



Homoeopathic Management of Allergic Rhinitis in the Pediatric Age Group of 3-15 Years

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ABSTRACT

Allergic rhinitis is a set of symptoms, mostly in the nose and eyes, that appear when you breathe in something you are allergic to, such as dust, dander or pollen. Allergic rhinitis is commonly called hay fever.

Causes- For practical purposes, allergens can be divided into seasonal and year-round groups.

Seasonal allergens are mainly pollens.

Important permanent allergens are molds, house dust and animal fur.

Problematic during the winter when people spend most of their time indoors.

Molds can be both indoor and outdoor allergens

House dust is a mixture of approximately 28 allergenic components.

Mites (although much less immunological than the total extract). The two main mites in the United States are *Dermatophagoides pteronyssinus* and *Dermatophagoides farina*. They are abundant in mattresses, pillows, upholstered furniture and carpets.

Symptoms of allergic rhinitis. The characteristic symptoms include

Repeated sneezing;

Rhino rhea (runny nose);

Post-nasal drip;

Nasal congestion;

Itching (itching) of the eyes, ears, nose or throat

Generalized fatigue.

Symptoms may also include

wheezing,

watery eyes,

Sore throat,

Bad smell.

A chronic cough may be secondary to a runny nose, but should not be confused with asthma.

Headaches and blocked ears are also common,

The best treatment is to avoid whatever is causing your allergy symptoms. It may be impossible to completely avoid all of your triggers, but you can often take steps to reduce your exposure.

There are many different homeopathic remedies to treat allergic rhinitis. Medications depend on the type and severity of symptoms, age, and other medical conditions (such as asthma).

In the current revolution of the modern age of higher antibiotics, it gives immediate results to the suffering humanity in various diseases with the gift of many side effects. Homeopathy takes two steps forward simply, Medicine in minute doses without side effects.

The testimony present in this work is not new, it is a pure collection from thousands of pages of our Materia Medica, Therapeutics and Repertories. This work is like a drop from the ocean of knowledge collected from the constants to today's Hahnemann. I only attach the chain rings. This thesis gives a brief conformation, verifying the hard facts obtained from the literature.

Homeopathy, a revolutionary system of medicine, based on the law of similitude, where results can only be achieved with homeopathic application of the drug, similimal application, which is possible only after a thorough study Allergic rhinitis with the help of homeopathic medicines.

KEYWORDS: Allergic Rhinitis, Rhinitis, Paediatrics, Homeopathy and Homeopathic Medicine.

INTRODUCTION

Our nose is part of the respiratory system and helps with the normal breathing process. Any damage to the nose can prevent us from breathing. Nasal disorders range from a mild cold to allergic rhinitis, sinusitis, etc. Due to increasing pollution and the worst environmental conditions, the mucous membranes of the respiratory tract are exposed to unavoidable gases and suspended particles, and the incidence of nasal problems is increasing.

Among all nasal problems, today's watchword in medicine is "allergies". An allergy is an adverse reaction to a protein or allergen that affects our immune system. Allergy defines allergy [Allos + eargen = altered response] as a specific immune response in which different mechanisms trigger the interaction of chemical mediators leading to clinical symptoms.

Allergic rhinitis is defined as an IgE-mediated hypersensitivity disease of the mucous membranes with nasal blockage and nasal discharge. Allergic rhinitis that occurs at a certain time of the year is called "Seasonal Allergic Rhinitis", if it occurs throughout the year it is called "Year-round Allergic Rhinitis".

Allergic rhinitis, although not fatal in terms of mortality, is a major health problem in our practice, as it steals millions of man-hours of work every year and huge sums are spent on drugs without relief from the condition. The impact of allergic rhinitis on the community is great.

It is one of the most common chronic diseases. It is the most widespread chronic disease that affects the physical and mental state of an individual.

Conventional hay allergy treatment will usually include antihistamines or steroid-based nasal sprays during the worst season, often with the side effects of drowsiness, damage to nasal tissues, or pushing the symptom further into the body's system.

We realize that Dr. Hahnemann was there about 200 years ago who talked about allergy or hypersensitivity before van Pirquet (1906) Dr. Hahnemann recorded in the 117th aphorism of the Organon a century earlier. Hahnemann not only observed and recorded; he also had a solution for that through homeopathy.

In section 117 he says, IDIOSYCRASIES, by which they mean: "Peculiar constitutions which, though otherwise healthy, are apt to be rendered more or less morbid by certain things which seem to produce no impression or changes in many other individuals. "

The individual's altered disease susceptibility is restored to its original healthy state with the help of a similitum; thus, patients can resist environmental stimuli even when exposed to an allergen. In homeopathy, a medicine is prescribed for the individual patient, not only for his disease, but for the whole condition of the person. Homeopathy treats the patient and not the disease. With an individualistic approach to disease, a homeopath can often help patients with diseases such as allergic rhinitis.

The present study "ALLERGIC RHINITIS – AND ITS HOMOEOPATHIC APPROACH" is a humble effort on my part to study the pattern of allergic rhinitis and assess the effectiveness of homeopathic medicines in treating cases of allergic rhinitis.

REVIEW OF LITERATURE

ALLERGIC COLD:

DEFINITION:

“Allergic rhinitis is characterized by sneezing; rhinorrhea; obstruction of the nasal passages; itching of the conjunctiva, nose and pharynx; and lacrimation, all occur in temporal association with allergen exposure.

Although usually seasonal due to elicitation by airborne pollens, it can be persistent in chronic exposure environments.

ROME

A runny nose is a reaction that occurs in the eyes, nose, and throat when airborne irritants (allergens) trigger the release of histamine. Histamine causes inflammation and fluid production in the fragile linings of the nasal passages, sinuses, and eyelids.

Types:

I: Allergic rhinitis:

It is the most common disease manifested as itchy nose, sneezing, discharge or nasal congestion.

A. Seasonal allergic rhinitis:

Important pollens include tree pollen in the spring and grass pollen in the summer, weeds, pollen, and mold.

B. Year-round cold:

House dust mites are the most common cause of year-round allergy symptoms.

These are found in every home and accumulate in carpets, bedding, fabrics and furniture. Pets such as cats, dogs and even cockroaches cause colds.

II. Non-allergic rhinitis:

The symptoms are chronic and no specific cause of the common cold can be determined. Approximately 15% to 20% of patients with this syndrome have elevated eosinophils. These patients respond to topical treatment with corticosteroids.

CLINICAL SIGNS:

Symptoms of a runny nose are itching, sneezing and a watery discharge and associated eye or chest symptoms. The seasonality of symptoms and the relationship to the workplace are also suggestive. A personal or family history of atopy is extremely common. The presence of facial pain, fever, systemic agitation, and mucopurulent discharge suggest an infectious etiology. Nasal obstruction that alternates with the nasal cycle is common to both allergic and infectious causes.

CLASSIFICATION OF RHINITIS:

1. Allergic

Seasonal

Perennial

2. Chronic idiopathic non-allergic

Non-allergic rhinitis with eosinophilia

Neurogenic (vasomotor)

Atopic

3. Infectious

4. Mechanical/anatomical obstruction

Tumors

Granulomas

Sarcoid

Wegener's

Deviation of the septum

Perforation of the septum

Foreign bodies

5. Drug-induced (rhinitis medicamentosa)

Topical substances

Cocaine

Oral agents

Antihypertensive drug

Contraceptive pills

phenothiazines

6. Endocrinological

Pregnancy

Hypothyroidism

Acromegaly

7. Cerebrospinal leakage

Allergic rhinitis occurs worldwide. It is often found in the pediatric age group. In wealthy societies, 20-40% of children suffer from allergic rhinitis. There is a substantial increase in allergic rhinitis in industrialized areas and a smaller increase in developed countries and rural populations. At least 35.9 million people in the United States have seasonal allergic rhinitis, accounting for approximately 14.1 million doctor visits each year.

Allergic rhinitis affects about 20 percent of the population and ranks among the most common diseases. Symptoms occur in the nose and eyes, usually after exposure to dust, dander, or certain seasonal pollens in people who are allergic to these substances.

Two-thirds of all patients have symptoms of allergic rhinitis before the age of 30, but onset can occur at any age. There is a strong genetic predisposition to allergic rhinitis. Allergic rhinitis is one of the most frequently diagnosed health disorders in children. AR affects up to 20 percent of children. Allergic rhinitis has no sexual predilection, although boys are twice as likely to develop allergic rhinitis as girls. The median age of onset is 10 years, meaning that the same number of children develop the condition before and after the age of 10. Half of the children develop this condition before the age of 10 and half after this time.

Allergic rhinitis is the most common chronic disease in children. About one in five children have symptoms by age 2 or 3. Allergy symptoms can have a profound effect on a child's health, behavior and ability to learn. If left untreated, allergic rhinitis can also lead to a number of other serious conditions, including asthma, recurrent middle ear infections, sinusitis, sleep disorders and chronic cough.

The risk of developing allergies is 18% if neither parent is atopic, 30% if one parent is atopic, and 50% if both parents are atopic. We are all aware that the prevalence of allergic diseases, including allergic rhinitis, asthma and atopic eczema, has been increasing in recent years.

EPIDEMIOLOGY:

Onset usually in the first 2 decades, rarely before 6 months of age, with a decreasing tendency with advancing age.

PREVALENCE:

- ~10-25% of the US adult population and 9-42% of the US pediatric population are affected.
- 44-87% of patients with allergic rhinitis have mixed allergic and non-allergic rhinitis, which is more common than either pure form.
- In India, 26% of the population suffers from allergic rhinitis, which used to be much less 20 years ago.
- The incidence of allergic rhinitis in North America is about 7%, with a peak in childhood and adolescence. The prevalence in North America is almost 20%.

ETIOLOGY:

The two factors required for the manifestation of AR are sensitivity to an allergen and its presence in the environment.

1. Generally atopic individuals, i.e. with a family history of similar or related symptoms, eg allergies, eczematous dermatitis, urticaria or asthma.
2. Pollen grains are the main allergens that generally cause seasonal AR.
3. Others include animal dander, cockroach protein, mold spores, dust, or dust mites that generally cause Perennial AR.

The body's immune system is designed to fight harmful substances such as bacteria and viruses. But with allergic rhinitis, the immune system overreacts to harmless substances—such as pollen, mold, and pet dander—and launches an attack. This attack is called an allergic reaction.

Seasonal allergic rhinitis is caused by an allergic reaction to pollen and spores (depending on the season and area) as they are carried by the wind. Resources include:

- Ragweed – the most common seasonal allergen (autumn)

- Grass pollen (late spring and summer)
- Tree pollen (spring)
- Fungus (fungus growing on dead leaves, common in summer)

Year-round allergic rhinitis is caused by an allergic reaction to particles in the air from:

- Pet hair and pollen
- Cockroaches, house flies and butterflies
- Feathers
- Insecticides, animal fur
- House dust mites and house dust, which is a mixture of approximately 28 allergenic components
- Mold growing on wallpaper, house plants, carpets, decaying vegetables and upholstery

Mites (although much less immunological than the total extract). The two main mites are *Dermatophagoides pteronyssinus* and *Dermatophagoides farina*. They are abundant in mattresses, pillows, upholstered furniture and carpets.



PREDISPOSITION:

- You have other allergies, such as food allergies or eczema.
- Exposure to passive cigarette smoke
- Male gender prone to more suffering than female.

RISK FACTORS:

- Family history of atopy
- Higher socioeconomic status
- The presence of a positive skin prick test for allergy
- Tobacco smoke may worsen symptoms and may increase the risk of developing asthma in patients with allergic rhinitis, but is not proven to cause allergic rhinitis.
- Unclear evidence regarding risk due to early, repeated exposure to the problematic allergen and early introduction of solid foods.

TYPES:

The two types of allergic rhinitis based on the time of year when symptoms occur are:

- (1) Seasonal allergic rhinitis (SAR)

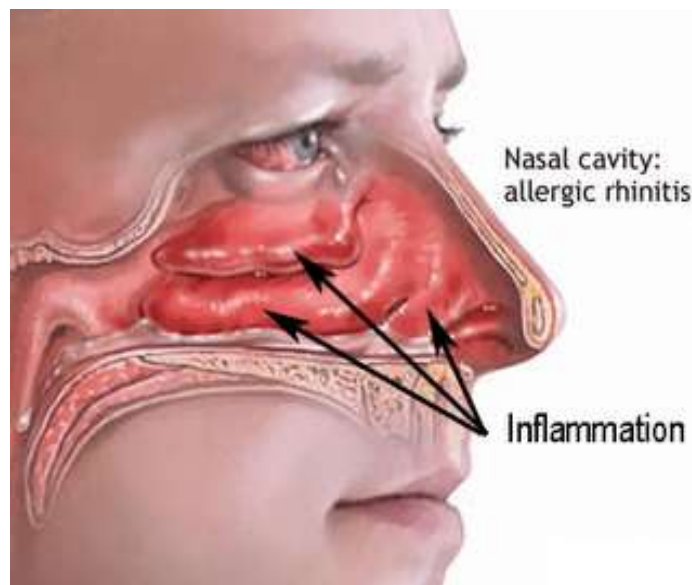
(2) Year-round allergic rhinitis (PAR)

Seasonal allergic rhinitis (SAR) follows a well-defined course of cyclic exacerbation, where, like perennial allergic rhinitis (PAR), it causes year-round symptoms. About 40% mixed (perennial with seasonal exacerbations).

In temperate climates, the airborne pollen responsible for SAR occurs at different stages, such as pollination of trees in spring, grasses in early summer, and weeds in late summer. Mold spores are also important aeroallergens that tend to settle in the lower respiratory tract. In temperate climates, spores are kept outdoors only in summer, but in warm climates they are found year-round. Seasonal allergy symptoms stop with the arrival of frost. Knowledge of the occurrence of seasonal symptoms, regional patterns of mold pollination and sporulation, and the patient's specific IgE is essential to determine the cause of SAR.

PAR is most commonly associated with indoor allergens, such as house dust mites, pet dander, and mold. Cat and dog allergies are very important in the United States. Allergens from saliva and sebaceous secretions can remain in the air for a long time.

PATHOPHYSIOLOGY AND MANIFESTATIONS:



Episodic rhinorrhea, sneezing, nasal obstruction with tearing and itching of the conjunctiva, nasal mucosa and oropharynx are the main symptoms of allergic rhinitis. The nasal mucosa is pale and marshy, the conjunctiva congested and edematous, and the pharynx is generally bland. Swelling of the shell and mucous membranes with obstruction of the sinus Ostia and Eustachian tube cause secondary infections of the sinuses and middle ear.

Nasal polyps, representing mucosal protrusions containing edematous fluid with a variable number of eosinophils, may intensify obstructive symptoms and may simultaneously arise in the nasopharynx or sinuses. Nasal polyps may occur independently of allergic rhinitis in patients with the triad of rhinosinusitis and aspirin-intolerant asthma.

The nose presents a large mucosal surface across the turbinate folds and serves to regulate the temperature and moisture content of inhaled air and to filter out particulate materials > 10 m in size by impacting the mucosal blanket; ciliary action moves trapped particles towards the pharynx. Capture of pollen and digestion of the outer coat by mucosal enzymes such as lysozymes releases protein allergens generally of 10,000 to 40,000 molecular weight.

The initial interaction occurs between the allergen and intraepithelial mast cells and then proceeds to involve deeper perivascular mast cells, both of which are sensitized by specific IgE. During the symptomatic season, when the mucosa is already swollen and hyperemic, there is an increased adverse reactivity to seasonal pollen as well as to antigenically unrelated pollens, where there is an underlying hypersensitivity due to improved penetration of allergens. Biopsy specimens of the nasal mucosa during seasonal rhinitis show submucosal edema with infiltration of eosinophils along with some basophils and neutrophils.

Mucosal surface fluid contains IgA, which is present by virtue of its secretory piece, as well as IgE, which apparently diffuses from plasma cells near mucosal surfaces. IgE binds to mucosal and submucosal mast cells, and the intensity of the clinical response to inhaled allergens is quantitatively related to the naturally occurring pollen dose. In sensitive individuals, the introduction of allergen into the nose is associated with sneezing, "stuffiness" and discharge, and the fluid contains histamine, PGD₂ and leukotrienes. Mast cells of the nasal mucosa and submucosa thus generate and release mediators through IgE-dependent reactions capable of producing tissue edema and eosinophilic infiltration.

SIGNS AND SYMPTOMS:

Allergic rhinitis can cause many symptoms, including the following:

- Stuffy nose, runny nose (runny nose)
- Repeated sneezing
- Dripping nose
- Red, itchy and watery eyes
- Swollen eyelids
- Itching (itching) of the mouth, throat, ears, eyes and face
- Sore throat
- Dry cough
- Headaches, facial pain or pressure
- Partial loss of hearing, smell and taste
- Fatigue
- Dark circles under the eyes
- Nasal congestion
- Conjunctival irritation.

Symptoms may also include:

- wheezing,
- watery eyes,
- Sore throat,
- bad smell,
- Chronic cough may be secondary to a runny nose, but should not be confused with asthma,
- Headaches and blocked ears are also common.

If someone has a pollen allergy, the symptoms can vary depending on the climate and the types of plants that grow in that area. If you have symptoms in:

- You are probably allergic to tree pollens in winter and spring.
- In the summer, you are probably allergic to grass and weed pollens.
- In late summer and fall, you are likely allergic to ragweed or other weed pollens such as tumbleweeds or sage.

DIAGNOSIS:

Evaluation of allergic rhinitis should include patient history, physical examination, and laboratory testing. The diagnosis of allergic rhinitis is based on symptoms without the presence of an upper respiratory tract infection or structural abnormalities.

Symptoms that include sneezing, runny nose, itchy nose, and congestion; and laboratory findings of elevated IgE, specific IgE antibodies, and positive allergic skin tests characterize allergic rhinitis. Seasonal allergic rhinitis differs from year-round allergic rhinitis by history and skin test results.

Non-allergic rhinitis causes sporadic symptoms and can resemble year-round allergic rhinitis. Their causes are often unknown. Nonallergic inflammatory rhinitis with eosinophils (NARES) mimics allergic rhinitis in presentation and response to treatment, but patients do not have elevated IgE antibodies. Vasomotor rhinitis is characterized by excessive sensitivity of the nasal mucosa to physical stimuli.

HOMOEOPATHIC APPROACH

Dr. Samuel Hahnemann, the founder of homeopathy, was a medical genius whose ideas were far ahead of his time and even ours. He started out as a conventional doctor, but lost his illusions about the orthodox approach he called allopathy and threw himself into something better. As a result of an experiment on himself using quinine, he was led to formulate the homeopathic "law of like". He also discovered the principle of using small doses.

Conventional treatment does not have a definite effect in these cases and can only alleviate the disease. Signs and symptoms are controlled until the patient is treated. The patient cannot take medication for life, and therefore the intervention of homeopathy is necessary to cure the disease in its full extent.

I have also found that sensitivity testing for allergic rhinitis is not done in detail. The expression of sensitivity in cases of allergic rhinitis is not studied, whether the sensitivity is low, medium or high, is not so well understood in the case of allergic rhinitis, and also how the susceptibility is responsible for the form of the disease, which made me use this topic to study.

As a homeopath, one must understand the person as a whole. To do this, we need to understand receptivity in all its aspects in an individual. From what I understand so far, it is this susceptibility that controls the way an individual reacts to illness. How the disease behaves in an individual depends entirely on the nature of the individual's susceptibility. In this regard, it is very important to note the homeopathic concept of miasmata and its influence on the disease process.

How the disease process progresses and how the clinical features develop over time is very interesting to observe. One would be surprised how many cases show the classic features mentioned in the book. Questions also arise as to how different susceptibility states influence clinical features. One may ask how the basic miasmatic load of psora, sycosis, tuberculosis and syphilis affects the form of the disease.

THE FOLLOWING DRUGS MAY BE HELPFUL IN THE TREATMENT AND MANAGEMENT OF ALLERGIC RHINITIS:-

1. ALLIUM CEPA:

Specially adapted for phlegmatic patients. Cold in DAMP COLD WEATHER. Symptoms are characterized by a strong burning sensation in the nose, mouth, throat and eyes accompanied by a pungent watery discharge from the nose.

The eyes are sensitive to light, often red and irritated, while the nose can become red and sore from dull tearing, caustic mucus.

Violent sneezing may occur, especially when entering a warm room, the voice may become hoarse, and an irritating cough may occur. LARGE, WATERY AND EXTREMELY SHIELDED DISCHARGE. Sensation of a lump at the root of the nose. Continuous coryza with headache, cough and hoarseness.

The types of hay fever that can benefit from Allium Cepa are often worse in spring or August, worse when in a warm room and better for cold air. One peculiarity of this drug is that it mainly affects the left eye or nostril, or it may start on the left side and spread to the right.

< Warm room; evening; warm room

> Open air; cool room

2. AMBROSIA:

Cure for hay fever. Lachrymation and intolerable itching of the eyelids. watery coryza; sneezing; watery discharge. Nose bleeding.

Stuffed with feeling in the nose and head. It is a common ragweed and is useful in some cases of hay fever.

The writer has used the drug as a prophylactic with success in cases occurring at the time of ragweed flowering, and has prescribed it with marked benefit in cases undoubtedly due to ragweed irritation.

It would probably be ineffective in cases originating from goldenrod and daisy pollen. There are no special indications; proving developed the characteristic symptoms of hay fever. Dickie claims that the results of this drug are nothing short of miraculous.

3. ANTIMONIUM TARTARICUM (ant-t.)-

Severe impairment of the respiratory tract.

Opening the nostrils. HEAVY, CHOKING, WHEESY, amel. Lying on right side, upright, sitting; agg. Lying down, 3 am

Hoarseness of voice with persistent sneezing. Cough - LOOSE, LAME. Chronic cough in old people with Hippocratic face.

Cravings: Fruit, eg sour; apples, acids.

> Lying right side; eructation; Acids; Heat; at night; lying

> Sitting; expectoration; vomiting.

4. ALBUM ARSENICUM:

Arsenic is indicated for people who have frequent sneezing without relief. Hay fever and coryza; and stuffy nose accompanied by thin; watery and irritating discharge. Unlike Allium Cepa, symptoms are worse outdoors and better for staying indoors and keeping warm.

There may be inflammation of the eyes with burning and swelling, which is somewhat relieved by a warm bath. The right side is generally more affected than the left, and symptoms may worsen significantly at night, especially when lying down.

Nose feels stopped by burning. In general, a person requiring arsenic may feel unduly restless or anxious during an attack and find it difficult to warm up - even in hot weather.

< Open air; after midnight; from the cold: the sea coast

> Inside; heat; elevated from the head; hot drinks

5. ARSENICUM IODATUM:

TUBERCULAR miasma: Thin, emaciated people; burns the body; frequent colds.

DISCHARGE: LIQUID WATER IRRITANT EXCORATIVE DISCHARGE FROM FRONT AND REAR PORTION; Weakness. Lack of response. Desires in the open air.

Hay fever. He catches cold easily. Chronic catarrh. Excretory, honey-like discharge. Pain at the root of the nose. Constant urge to sneeze. Aggravation from sneezing. Chronic nasal catarrh.

Desire: Milk, stimulants.

Aversion: Pisces.

< Agg. HEAT; Exertion, climbing stairs; Draft, swimming and cold.

6. ARUNDO:

A remedy for catarrhal stages. Hay fever begins with burning and itching of the palate and conjunctivae.

Unpleasant itching in the upper part of the mouth [Wyethia] and in the nostrils sometimes with pain at the root of the nose.

Coryza with loss of smell [Nat.mur]. At first, the nose may discharge clear mucus, which may then turn green and slimy with lots of sneezing.

Itching of nostrils.

7. BELLADONNA:

GREAT INTENSITY of symptoms.

Vivid emotions, imaginations. Senses acute. Sensitive to light, noise, glass.

Imaginary smells, tingling at the tip of the nose. Redness and swelling of the nose with a red face.

Coryza mucus mixed with blood.

Desire: LEMONADE, LEMONS.

< RIGHT SIDE, LIGHT, NOISE, SPRING, SUN, MOVEMENT, lean forward

> Cold applications, dark room, pressure, sitting

8. CALCAREA CARBONICUM:

Hard-working, overworked, capable, conscientious, over-responsible, take on too much.

Life completes your to-do list. Can't relax. Practical, down to earth. He needs security.

Nasal polyps. Chronic coryza. Allergy. Sinusitis. Hay fever.

Crave: SWEETS, ice cream, salt, SOFT-COiled EGGS, indigestible things, dairy products, cold drinks.

Aversions: Greasy, slimy food.

COLDLY

< COLD WET WEATHER. Cold air. > Warm and dry. Agg. The warmth of the sun.

9. CAPSICUM:

NOSTALGIA, drawn to the past, longing for it, HOMESICKNESS (with red cheeks, insomnia). Such sweet melancholy, noble sorrow.

Sensitive. Phlegmatic.

Red but cold, tip hot.

Colds and flu with violent sneezing, burning.

Desire: STIMULANTS, pepper, alcohol, coffee.

< Cold, amel. Heat, draft. > Continued motion.

SUMMARY AND CONCLUSION

All cases of allergic rhinitis presented here are based on the holistic concept of homeopathy, i.e. individualization.

All chronic cases have a detailed life space that helped us understand the development of the patient as a person, while acute cases have an acute totality based on diseases, physical generals, specific characteristics, physical or mental accompaniments and modalities.

Most of the common diseases of the respiratory tract are considered to be an analysis of the clinical-pathological relationship and their causes.

Homeopathy is very effective in all respiratory diseases, including pathologically developed cases. Even acute cases have excellent results if the patient's sensitivity is good and the drug is chosen correctly.

In very advanced cases, knowledge of the miasma and susceptibility helps us predict the course of the disease and can thus be well managed.

I can conclude –

In all cases of allergic rhinitis, the age, occupation, and community of residence provided me with important information about the natural history of the disease to guide the case.

- 1) Onset, Duration and Progression, i.e. (ODP) of major complaints were very useful for assessing the rate of disease with an active miasma phase.
- 2) Related complaints or accompanying phenomena also helped me to choose a remedy.
- 3) With allergic rhinitis, anamnesis and family anamnesis play an important role in determining the fundamental miasma and disposition of a person, and thus helped me to manage the further course of the disease.
- 4) The cause of most allergic rhinitis is hereditary, biological and environmental and psychological factors in all the above cases.
- 5) Theoretically, in many cases, the causes are idiopathic, but after studying a detailed history, they turn out to be psychological or miasmatic in origin.
- 6) Helpline treatment is also very important to manage allergic cases. In acute cases of cold, it is like boiled hot water twice a day for 4-5 days.
- 7) In acute cases, even a single dose of a well-chosen medicine will bring about a cure.
- 8) In an acute case, a miasmatic medicine may be required to complete the effect of a previously well-chosen medicine based on the acute totality.
- 9) In acute conditions it often takes time for the organic changes to normalize, so in such cases the same constitutional remedy should be repeated in several doses when receptivity, sensibility and general condition are good.
- 10) When managing acute conditions, the general state of health must be monitored and analyzed so that the treatment is not suppressive. An auxiliary line of treatment accelerates the healing process in an acute condition.
- 11) In a chronic disease, functional symptoms are usually cured earlier, but if in some cases the functional symptoms tend to show their constancy, even when other changes occur, then only the antimiasmatic medicine comes into play in such cases.
- 12) A single dose of a constitutional medicine together with intermittent management of acute conditions with appropriate acute medicine will help to cope with allergic tendency in any respiratory tract disease after a strict auxiliary line of treatment.
- 13) In the treatment of a chronic and pathologically fully developed case in old people with reduced sensitivity and immunity, we must help ourselves with acute drugs, the effect of which is fast, specific and does not interfere with the effect of the constitutional drug, thus it is able to relieve the patient without suppressing the symptoms of acute diseases.
- 14) In chronic cases where pathological changes are taking place positively, relapses, deterioration or improvement of functional symptoms should not be given much importance, as they correspond to the patient's good receptivity. The drug will also take care of functional symptoms.
- 15) In a chronic case, when there is less miasmatic load, then one dose of constitutional medicine is enough to cure the patient in a very short time.
- 16) Whenever pathology is deep, medicine is also deep. But in chronic and pathological cases, where the susceptibility and sensitivity of the patient is high, the repetition of the drug should also be very careful and have patience to achieve the desired effects.
- 17) If, during the treatment of chronic diseases where multiple miasmata have caused the patient, there is a reversal of the miasmatic state, it should be according to Hering's law regarding the direction of treatment.
- 18) In the treatment of a miasmatic case, the exact constitutional simillimum will bring about the restoration first of functional changes and sensations and then of structural changes, but antimiasmatic treatment is necessary to complete the morbid state and complete the case.
- 19) Most cases are Psora - Sycotic with mild to moderate sensitivity.
- 20) Disease diagnosis and classical clinical examination have proven to be very important in solving cases, so the process of arriving at a diagnosis is much more valuable than the diagnosis itself.
- 21) Taking all these facts into consideration, the study showed that homeopathic remedies selected on the basis of miasma and constitution are effective in improving the patient's condition.
- 22) This shows that homeopathic remedies selected on the basis of homeopathic principles have better application in the treatment of allergic rhinitis.

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