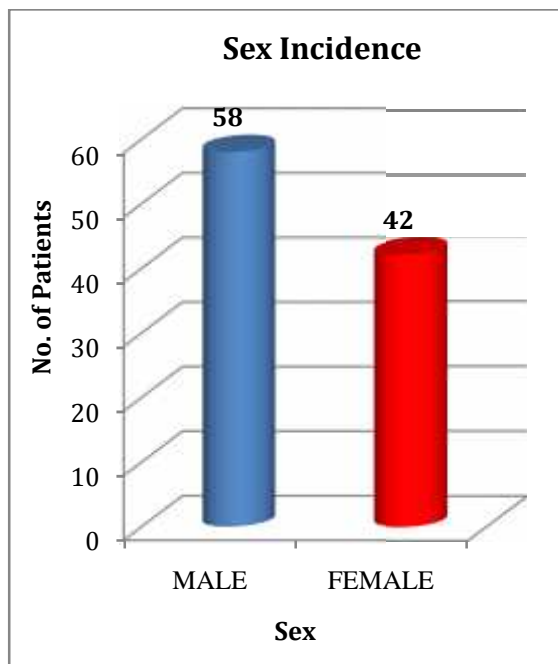


Fig No. 2 Sex Distribution

During my study predominance of patients from urban background in the study of Allergic Rhinitis. Among the total 100 cases studied, 78 (78%) were from urban areas and 32 (32%) were from rural areas

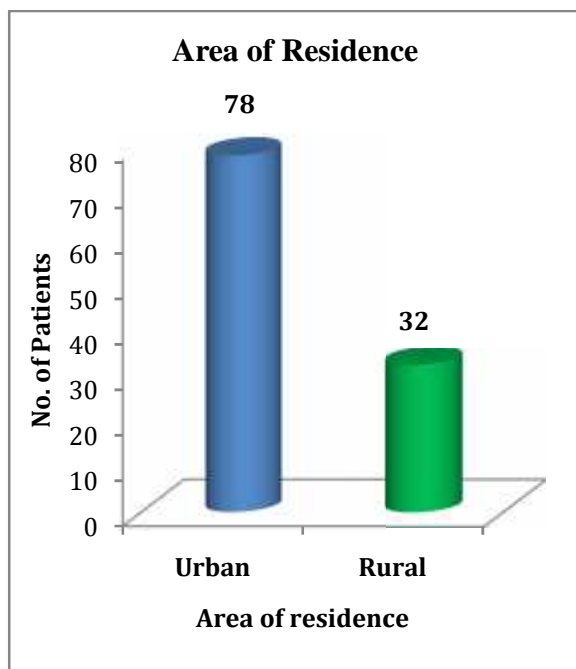


Fig No. 3- Rural urban Distribution

Out of 100 cases of Allergic majority of patients presented with sneezing and Rhinorrhoea i.e. 100 (100%) each, 84 cases

(84%) presented with Nasal Itching. Eye Symptoms were seen in 80 cases (80%) and 56 cases (56%) presented with Nasal Obstruction.

Presenting Complaints	No. of Patients	Percentage
Sneezing	100	100
Rhinorrhoea	100	100
Nasal Itching	84	84
Eye symptoms	81	81
Nasal Obstruction	56	56

Table No. 3- Present complaint

Out of 100 patients 57 patients developed complications. Bronchial asthma was the most common complication in 39 patients out of 57 (68.4%). 11 patients developed sinusitis, 3 had developed otitis media, and only 4 had nasal polyp.

Complication	No. of Patients	Percentage
Asthma	39	68.4
Sinusitis	11	19.29
Nasal Polyps	4	7.01
Otitis Media	3	5.2

Table No. 4 – Complication of Allergic Rhinitis

Amongst the common Environmental Allergens reported to cause allergies, it was observed that 60 patients (60%) reported exacerbation of symptoms from dust, 24 (24%) from Strong smells, 14 cases each (14%) from soft toys, pets and flowers

whereas 2 cases from hay and 1 from Grass. Many patients reported seasonal exacerbations also, 28 cases i.e. 28 % had exacerbations at change of weather, 14 cases (14%) at winters, 12 cases (12%) at spring and 2 (2%) in summer.

Environmental Factors	No. of Patients	Percentage
Dust	60	60%
Change Of Weather	28	28%
Strong Smells	24	24%
Winters	14	14%
Soft Toys (Fur)	14	14%
Pets	14	14%
Flowers	14	14%
Spring	12	12%
Autumn	06	06%
Hay	04	04%
Grass	02	02%
Summers	02	02%

Table No. 5- Allergen

Among 100 cases of Allergic Rhinitis majority of the cases i.e. 68 (68%) had a family history of Allergic Disorders. Whereas, 32 cases (32%) did not have any family history of any allergic disorders.

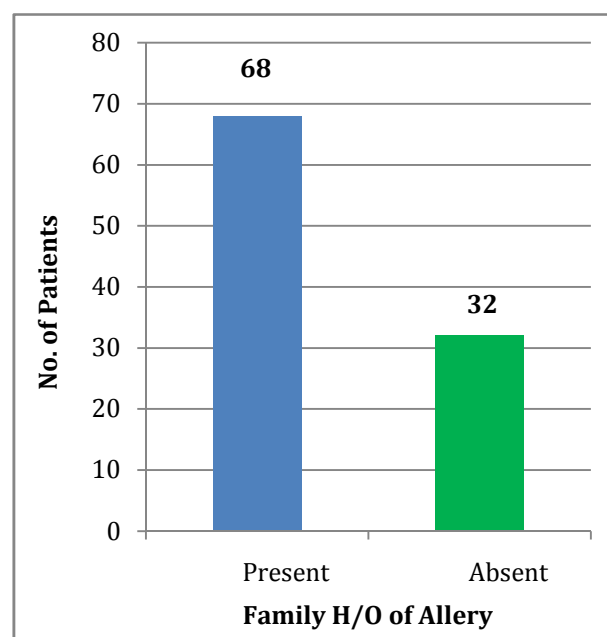


Fig No. 4- Family H/O of Allergy

Out of 100 cases of Allergic Rhinitis treated with Homoeopathic Medicines 36 cases were given *Arsenic alb* out of which 36 improved; *Pulsatilla* was prescribed in 18 cases out of which 12 showed improvement; *Phosphorus* was prescribed in 10 cases out of which 6 improved.

Medicine Prescribed	No. of Patients			
	Improved	Status quo	Dropped out	Total
Ars. Alb.	36	00	00	36
Pulsatilla	12	04	02	18
Phos.	06	02	02	10
Nux. v.	06	03	00	09
Calc. carb.	05	02	01	07
Nat. mur.	04	03	00	07
Silicea	03	02	01	05
Nat. Sulph.	03	01	00	04
Lyc.	04	00	01	04
Total	76	17	07	100

Table No. 6- Medicine prescribed and efficacy

Conclusion-

The present study was carried out to find the efficacy of Homoeopathic in the treatment allergic rhinitis, and the improvement was observed in 78% patients out of 100%. The maximum incidence of the patients suffering from allergic rhinitis is in the age group of 20-30 years. Males were found to be more prone to allergic rhinitis compared to females in this study. The constitutional remedies which gave maximum benefit to the patients were mainly Ars Album, Nux Vom, Pulsatilla, Sulphur, Nat Mur, Kali mur, Silicea, Calc carb, Natrum sulph & Kali bich. The constitutional remedies gave maximum relief to the patients. The patient improved faster after the administration of constitutional remedies. The miasmatic and constitutional approach of treatment was only successful when they were integrated. This study gave me a better idea in my attempt to treat cases of Allergic rhinitis. Homoeopathic Management of Allergic rhinitis is able to annihilate the disease and helps to reduce the intensity and frequency of the episode of Allergic rhinitis. There is a better scope in Homoeopathic for the treatment of Allergic rhinitis, since the treatment is based on holistic and individualistic approach. Homoeopathic remedies not only annihilate the disease but also prevent the complications associated with it. However further studies need to be carried out to understand the finer menaces of the disease.

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