



## Lesser Known Homoeopathic Medicines of Allergic Rhinitis

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### Abstract

Allergic rhinitis is a commonly encountered condition worldwide. It is very troublesome condition disturbing daily activity and some times leading to social abstinence. Allergic rhinitis is type 1 hypersensitivity reaction of upper respiratory system characterized by watery running nose/nasal obstruction, sneezing and irritation of nasal mucosa and conjunctiva some time lachrymation. It may be seasonal or perennial. Seasonal allergic rhinitis is a specific reaction to antigens derived by pollens from grasses flowers weeds or trees depending on seasonal variation. Its peak is seen during harvest season. Perennial allergic rhinitis presents all through the year and is often caused by house dust fungal spores or animal dander, physical or chemical irritant pungent odor fumes, perfumes, cold air and dry atmosphere.

**Key word-** Allergic rhinitis, Perineal Allergic rhinitis, Rhinorrhea, Homoeopathy

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### INTRODUCTION

Allergic rhinitis is an inflammation of nasal mucus membrane. It is an IgE-mediated immunologic response of nasal mucosa to air borne- allergens that is characterized by sneezing, nasal congestion, nasal itching and rhinorrhea in any combination may be associated with

itching in the eyes palate and pharynx.

Two variant form are recognized clinically seasonal and perineal predominantly found.<sup>(1)</sup>

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Etiological agent which is inhaled produce specific allergens to the host due to specific reaction to antigens derived from pollens and grasses, house dust, fungal spores or animal dander, debris from insects or house mite. Similar symptoms can be caused by physical or chemical irritants for e.g. pungent odours or fumes, including strong perfumes, cold air and dry atmosphere. Allergic Rhinitis is prevalent worldwide and it is universally acknowledged as an extremely common condition<sup>(2)</sup>

Allergic rhinitis involves inflammation of the mucous membranes of the nose, eyes, eustachian tubes, middle ear, sinuses, and pharynx. The nose invariably is involved, and the other organs are affected in certain individuals. Inflammation of the mucous membranes is characterized by a complex interaction of inflammatory mediators but ultimately is triggered by an immunoglobulin E (IgE)-mediated response to an extrinsic protein.<sup>(3)</sup>

Inhaled allergens produce specific IgE antibody in the genetically predisposed individuals. This antibody becomes fixed to the blood basophils or tissue mast cells by its Fc end. On subsequent exposure, antigen combines with IgE antibody at its fab end. This reaction produces degranulation of the

mast cells with release of several chemical mediators, some of which already exist in performed state while others are synthesized afresh. These mediators are responsible for symptomatology of allergic disease. Depending on the tissue involved, there may be vasodilation, mucosal oedema, Infiltration with eosinophil, excessive secretion from nasal glands or smooth muscle contraction. A primary affect has also been described, i.e. mucosa earlier sensitised to an allergen will react to smaller dose of subsequent specific allergen. It also gets "primed" to other a non-specific antigen to which patient was not exposed.<sup>(4)</sup>

Clinically, allergic response occurs in 2 phase. which are considered the "early" and "late" phase responses. **Early phase** response occurs within minutes of exposure to the allergen and tends to produce sneezing, itching, and clear rhinorrhea; **late phase** response occurs 4 to 8 hours after allergen exposure and is characterized by congestion, fatigue, malaise, irritability, and possibly neurocognitive deficits. The key to diagnosis of AR is awareness of signs and symptoms. IgE antibody tests to detect specific allergens are the standard method used today; however, in addition, diagnosis must be confirmed with a positive history and demonstration that the

symptoms are the result of IgE-mediated inflammation.<sup>(4)</sup>

“Allergic Rhinitis comes under type I hypersensitivity reaction. It results from activation of CD4 +T helper cells by environmental antigens, leading to production of IgE antibodies, which become attached to mast cells.”<sup>(5)</sup>

Diagnosis of allergic rhinitis based on clinical finding. Laboratory diagnosis based on total and differential leukocytes count, in which peripheral eosinophilia seen. Radio allegro sorbent test (RAST) and measures specific -IgE antibody concentration in the patient’s serum.<sup>(4)</sup>

The disease can be commencing at any age. Infants, who suffer from eczema, often develop rhinitis in childhood, but in these patients, the condition usually improves in early adult life, males and females are equally affected. Causative factors include a hereditary and racial tendency, a specific allergy, hormonal and vasomotor imbalance and psychosomatic effects. More than one of these factors may be present in a particular case.<sup>(6)</sup>

Allergic rhinitis can be associated with a number of comorbid conditions, including asthma, atopic dermatitis, and nasal polyps. Evidence now suggests that uncontrolled allergic rhinitis can actually worsen the inflammation associated with asthma<sup>[7,8,9]</sup> or atopic dermatitis. This

could lead to further morbidity and even mortality.<sup>(10)</sup> Allergic rhinitis can frequently lead to significant impairment of quality of life. Symptoms such as fatigue, drowsiness (due to the disease or to medications), and malaise can lead to impaired work and school performance, missed school or work days, and traffic accidents. Cost of allergic rhinitis have increased substantially in the United States. In 1996, the overall cost (direct and indirect) of allergic rhinitis was estimated to be \$5.3 billion per year.<sup>(11)</sup>

In modern medicine, the mode of treatment is antihistamines, corticosteroids and immunotherapy but these kinds of treatments cause side effects like drowsiness, mucosal atrophy, septal perforations and several systemic diseases.<sup>(4)</sup>

### **Lesser Known Remedies For Allergic Rhinitis:-**

- 1. Ambrosia Artemisiaefolia:-** Watery coryza; sneezing; watery discharge. Stuffed up feeling of nose and head. Irritation of trachea and bronchial tubes, with asthmatic attacks. Wheezy cough.<sup>(12)</sup>
- 2. Ailanthus:-** Nostrils congested. Nose dry, secretion suppressed. Coryza, with rawness in nostrils, sneezing. Loss of smell. Thin copious bloody ichorous

nasal discharge. Itching and uneasy feeling around the nose.<sup>(13)</sup>

3. **Balsamum Peruvianum:-** Profuse, thick discharge. Eczema, with ulceration. Chronic, fetid, nasal catarrh.<sup>(12)</sup>
4. **Eucalyptus Globulus:-** Stuffed-up sensation; thin, watery coryza; nose does not stop running; tightness across bridge. Chronic catarrhal, purulent and fetid discharge. Ethmoid and frontal sinus involved (sinusitis).<sup>(12)</sup>
5. **Elaps Corallinus:-** Chronic nasal catarrh, with fetid odor and greenish crusts. Ozóna; yellowish-green discharge. Mucous membrane wrinkled; nostrils plugged up with dry mucus. Pains from nose to ears on swallowing. Nostrils stopped up. Nasal bleeding. Pain at root of nose. Eruption around the nose.<sup>(12)</sup>
6. **Justicia Adhatoda:-** Lachrymation with coryza, profuse, fluent with constant sneezing; loss of smell and taste; coryza with cough.<sup>(12)</sup>
7. **Naphthalinum:-** Coryza, thin, excoriating discharge, much sneezing. Hay fever. Irritation of nose. Rubs his nose to remove the irritation. Attacks of sneezing.<sup>(13)</sup>
8. **Quillaya Saponaria:-** Produces and cures symptoms of acute catarrh, sneezing and sore throat. Most

effective in the beginning of coryza, checking its further development. Colds with sore throat; heat and dryness of throat. Cough with difficult expectoration.<sup>(12)</sup>

9. **Sinapis Nigra:-** Mucus from posterior nares feels cold. Scanty, acrid discharge. Stoppage of left nostril all day, or in afternoon and evening. Dry, hot, with lachrymation, sneezing; hacking cough; better lying down. Nostrils alternately stopped. Dryness of anterior nares.<sup>(12)</sup>
10. **Trifolium Pratense:-** Coryza like that which precedes hay-fever; thin mucus, with much irritation. Hoarse and choking; chills with cough at night. Cough on coming into the open air. Hay-fever. worse at night.

## CONCLUSION

In homoeopathy, medicines are prescribed on the basis of totality of the patient's symptoms but in many cases there is possibility of paucity of symptoms with peculiar presentation of Allergic Rhinitis with its peculiar modality, in those type of cases these rarely used medicines show significant role in treatment of allergic rhinitis. These medicines are listed in rare medicine because not used in day to day clinical practices but have been well proved in cases of allergic rhinitis.

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