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Homeopathy

BEYOND SNEEZING AND SNIFFLING: EXPLORING THE ROLE OF HOMOEOPATHIC REPERTORY IN ALLERGIC RHINITIS- A NARRATIVE REVIEW

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ABSTRACT Allergic rhinitis is a common IgE-mediated, type 1 hypersensitivity reaction of the nasal mucosa to inhaled environmental allergens, characterised by sneezing, rhinorrhoea, nasal obstruction, nasal itching and ocular symptoms. Its pathophysiology involves early and late phase inflammatory responses. It frequently coexists with asthma, atopic dermatitis and sleep disturbances, affecting quality of life. Diagnosis depends on clinical history, identification of triggers and allergy testing. Conventional management includes allergen avoidance, antihistamines, intranasal corticosteroids, and immunotherapy. Homoeopathy approaches individualization and considers individual susceptibility or idiosyncrasy. This review assembles the epidemiology, pathophysiology and clinical aspects, including its association with sleep disturbance, assessment scales, alongside the homoeopathic approach, highlighting the use of repertorial tools in the management of allergic rhinitis.

KEYWORDS : Allergic Rhinitis; Homoeopathy; Individualization; Repertory

INTRODUCTION

Allergic rhinitis is defined as an IgE-mediated inflammation of nasal mucosa due to exposure to inciting allergens which produces symptoms such as rhinorrhoea, nasal obstruction, nasal itching and sneezing. [1] It is type 1 hypersensitivity response. [2] According to ICD-11, it falls under CA08.0. [3]

There is two types of response: 1. Early phase which occurs within minutes of exposure and 2. Late phase appears 4 to 6 hours after exposure.

Occasionally secondary bacterial infection involves sinuses which can cause further complications. [1] The term 'Atopic march' is used for this combination of allergic rhinitis, asthma and atopic dermatitis. [4]

Epidemiology

Allergic rhinitis can occur at any age but the prevalence is high in 20 to 40 years of age. The prevalence is less after the age of 50s. [2]

Most of the patients developing symptoms before the age of 20 years. Before adolescence, boys have a higher incidence of allergic rhinitis, but in adulthood, both sexes have equal prevalence rate. [4]

Etiopathogenesis

Your immune system is how your body protects itself, so it produces Immunoglobulin E (IgE) antibodies to protect against this allergen. On re-exposure, these antibodies signal your immune system to cause the inflammatory cell infiltration within the nasal mucosa. [1,2]

Eosinophilic infiltration occurs and there is release of chemical mediators such as histamines, leukotrienes, prostaglandins and platelet-activating factor. [2] This reaction leads to the symptoms of hay fever. [1]

Triggering Factors

- Pollens: Grass pollens, which is common in late spring and summer.
- Tree pollens, which is common in early spring.
- Ragweed pollen, which is common in fall.
- Pollens of flowers.
- Dust [1]
- Dust mites such as Dermatophagoides farina and D. pteronyssinus. [5]
- Cockroach droppings
- Animal dander from pet animals
- Spores from indoor and outdoor fungi and moulds, which can be seasonal and year-round.

Although winter, closed environment, change of temperature can trigger the symptoms.

Risk Factors

- Having other allergies or asthma
- Having atopic dermatitis or eczema or urticaria
- First degree relative such as a parent or sibling with any allergies [1]
- Living or working in an environment that constantly exposes to allergens- like animal dander or dust mites or pollens and professionals like bakers, health care workers, food handlers, horse fanciers, laboratory animal handlers etc. [1,2]
- Smoking
- Strong odours and fumes [1]
- Certain medications which can trigger the symptoms like alpha and beta blockers, NSAIDs, aspirin, anti-hypertensives, oral contraceptives and topical sympathomimetics. [4]

Clinical Features

- Clear, thin, watery rhinorrhoea
- Nasal congestion
- Nasal pruritus [1]
- Frequent bouts of sneezing [1,2]
- Post-nasal drip
- Watery, red, itchy eyes, sore and swollen eyes (Allergic conjunctivitis)
- Itching at palate and throat [1]
- Allergic shiners: Swollen, bruised, shiny skin under eyes due to venous stasis.
- Allergic salute: A transverse nasal crease due to habitual rubbing of nose, specially seen in children.
- Hoarseness of voice
- Mouth breathing [2]
- Pale and boggy nasal mucosa
- Extreme tiredness
- Poor sleep [1]

Table: 1. Difference Between Hay Fever and Common Cold [1]

Condition	Symptoms	Onset	Duration
Hay fever	Runny nose with thin, watery nasal 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 virus	3 to 7 days

Classification

Based on Season of Allergen Exposure:

1. Seasonal allergic rhinitis: It is caused by seasonal or outdoor allergens like pollens, moulds etc. It is also known as intermittent allergic rhinitis. [6]
2. Perennial allergic rhinitis: An allergen is present throughout the year or indoor allergen like dust, dust mites, insects, animal dander etc. [2]

Based on the Duration of Complaints:
1. Intermittent: If symptoms last for <4 days a week or an episode lasts for <4 weeks.
2. Persistent: If symptoms last >4days a week or an episode lasts for >4 weeks.

Based on the Severity of Complaints:
1. Mild: It does not show major symptoms and does not impair daily activities.
2. Moderate-severe: It has at least two of the following: Impaired daily activities, reduced productivity at school and work, trouble symptoms and sleep disturbance. [1]

Differential Diagnosis
- Vasomotor rhinitis
- Idiopathic non-allergic rhinitis
- Chronic rhinosinusitis
- Deviated nasal septum [4]
- Atrophic rhinitis
- Bacterial rhinitis
- Viral rhinitis
- Hormonal rhinitis
- Rhinitis medicamentosa [6]

Diagnosis
Identification of etiological factors based on the pattern, chronicity and seasonal variation of symptoms along with history of medication, presence of coexisting diseases, occupational exposure, environmental history.

Physical examination should also focus on surgically correctable conditions such as deviated nasal septum, polyps or swollen and enlarged turbinates.[1] Skin prick test, serum IgE levels through Radioallergosorbent test (RAST), immunoCAP system are useful for identifying the allergen.[2] Other tests are nasal provocation test and nasal congestion.[7]

Complications
Allergic bronchitis
Allergic asthma
Hearing impairment due to middle ear dysfunction and Eustachian tube dysfunction [2]
Sinusitis [4]

Allergic Rhinitis and its Relation with Sleep Disorders
Allergic rhinitis is associated with an increased risk of nocturnal sleep disturbances, including insomnia, nocturnal enuresis, restless sleep, sleep-disordered-breathing (SDB) as obstructive sleep apnoea or snoring. Hence, it results in night-time sleep troubles, difficulty in waking up, morning headache, daytime sleepiness, poor daytime functioning, use of sleeping pills and reduced quality of life. When considering perennial allergic rhinitis due to dust mites, aggravation occurs because of close contact with pillows and mattress. Nasal symptoms worsening is related to the typical recumbent position because of an increase in nasal turbinate oedema. [8]

Management
General Management: First of all, allergen avoidance is necessary. For that certain measures are helpful:
- Choose wood or hard vinyl floor instead of carpet
- Regular cleaning of cushions, soft toys, curtains and other furniture by washing or vacuum

Keep pet away, try to avoid as far as possible and wash them at least once on every 14 days.
- Keep doors and windows shut during the mid-morning and early evening when most pollens are present in air.
- Shower, wash your hair and change your clothes your clothes after being outside.
- To avoid mould spores, keep homes dry and well ventilated. While bathing or cooking, use extractor fans or open windows but keep internal doors closed. It prevents spreading of dampness in home.
- Use of mask is important.

Conventional Therapy: It includes antihistamines (loratadine, cetirizine, fexofenadine), leukotriene antagonists (montelukast) and intranasal corticosteroids.

The World Health Organization (WHO) suggests of using combination of a non-sedating antihistamine with leukotriene antagonist for the treatment of allergic rhinitis. [1]

Immunotherapy: It involves the gradual administration of increasing doses of a standardized allergen extract (Subcutaneous or sublingual) with the objective of inducing immunologic tolerance. [2]

Scope of Homoeopathy
Homeopathy works on the principle "Similia Similibus Curentur" which means "like cures like". According to this principle, the prescribed medicine is able to produce the symptoms similar to the disease symptoms which helps in curing the disease. Homoeopathy works on individualization that means it treats the patient as a whole and corrects the oversensitive immune system. [1] Homoeopathy aims to improve the susceptibility and vitality of patient so with time there is improvement in the atopic background of the patient. [2]

According to Dr. Samuel Hahnemann, Allergy falls under Idiosyncrasy as mentioned in 117th aphorism. Idiosyncrasy is a peculiar corporeal constitutional which although otherwise healthy, possess a disposition to be brought into a more or less morbid state by certain things which seems to produce no impression and no change in many other individuals. [9]

The medicines which help to manage allergic rhinitis are as below:
1. Allim cepa:
- Acrid, watery and copious nasal discharge with bland lachrymation. Red and watery eyes, > in open air.
- Sneezing, < entering in a warm room. [1,10]

2. Sabadilla:
- Frequent spasmodic sneezing with runny nose. [1,10]

3. Sinapis nigra:
- Stoppage of left nostril all day or in afternoon and evening. Nostrils alternately stopped.
- Dryness in both nostrils, hot lachrymation with sneezing, hacking cough, > lying down. [11]

4. Histaminum:
- Nasal pruritus with feeling that the skin on the nose is shrinking.
- Feeling that nasal orifices are enlarged.
- Feeling of painful dryness in the nostrils.
- < during inspiration, cold air. [11]

5. Lycopersicum esculentum:
- Hay fever, with marked aggravation from inhaling the least dust; > indoors. [10]

6. Arundo mauritanica:
- Hay fever due to pollen allergy. Burning and itching of palate, conjunctiva and nostrils.
- Coryza with loss of smell. [2,10]

7. Anthonxantum:
- A useful remedy for hay fever due to pollen grains and can be used both externally and internally. [12]

8. Nux vomica:
- Strong odours tend to produce fainting.
- Coryza acrid and fluent in daytime, stuffed up at night and in outdoors; or alternate between nostrils.
- <in warm room, exposure to dry, cold atmosphere, morning.
- >in evening, at rest, in damp wet weather. [10]

9. Naphthalinum
- Sneezing, eye inflamed. Spasmodic asthma > in open air. [10]

10. Sambugus nigra:
- Dry coryza and snuffles of children. [5]

Allergic Rhinitis in Repertory

1. A Clinical Repertory to the Dictionary of Materia Medica- John Henry Clarke
- CLINICAL REPERTORY - Hay fever: Abrs., Antho., Aral., As. i., Ard., Asc. s., Bad., Cep., Dulc., Eub., Gels., K. bi., K. i., Lach., Ln. u., Lo. s., Mlr., Mr. k. i., Naj., Na. i., *Psor*., Rn. b., Ro. d., Sg. N., Sga., Sin. n., Sko., Sti., Suc.
- REPERTORY OF CAUSATION – August, Hay fever of. – Cep. [13]

2. A Concise Repertory of Homoeopathic Medicines- Dr. S.R. Phatak (2 and 3 Marks Remedies)
- Hay – Fever – See Coryza, annual.
- Coryza – Annual (Hay fever): KALI-IO., *Nux-v*., PSOR., SIL., SUL. [14]

3. Repertory of Hering's Guiding Symptoms of Our Materia Medica- Calvin B. Knerr (2, 3 and 4 Marks Remedies)
- NOSE- Coryza – in hay fever: ARS., BROM., EUPHR., GELS., SABAD., SANG.
- Yearly, in August, worse in morning, with sneezing: ALL-C.
- Cut grass or newly mown hay cannot be near: DULC.
- Either nostril affected or alternately with the other: Sin-n.

- With rawness in chest: CARB-V.
- At the seaside: DULC.
- With morning sneezing: GELS.
- Rose cold with asthma, sick and, faint from odour of flowers: SANG.
- Very sensitive to odour of flowers and peaches: ALL-C.

• RESPIRATION - Asthma – hay fever (See periodic): ARS., ASC-S., CARB-V., DULC., EUPHR., GELS., IP., KALI-BI., LACH., LOB., MOSCH., NAJA., NAT-M., NAT-S., NUX V., Op., SABAD., STICT.
  - Annual: Stict.
  - Coming on about last of august: SIL.
  - For eleven years coming on about 20th of August: Psor.
  - Comes on July 28th, stay till first hard frost: Sin-n.
  - Nervous irritability: Kali-p.
  - Dry stage, worse at night: Stict.
  - Worse at night, lying down: Sin-n.
  - Causing prostration: NAT-S.
  - Subsequent to rose cold: SANG.
  - With watery discharge from eyes and nose: NAT-M.
  - More frequent in damp weather, worse lying down, and moving, better sitting up in bed with shoulders drawn forward and by perfect quiet: Sin-n.

• RESPIRATION- Asthma – Periodic: ALUM., ANT-T., HYDR-AC., PLB., **Tab**
- Once a day: ASAF.
- Every day: CHEL.
- Every eight days: Sulph.
- In longer and shorter intervals, and at different times of day: Thuja
- First of May for several years, better in open air: Nux-v.
- Chronic once or twice monthly: CARB-V.
- Catarrhal every morning from 10 to 11: FERR. [15]

4. Pocket Manual of Homoeopathic Materia Medica & Repertory – Oscar E. Boericke (Only 2 Marks Remedies)

• NOSE – Inflammation (rhinitis): Acute, catarrhal from pollen irritation, HAY FEVER, rose cold, summer catarrh: *Ambros.; Aral.; Ars.; Ars. iod.*; Dulc.; *Euphras*.; *Lach.*; *Naph*.; *Psor.; Ran. b.*; *Sabad.*; *Sang. n*.; *Sinap.; Sticta.* [10]

5. Homoeopathic Medical Repertory – Robin Murphy (2, 3 and 4 Marks Remedies)

• CLINICAL – Allergies, allergic reactions (see Hay Fever) – ALL-C., APIS., ARS., ARS-I., *carb-ac.*, *carb-v.*, *euphr.*, *hist.*, IOD., MERC., NAT-M., *nat-s.*, *nux-v.*, *ox-ac.*, *psor.*, RHUS-T., *sin-n.*, *sul-ac.*, *sulph.*, *thuj.*, URT-U.
- Rhinitis – ALL-C., ARS., EUPHR., *nat-m.*, NUX-V., *sabad.*

• CLINICAL and NOSE – HAY, fever (see Allergies, Coryza) - ALL-C., AMBRO., *aral.*, ARS., ARS-I., *arum-t.*, ARUND., *brom.*, *carb-v.*, *cocain*, *con.*, *cupr-acet.*, *dulc.*, *euphr.*, gels., *just.*, *kali-i.*, *kali-p.*, MED., *naja*, NAT-M., NAT-S., PSOR., *puls.*, *ran-b.*, SABAD., *sang.*, SIN-N., *sil.*, *stict.*, TUB., *wye.*
- annual, prophylactic - *psor.*
- asthmatic, breathing, with - ALL-C., ARS., *ars-i.*, *bad.*, *carb-v.*, *dulc.*, *euphr.*, IOD., *naja*, *nat-s.*, *nux-v.*, *sabad.*, *sin-n.*
- august, in - ALL-C.
- chronic, coryza - *apis*, *ars.*, BROM., *calc.*, *canth.*, *cycl.*, lyc., *psor.*, *sang.*, *sulph.*, *tub.*, *teucr.*
- spring, in - *all-c.*, *ars.*, *gels.*, *sabad.*,

• NOSE – ALLERGIC rhinitis, (see Hay fever) - ALL-C., ARS., EUPHR., *nat-m.*, NUX-V., *sabad.* [16]

6. A Synoptic Key of the Materia Medica – C. M. Boger (2, 3 AND 4 Marks Remedies)

• NOSE AND ACCESSORY CAVITIES – CORYZA
- Annual (hay fever): - Ars., Kali-io., Nux-v., Psor., Sil., SUL. [17]

Assessment Scales for Allergic Rhinitis

1. Total Nasal Symptom Score (TNSS): It is commonly used for evaluating the severity and treatment response of allergic rhinitis. It particularly assesses 4 major nasal symptoms such as rhinorrhoea, nasal obstruction/ congestion, nasal pruritus and sneezing. [18]

2. Visual Analogue Scale (VAS): It is a quantitative technique for evaluating the overall burden of allergic rhinitis. Patients indicate the severity of their symptoms on 0-10 cm or 0-100 mm scale, ranging from no symptoms to the worst symptoms. [19]

3. Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ): It is disease-specific quality of life instrument and it consists of 28 questions covering 7 domains like activity limitations, sleep problems, nasal symptoms, eye symptoms, non-nose/eye symptoms, practical problems and emotional function. [20]

4. Mini Rhinoconjunctivitis Quality of Life Questionnaire (MiniRQLQ): It is a shortened version of RQLQ. It consists of 14 questions and 5 domains. [21]

5. Allergic Rhinitis Control Test (ARCT): It contains 5 items and used to assess control of disease. Higher score indicates better control.[22]

6. Symptom Score for Allergic Rhinitis (SFAR): It has 8 parameters. It is particularly used as a screening/ diagnostic assessment tool. [23]

7. Control of Allergic Rhinitis and Asthma Test (CARAT10): It contains 10 items and designed to assess control of allergic rhinitis and coexisting asthma. It gives information about both upper and lower airway symptoms and generates overall score. [24]

8. ARIA Classification: It is a standardized system for explaining allergic rhinitis according to duration and severity. [25]

CONCLUSION

Allergic rhinitis is a common disease condition which can affect daily activities, sleep and quality of life. Accurate identification of triggers, analysis of symptoms, and use of effective management are necessary. Homoeopathy focuses on individualization and symptom pattern of patient. Repertories and assessment scales can enhance systemic case evaluation and monitoring of treatment response. Further well-designed clinical studies are needed to establish the standardized treatment.

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