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## **EFFCETIVENESS OF HOMOEOPATHIC MEDICINES IN THE TREATMENT OF PERENNIAL ALLERGIC RHINITIS**

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### **ABSTRACT:**

Perennial allergic rhinitis is one of the main reasons for visiting a primary care doctor, it adversely affects work productivity and school performance, limits socialization and work absence. Although not a serious illness, the cost of Perennial allergic rhinitis is significant. Perennial allergic rhinitis is characterized by sneezing, runny nose, nasal congestion, conjunctivitis, itching of the nose and pharynx, as well as lacrimation and loss of smell, all of which occur in connection with exposure to allergens. Homeopathy has a wide scope in the case of allergies. Hahnemann wrote in the Organon (aphorism 117) "to the second category belong the so-called idiosyncrasies", by which he meant special bodily constitutions which, although otherwise healthy, tend to be brought into a more or less morbid state by certain things which seem to be the case in many other individuals had no impression and no change. Since homeopathy plays a very important role in such cases, there are various homeopathic remedies with the symptoms and signs of perennial allergic rhinitis according to the literature.

**KEYWORDS:** Perennial allergic rhinitis, Allergic rhinitis, Homoeopathic Medicine, Practice of Medicine, Homoeopathy.

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### **INTRODUCTION:**

Allergy comes from the Greek word allos + ergon and these together mean an altered reaction. It is an altered response to an antigen.

Rhinitis means irritation of the nose, derived from the word rhinoceros, which means nose. It is a general term for inflammation of the nasal mucosa.

Runny nose can be of allergic origin and is called hay fever. Acute cold is synonymous with head cold (common cold)

It is also called pink eye or hay fever. Hay fever is a misnomer hay is not a common cause of Perennial allergic rhinitis and does not cause fever. Hay fever affects one in five Americans, and more than a billion dollars is spent annually in this country to treat the disorder. These figures are probably underestimated, as many sufferers attribute their discomfort to a chronic cold. Although childhood hay fever tends to be more common, the condition can occur at any age and usually occurs after years of repeated exposure to the allergen. Allergic symptoms mimic a chronic cold and significantly change the quality of life of the sufferer

An allergy is an abnormal problem response to a certain material, often a protein, called an allergen. This reaction results in the formation of a specific antibody. In allergic persons, in addition to these normal antibodies, a special form of antibodies (Reagin) is created, which is fixed on the tissue cells of the nasal and bronchial mucosa. The initial introduction of antigen produces the hallmarks of allergy by reacting with these tissue antibodies releasing a histamine-like substance and leading to dysfunction of cellular enzyme activity and subsequent tissue damage.

Hypersensitivity of the host does not depend on the dose of the antigen, the frequency of exposure, the genetic makeup and the hormonal activity of the organism.

Perennial allergic rhinitis is a very common disease. It accounts for at least 2.5% of all doctor visits, 6 million lost work days and 28 million reduced work days per year. (Goldman 2004). However, it should be remembered that this is a very unpleasant disease.

As the disease progresses, a person gradually develops into a distressing condition such as sinusitis or asthma. 40% of patients suffering from Perennial allergic rhinitis suffer from asthma (Lipský, 2005). Therefore, it becomes a major concern to stop the disease at the primary level.

If it occurs all Perennial, it is called perennial allergic rhinitis. Perennial allergic rhinitis has similar symptoms to hay fever, but without seasonal treatment, in addition to sensitization of volatile substances to certain or specific foods or exacerbation of the disorder, consists in avoiding the substance causing the reaction, desensitization and use of decongestants. Perennial allergic rhinitis is a disease in which episodes of nasal congestion, watery nasal discharge and sneezing occur due to a specific reaction to antigens originating from house dust, mold spores or animal dander. Similar symptoms can be caused by physical or chemical irritants such as pungent odors or fumes, including strong perfumes, cold air and dry atmosphere.

Perennial allergic rhinitis is widespread worldwide and is widely recognized as an extremely common disease. In daily practice, it forms the main part of the ambulance. In such a common clinical condition, the conventional drug system advocates antihistamines, topical steroids. If medical treatment fails, another option is surgery, which may require reduction of the mandible or correction of a deviated nasal septum or nose to improve the airway or improve access to local medical treatment. But again, the conventional system does not offer a permanent cure and the treatment offered is not free from many dangerous side effects. In such a common condition, homeopathy offers a constitutional approach in the treatment of Perennial allergic rhinitis.

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

Constitutional prescribing is a holistic approach to homeopathic treatment, where prescribing is not based on isolated symptoms, but on characteristics discovered through proper in-depth case studies, this information is then combined with a single remedy and this is the ideal homeopathic treatment.

In the conventional system of medicine, the patient is treated based on the name of the disease, ignoring its constitutional attributes. In homeopathy, the sick individual is treated according to his peculiarities, i.e. his constitution, which opens the way to holistic, ideal treatment.

Although this is the most common clinical condition seen in homeopathic practice, there is no literature available on how to approach a case of perennial allergic rhinitis. I have also seen many patients with Perennial allergic rhinitis who end up with anxious sinusitis or bronchial asthma. There is also experience that although this is a common condition, it is very difficult to cure.

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## LITERATURE REVIEW:

### ALLERGIC RHINITIS

#### Definition

Perennial rhinitis can be clinically defined as an inflammatory condition of the nose characterized by nasal obstruction, sneezing, itching, or nasal discharge that occurs for an hour or more on most days of the year.

Sneezing, rhinorrhea, nasal obstruction, conjunctival, nasal, pharyngeal itching, and lacrimation, all occurring in temporal association with allergen exposure, characterize perennial allergic rhinitis {Goldmen, 2005}. Commonly seasonal, due to elicitation by airborne pollens, it may be permanent in environments with chronic exposure.

#### Clinical presentation

The presentation can be divided into:

A) Seasonal Perennial allergic rhinitis. B) Perennial allergic rhinitis.

#### DESCRIPTION:

Perennial allergic rhinitis affects about 20 percent of the population and ranks among the most common diseases. Symptoms occur in the nose and eyes and usually appear 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 perennial allergic rhinitis before the age of 30, but onset can occur at any age. Perennial allergic rhinitis has no gender predilection, although boys under the age of 10 are twice as likely to have symptoms as girls. There is a strong genetic predisposition to perennial allergic rhinitis. One parent with a history of perennial allergic rhinitis has about a 30 percent chance of producing an offspring with the disorder; the risk increases to 50 percent if both parents have a history of allergies. Patients may be significantly limited in their daily activities, resulting in excessive time away from school or work. Millions of dollars are spent annually on medical services and drugs to treat this chronic disease. [www.healthscout.com]

**Epidemiology:** The disease can start at any age. Infants with eczema often develop colds in childhood, but these patients usually improve by early adulthood, and both men and women are affected equally. Causative factors include hereditary and racial predisposition, specific allergies, hormonal and vasomotor imbalances, and psychosomatic influences. More than one of these factors may be present in a particular case.

**Etiology:** Perennial allergic rhinitis can be caused by sensitivity to things like house dust mites, mold spores, animal dander or feathers, and many other inhaled substances that are implicated in different patients. Rarely, the underlying cause of this condition is a food or bacterial allergy. Hormonal imbalances can cause these symptoms, occur in some patients during pregnancy and menopause, and occur as side effects of some birth control pills, especially those containing norethisterone. Finally, emotional causes are clearly present in some cases where symptoms are initiated or exacerbated, stress.

#### PREDISPOSING FACTORS AND ETIOLOGY:

A) Generally atopic individuals, i.e. with a family history and similar or related symptoms, eg eczema dermatitis, urticaria or asthma.

B) Symptoms usually appear before 4-5. by decade of life, {Scott-brown, 1994}

C) Pollen grains are the main allergens that generally cause seasonal, Perennial allergic rhinitis.

D) Others include: Animal dander, cockroach protein, mold spores, dust or dust mites, generally cause Perennial allergic rhinitis. {Goldmen, 2005}.

Precipitating Factors:-

Volatile substances: Pollen, smoke and inhalable dust, household dust, powders, tobacco, smoke, animal excreta, etc.

Ingredients (Food): Eggs, crabs, prawns, brinjal, pineapple, dairy products, nuts etc.

Infection: Bacterial allergy

Drugs : Aspirin, iodide, antibiotics, etc. often cause an allergic reaction.

Synthetic materials etc.

#### PATHOPHYSIOLOGY:

The nose presents a large mucosal surface over the folds of the turbinate and serves to adjust the temperature and humidity of the inhaled air and to filter particulate material over 10 µm in size by impacting the mucosal blanket, ciliary action moves the trapped particles towards the pharynx. Capture of the pollen and digestion of the outer coat by a mucosal enzyme such as lysozyme releases protein allergens generally of 10,000 to 40,000 molecular weight. The initial reaction occurs between the allergen and epithelial mast cells and then involves deeper perivascular mast cells, both of which are sensitized by specific IgE. During the symptomatic season, when the mucous membrane is already swollen and hyperemic, there is an increased unwanted reactivity to seasonal pollen as well as to antigenically unrelated pollens, where the underlying hypersensitivity is due to improved penetration of the allergen. A biopsy specimen of the nasal mucosa during seasonal rhinitis shows submucosal edema with eosinophil infiltration along with some basophils and neutrophils.

Mucosal surface fluid contains both IgA and IgE, which apparently diffuse from plasma cells near the mucosal surface. 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 susceptible individuals, nasal administration of the allergen is associated with sneezing, congestion, and discharge, and the fluid contains histamine, PGD<sub>2</sub>, and leukotrienes. {Goldmen, 2005}.

Mast cells of the nasal mucosa and submucosa thus generate and release mediators through IgE-dependent responses capable of producing tissue edema and eosinophilic infiltration.

In the perennial variety, symptoms are similar but more continuous and generally less severe. The nasal mucosa is pale and marshy, the conjunctiva is congested and edematous, and the pharynx is generally bland. Swelling of the shells and mucous membranes with sinus ostium and Eustachian tube obstruction cause secondary sinus and middle ear infections. Nasal polyps, representing eosinophils, may co-occur with nasopharyngeal or sinus infections and increase obstructive symptoms. {Goldmen, 2005}.

#### **DIAGNOSTIC CRITERIA {CRITERIA A}**

It largely depends on the exact occurrence history that coincides with the pollination of noxious weeds, grasses or trees. In perennial allergic rhinitis, contamination of the home or workplace makes historical analysis difficult. But there can be variability in symptoms that may be related to exposure to animal dander, dust mites, and work-related allergens such as latex.

Signs and symptoms:

A) Episodic rhinorrhea.

B) Sneezing and obstruction of the nasal passage.

C) Heavy watery nasal discharge and nasal obstruction.

D) Pruritus of conjunctiva, nasal mucosa and oropharynx.

E) The nasal mucosa is pale and marshy.

F) Swelling of the shells and mucous membranes with obstruction of the sinus ostium and Eustachian tube. {Goldmen, 2005}.

Classic symptoms of Perennial allergic rhinitis may include swelling of the eyelids, stinging

#### **INFECTIOUS COLD**

A: Acute

Non-specific: Cold

Specific: diphtheria

B: Chronic

Non-specific: Cold

A simple chronic cold

Hypertropic rhinitis

Atrophic rhinitis

Rhinitis sicca

Rhinitis Caseosa

Malignant granuloma

Specific

Rhinoceros sporiodiosis

Rhino scleroma

Syphilis

Leprosy

Tuberculosis, lupus vulgaris

Fungal infections such as aspergillosis, acitonomycosis, moniliasis

Leishmaniasis

Non-infectious colds

Allergic

Seasonal

Perennial

Vasomotor rhinitis

Professional Perennial allergic rhinitis (OAR). Perennial occupational allergic rhinitis is caused by an allergic reaction to a substance present in the workplace, such as grain, wood dust, chemicals or laboratory animals.

#### **DIFFERENTIAL DIAGNOSIS:**

A) Vasomotor rhinitis: It indicates a state of increased reactivity of the nasopharynx, when a complex of symptoms reminiscent of Perennial allergic rhinitis occurs in the event of non-specific stimuli.

B) Viral cold: The most common clinical manifestation is a cold. The disease usually begins with rhinorrhea and sneezing accompanied by a stuffy nose. The neck is often painful, in some cases it can be the initial complaint. Systemic signs and symptoms such as malaise and headache are mild or absent, and fever is less common. The illness lasts 4 to 9 days and resolves spontaneously without wheezing.

C) Atrophic Rhinitis: Also known as Ozaena, it is characterized by an atrophied mucous membrane covered with smelly dry crusts.

#### **INVESTIGATION:**

Complete blood count

Skin tests can confirm the diagnosis of allergic rhinitis. Initial skin testing is done by the prick method. It identifies allergen-specific IgE that has sensitized skin mast cells.

Intradermal testing is performed if the results of the prick test are negative. Serum IgE levels: Often elevated.

ELISA: {Enzyme linked Immunosorbent assays}: The use of anti-IgE bound either to a paramagnetic particle in the solid phase or in the liquid phase provides a rapid and cost-effective determination. Measurement of specific levels of anti-IgE in serum is obtained by its binding to solid-phase allergen and quantification by subsequent uptake of radiolabeled anti-IgE. This radioallergosorbent technique is related to the specific IgE skin bioassay test, which is mast cell-dependent, and peripheral blood leukocyte histamine release, which is basophil-dependent. The determination of specific IgE in the serum is less sensitive than the skin test, but has a high specificity. {Goldman, 2005}.

#### PREVENTION:

The most effective way to control allergic disease is to avoid exposure to the unwanted allergen. Removing pets from the home to avoid their dander, using air filtration equipment to minimize the concentration of pollen in the air, removing proteins derived from cockroaches by chemically destroying the pests and careful food storage, traveling to pollination-free areas during critical periods may occasionally be necessary. Dust mite allergen avoidance control includes using mattress covers and pillows with plastic inserts and removing carpets and drapes.

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## REVIEW OF HOMOEOPATHIC LITERATURE

Constitution is defined as the physical and mental makeup of a person as manifested by his physical structure, his characteristic desires, aversions and reactions, as well as emotional and intellectual qualities.

An individual's physical makeup sheds light on many aspects of personality and many patterns of behavior.

Physical characteristics are closely related to genetic makeup, and this suggests that physical and psychological characters are closely related.

The term constitution emphasizes physical structure as well as biological function, including hereditary properties modified by the environment. The constitution of an individual plays an important role in the proving of medicines and also in the occurrence of natural diseases. Therefore, the role of the constitution in treating and achieving a cure is crucial. The doctor's knowledge of the constitution of the drug and the constitution of the person helps to arrive at a greater degree of similarity between the person and the drug.

In order to understand the constitution of man, the physician must know his bodily constitution, namely, his body structure, his desires, aversions and dislikes to food, the characteristics of his discharges and excretions, and his thermal reactions. Also mental qualities, namely emotional and intellectual responses and performances. Significant manifestations that reveal the quality of the constitution are various accompanying phenomena expressed in relation to stressful situations, such as teething in a child, menstruation, pregnancy and menopause in a woman.

Mathur KN quotes Kent who held that the diseased individual as a whole should be cured, not the sum of the characteristic symptoms or the pathological condition of the patient's diseased organ. Therefore he gave the highest or first place to the general characteristic symptoms of the patient as a whole. These symptoms are also called constitutional symptoms of the patient.

Boericke believes that "constitutional", classical, totalitarian, true or Hahnemannian homeopathy, all these names mean essentially the same thing, they indicate a precise definition of homeopathy in which there must be correct and in-depth cases and understanding of the patient, and the information must then be linked to one single remedy. Any other way of using potentized medicines is not really homeopathy, but something adapted from it, and so, because it is different, it will not work according to the same paradigms, and so it could be superficial or even questionable.

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## THERAPEUTICS OF PERENNIAL ALLERGIC RHINITIS

Aconite – Indicated in acute cases caused by cold, dry wind or controlled sweat. Nose dry and hot, with most violent throbbing headache, < in fresh air, or may be runny and hot, with frequent sneezing. His muscles ache all over his body, sneezing makes him hold his chest. Fevers, restlessness, etc. appear. It should also be given where Coryza is suppressed by dry, cold wind, and where there is red face, fever.

Allium Cepa – An excellent remedy for Coryza irritation. Nasal discharge watery and acrid and lacrimation slight and indistinct (Euph - opposite): Rough, raw sensation in throat and cough caused by tickling in the larynx and causing a sensation as if the larynx would tear and causing the patient to crouch.

Alumina – Indicated in children with severe nasal dryness, crusting and distantly thick, tenacious yellow mucus or mucus that is difficult to clear.

Ammonium Carb — useful in catarrh, worse in winter, stuffy nose, < at night, waking patient from sleep, dyspnoea, <3 to 4 M. Dry cough, tickling, hoarseness, chest oppressed with phlegm. Nostrils raw and sore, sometimes discharge of bluish mucus in children [Amm Mur, Arundo, Kali Bich, Nat Ars]. Sometimes nasal discharge scalds, scratches upper lip, with burning in throat and along trachea, dry nocturnal cough, as if in danger of suffocation; there is a profuse flow of saliva followed by coughing and palpitations in the chest.

It is especially suitable for winter catarrh; sputum is slimy and contains streaks of blood.

Ammonium Mur - blockage of one nostril at a time, usually both blocked at night; discharge of bluish mucus or scalding watery discharge causing pain and soreness inside the nostrils and upper lip; severe burning in the throat, which is swollen, so that the patient cannot open the mouth; the mouth and throat are filled with viscous mucus, which the patient expels with great difficulty. There is a pulsation in the tonsils, which is characteristic of this medicine.

Anacardium – Indicated esp. at an age when coryza is complicated by palpitation of the heart.

Arsenicum Album - An excellent remedy for "winter colds". The nose is constantly blocked, yet a thin watery fluid flows, which irritates the upper lip — this is accompanied by a dull, throbbing frontal headache; repeated attacks of this kind of catarrh result in a discharge of thick, yellowish mucopurulent matter, and ulcers and scabs form in the nose. Sneezing is a prominent symptom that gives no relief; it seems to start with irritation in one spot in the nose that remains as uncomfortable as it was before the sneeze.

It often follows Ipecac., in catarrhs of fat, chubby children, where the discharge from the nose is watery, hot and burning, causes redness and irritation of the upper lip, and is accompanied by violent and spasmodic sneezing.

Arsenicum Iodatatum - very similar to Ars. She has the same sparse acrid discharge, but with significant involvement of the lymph nodes.

Arum Triphyllum – Excoriating Coryza in Children [Ali.]. Saliva is also pungent. The corners of the mouth are sore, cracked and bleeding. The child is irritable and restless.

Aurum Metallicum – Esp. indicated in scrofulous or mercurio-syphilitic patients with fetal nasal discharge. Nostrils sore and cracked.

Belladonna – Given in acute Coryza, if the head is very hot, the throat red and the tonsils swollen. Followed by Calcarea Carb. Good.

Bromine – Useful when the discharge is profuse, watery and irritating, and is associated with great pressure on the forehead, which seems to push the brain down and out at the root of the nose. Nostrils alternately feel blocked. Pain relief inside the nose and around the ala nasi. Later, ulcers form in the nose with a discharge of crusts and scabs, which are swollen and always bloody. Every attempt to blow the nose is followed by discharge of crusts and blood. esp. in scrofulous children.

Bryonia – is indicated for very dry nasal mucosa with hoarseness and sneezing; or more often when the discharge is thick and yellow. It is also indicated for sudden suppression of the above-mentioned discharge and consequent dull, throbbing headache just above the frontal sinuses. Bryonia, however, is not often indicated in catarrh, without some gastric and intestinal symptoms.

Calcarea Carb – Indicated in Coryza or chronic nasal catarrh in scrofulous children. The nose is clogged with thick yellow pus. Offensive odor as of rotten eggs, gunshot, or manure from the nose. Frequent morning nosebleeds. The wings of the nose are thickened and ulcerated. A moist, scaly eruption may appear around the nostrils. Bell follows Calcarea well.

The nose is congested, and yet a hot watery mucus discharges from the nostrils, with sneezing and a dry, teasing cough, which the child does not sleep, or may appear in sleep, or a rattling cough, as if the bronchi were full of mucus.

Quince or China — useful in suppressing Coryza and subsequent headache in the fresh air [Acon. – better]. A > from pressure.

Cinnabaris – Indicated in Coryza characterized by a feeling of great pressure across the bridge of the nose, often associated with swelling and a great opening of the throat – this is more annoying at night, waking the patient from sleep and enlarged tonsils that are redder than normal.

Cyclamen - seems to be good for nasal catarrh where there is: Loss of taste and smell and thick discharge like Puls. Spasmodic sneezing. Aversion to open air.

Dulcamara-Dry Coryza is caused by cold, damp weather or changes from hot to cold weather, especially if these changes are a sudden focus around which all the other symptoms of the drug group are. A sore throat is usually associated with neck stiffness.

Euphrasia - is indicated in Coryza, which is perfectly indistinct, with lacrimation that irritates [Gely - opposite].

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## CONCLUSION:

In the past few years, advances in technology and subsequent large-scale industrialization have directly or indirectly not only complicated health problems but also created new hazards. Perennial allergic rhinitis is one such disease and a disease that can be a very common disease due to air pollution. In modern systems of medicine, perennial allergic rhinitis is not a curable disease, but in homeopathy, taking into account the totality of symptoms with the Repertory approach, perennial allergic rhinitis can be managed and treated, and the tendency to relapse can also be broken. The basic concept of homeopathic practice consists in an individualistic approach to the patient. This individuation at the level of his body and mind, at the level of his susceptibility, at the level of his miasma, and at the level of his diathesis. Perennial allergic rhinitis needs to be treated with this holistic approach. The treatment protocol never ends with the symptomatic relief of the patient, but also with a tendency towards limitation. The ultimate goal should be for the individual to be normal like thousands of others.

From the above discussion, I came to the following findings:

Homeopathy can be used to reduce the intensity of attacks of Perennial allergic rhinitis, if each case is assessed thoroughly and individually.

The frequency of seizures can be minimized by homeopathic treatment only if the medicine is selected strictly according to the principles and laws of homeopathy.

Patients with psora as an underlying miasma tend to have a better prognosis with homeopathic remedies.

Antimiasmatic and/or constitutional medicine has a better prognosis with homeopathy.

The effectiveness and length of treatment will vary for each individual.

The biggest advantage of homeopathic treatment is that it improves without the risk of drug addiction, which usually occurs with conventional medicines. Prevention is better than cure, so people should be instructed to avoid dust, smoke, pollution, etc., as these environmental factors are the main exciting and/or sustaining causes.

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