



A Case of Allergic Rhinitis Treated with Individualized Homoeopathic Medicine: A Case Report

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Abstract

Allergic Rhinitis presenting with chronic rhino-sinusitis (CRS) is a commonly encountered condition characterized by nasal obstruction, loss of sense of smell (anosmia), postnasal drip, headache, and sleep disorders. Possibly 60-65% of the populations suffering from CRS has predisposition to nasal polyps. Homoeopathic literature claims to offer successful treatment of allergic rhinitis; but scarcely subjected to systematic research. A case is presented in this paper with laboratory evidence of very high level of serum IgE level which has been successfully drop down by homoeopathy. The patient was treated with constitutional homoeopathic medicines – Psorinum 30C then two months Placebo followed by Pulsatilla 6C. Follow-up laboratory result at 4 months showed complete resolution of the serum IgE level. This case report suggests homoeopathic treatment as a promising complementary or alternative therapy and emphasizes the need of repertorisation in individualized homoeopathic prescription.

Keywords: Allergic Rhinitis; Quality of Life; Homoeopathy; Case Report

Introduction

It is an IgE-mediated immunologic reaction of the nasal epithelium to airborne allergens and is distinguished by watery nasal secretion, nasal blockage, coughing, and nose irritation. Itching in the eyes, palate, and throat are additional signs that may be related to this. There are now two recognised pathological categories. 1. Seasonal - Symptoms show up during or close to a specific season when the pollen of a specific plant, to which the patient is susceptible, is abundant in the air. 2. Perennial. Symptoms

are present throughout the year. Prevalence of AR ranged from 3.6% to 22.8% for Africa, from 3.5% to 54.5% for America, from 1.0% to 47.9% for Asia, from 1.0% to 43.9% for Europe. Reported incidence of allergic rhinitis in India also ranges between 20% and 30%. It has been found in studies that prevalence of allergic rhinitis has been increasing in India over past few years [1-3].

Those who are atopic, or who have a personal history of secondary allergy manifested as eczematous dermatitis, urticaria,

and/or asthma, and a family history of a similar symptom complex, are more likely to develop allergic rhinitis. Symptoms typically start to show up before the fourth decade of life and progressively diminish with increased age, despite the rarity of complete remissions [4].

If one or both parents have allergic disease, there is a 20% and a 47% chance that the kid will also acquire allergies. Women are more likely than males to suffer from perennial rhinitis in adulthood [5].

The primary signs of seasonal nasal allergy are paroxysmal sneezing, 10–20 consecutive sneezes, nasal blockage, watery nasal secretion, and itching in the nostrils. In addition, there may be itching of eyes, mouth, or the esophagus, and bronchospasm may be present. Symptoms of perennial A Rare less severe than the seasonal type. They include recurrent colds, an ongoing stuffy nose, a loss of scent due to mucosal edema, postnasal drip, chronic cough, and hearing loss from an obstruction in the eustachian tube or fluid in the middle ear [5].

Allergic patients' nasal secretions are rich in eosinophils, along with peripheral eosinophilia. Total serum IgE is often high. The patients will demonstrate a wheal-and-flare skin response to intracutaneous inoculation of allergen. Diagnosis is based on blood investigation, skin test as well clinical history [4,5].

Case Report

A male patient 30 years old, residing in Raninagar, Murshidabad, West Bengal, came to the outpatient department of National Institute of Homoeopathy on 4.01.2021 (OPD No- 768845) with following complaints: Itching in nose with sneezing and thin watery coryza, itching in eyes with swollen eyelids and lachrymation, < dust, in winter, daytime, oily food, milk, > summer during, warm drinks.

Difficulty breathing < while lying down, from fan air.

History of present complaints:

- Onset- gradual
- Duration- 1 year.

He took anti-allergic medications since beginning of his troubles, only with temporary relief.

Past history

He had an itching eruption at the age of 15 years, which was treated with allopathic medicines.

Family history

Nothing significant found.

Personal history

Married since 8 years with 2 children; one is 7 years old boy and another 5 years old girl child.

Occupation- jaggery manufacturer.

Physical generals

- Appetite- increased, must eat frequently and cannot not tolerate hunger.
- Desire- sour foods, meat, warm food
- Aversion- nothing particular
- Intolerance- nothing particular
- Tongue- clean, moist
- Thirst- moderate
- Sweat- scanty
- Stool- regular and satisfactory
- Urine- clean
- Thermal- chilly
- Sleep- sound and refreshing
- Dream- nothing particular

Mental generals

Anxiety about his disease, that the disease is incurable.

Analysis and Evaluation of symptoms

Totality of symptoms

- Anxiety about disease
- Sweat scanty
- Appetite increased, can't tolerate hunger
- Thermal relation Chilly

Mental Generals	Anxiety about disease
Physical Generals	Sweat scanty Appetite increased, can't tolerate hunger Thermal relation Chilly
Particulars	Coryza chronic, continuous - Coryza fluent Eye lachrymation, itching lids Respiratory difficulty < open air, lying while Coryza < winter, dust, daytime.

Table 1: Analysis and evaluation.

- Coryza chronic, continuous
- Coryza concomitant to eye, respiratory symptoms
- Coryza < winter, dust, daytime
- Past history of suppression of eruptions.

Repertorisation

As this case presents with prominent mental and physical generals as well strong particulars, kentian method is preferred. Kent's repertory is used for repertorisation using RADAROPUS software [6,7].

Prescription

The reportorial results were analyzed giving more importance on the physical generals, concomitants symptoms as well as past history of patient for selection of medicine.

Considering the repertorial totality and consultation with materia medica, Psorinum was selected as individualised homoeopathic remedy for this case.

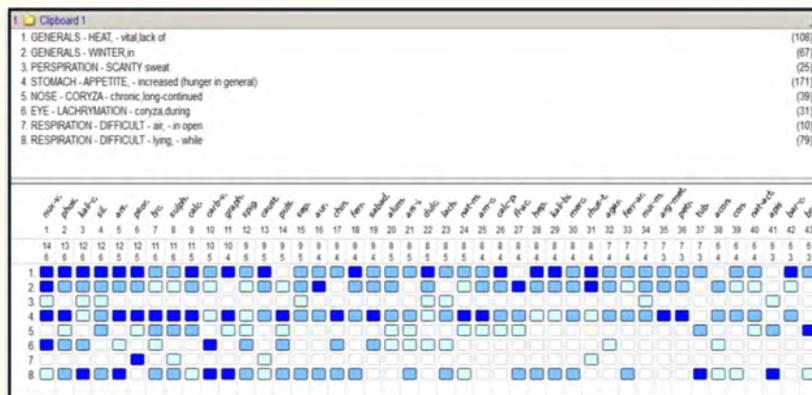
Psorinum 30C in 1 dose, followed by Placebo was prescribed for 30 days.

Advised to take regular healthy diet with moderate exercise and yoga.

Timeline

Patient came to Outpatient department on January 4, 2021 with serum immunoglobulin E (IgE) and another report was done on April 2, 2021 and May 5, 2021.

Repertorial sheet [6,7]:



Apollo		DEPARTMENT OF LABORATORY MEDICINE		Apollo Clinic	
FOUNDED 1983				Expertise. Closer to you.	
Patient Name	: Mr. T	Age / Gender	: 25 Yrs/Male		
Visit Date	: 04-11-2020	Sample Collected on	: 04-11-2020	Reported on	: 04-11-2020
Ref Doctor	: Dr. P				
TEST NAME	RESULT	BIOLOGICAL REFERENCE INTERVALS	UNITS		
Serum IgE					
Serum IgE Method: ECL	2883	0.240 - 480	ng/ml		

Image 1: Serum IgE on November 04, 2020 shows highly increase level of IgE.

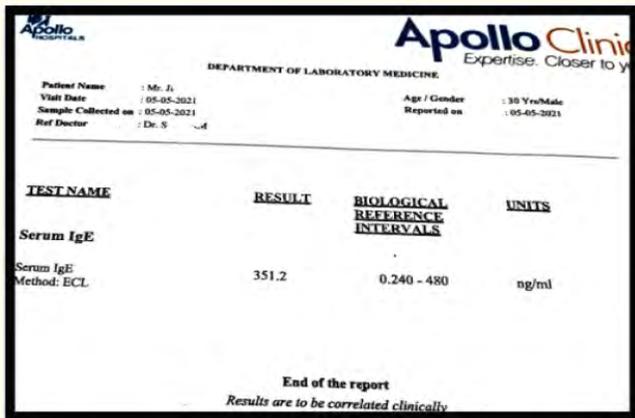


Image 2: Serum IgE on May 05, 2021 within normal level of IgE.

Follow-ups

Follow-ups were done at one month intervals.

Discussion

The patient presented with severe allergic rhinitis complaints like chronic coryza, respiratory difficulty, itching in eyes. After carefully taking the case, repertorisation was done. After going through material medica [8,9] and considering the past history of the patient, Psorinum was prescribed. Afterwards Pulsatilla was

Date	Observation	Prescription
First visit 4-1-2021	Baseline symptoms (presented subjective and objective symptoms/sign)	Psorinum 30C/ 1dose Placebo 30/1-2glob.ODx30days
8-2-2021	Coryza - intensity decrease and breathing difficulty better and generally feeling well	Placebo 30/1-2glob.ODx30days
1-3-2021	Now Patient not having allergic complaints but some time slight breathing discomfort occurred.	Placebo 30/1-2glob.ODx30days
5-4-2021	Now Patient not having allergic complaints but some time slight breathing discomfort occurred and slight indigestion.	Pulsatilla 6C/3dose ODx3days Placebo 30/1-2glob.ODx30days
5-5-2021	No new complaints were reported and patient was overall better [Image-2]	Placebo 30/1-2glob.ODx30days

Table 2: Follow-up record.

also prescribed for some follow up complaints, which completed the cure. Patient later on reported in opd without any allergic rhinitis related complaints.

In modern medicine available treatment for allergic rhinitis are antihistamines, alpha-adrenergic drugs, corticosteroids, sodium cromoglycate, anti-cholinergics etc.; none of which can provide a permanent and long term cure of allergic rhinitis. Also they come bundled with several mild to severe side effects like- drowsiness, severe rebound nasal congestion, rhinitis medicamentosa, several systemic side effects, nasal mucosal atrophy and even nasal septal perforation etc. [5].

Conclusion

This case shows homoeopathy as a promising treatment method for diseases, which are incurable by modern medicine like allergic rhinitis. This case emphasizes the judicial use of repertory [7], as well as importance of past history and materia medica [8,9] in the final selection. However for future scientific validation and wide spread use of homoeopathy in treatment of such diseases, well-designed studies are required.

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