



Successful Management of Allergic Rhinitis in Pediatric Age Group with Sulphur : A Case Report

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ABSTRACT :

Allergic Rhinitis (AR) is a common chronic disease affecting 20–30% of children. AR is an inflammatory disorder of the nasal mucosa marked by nasal congestion, rhinorrhea, and itching, often accompanied by sneezing and conjunctival inflammation. Its recognition as a major chronic respiratory disease

of children derives from its high prevalence, detrimental effects on quality of life and school performance, and co-morbidities. Homeopathy offers a holistic individual approach to manage cases of Allergic Rhinitis by addressing by offering relief both in acute episodes and in preventing recurrence. Remedies prescribed on symptom similarity can effectively control sneezing, nasal congestion, watery discharge, itching, and associated headaches without the side effects of conventional antihistamines or steroids. Beyond acute relief, constitutional treatment helps reduce hypersensitivity to allergens, strengthens immunity, and decreases the frequency and intensity of recurrent attacks.

Key Word: Allergic Rhinitis, Homeopathy, Sulphur

Introduction:

Allergic rhinitis (AR) is a common chronic disease affecting the majority of children. Children with AR often have related conjunctivitis, sinusitis, otitis media, serous otitis, hypertrophic tonsils and adenoids, and eczema. Childhood AR is associated with a 3-fold increase in risk for asthma at an older age. Over the past 50 yr an upsurge in AR has been observed throughout the world, with some symptom surveys reporting incidence rates approaching 40%. Heritability of allergic conditions attests to genetic

factors, but the increase stems from changes in the environment, diet, and the microbiome. The symptoms may appear in infancy; with the diagnosis generally established by the time the child reaches age 6 yr.

Risk factors include family history of atopy and serum IgE higher than 100 IU/mL before age 6 yr. Early life exposures and/or their absence have a profound influence on the development of the allergic phenotype. Delivery by cesarean section is associated with AR and atopy in children with a parental history of asthma or allergies. This association may be explained by the lack of exposure to the maternal microbiota through fecal/vaginal flora during delivery. The occurrence of 3 or more episodes of rhinorrhea in the 1st yr of life is associated with AR at age 7 yr. Favorably, the exposure to dogs, cats, and endotoxin early in childhood protects against the development of atopy. Prolonged breastfeeding, not necessarily exclusive, is beneficial.

Classification

AR is classified as seasonal or perennial

AR may also be categorized as mild-intermittent, moderate-severe intermittent, mild persistent, and moderate-severe persistent.

Mild Symptoms Include

- Normal school and work
- Normal day to day activities
- Normal sleep
- No troublesome symptoms

Moderate to Severe Symptoms Include - One or More Item

- Troubled sleep
- Impairment of daily activity, sports, leisure
- Difficulty caused at school or work
- Troublesome symptoms

Intermittent Symptoms

- <4 days/ week
- Or <4 weeks at a time

Persistent Symptoms

- >4 days/ week
- Or >4 weeks at a time

Actiopathogenesis:

The clinical reactions on reexposure to the allergen have been designated as early-phase and late-phase allergic responses.

Early Phase - Bridging of the IgE molecules on the surface of mast cells by allergen initiates the early phase allergic response, characterized by degranulation of mast cells and release of preformed and newly generated inflammatory mediators, including histamine, prostaglandin 2, and the cysteinyl leukotrienes

Late Phase - The late-phase allergic response appears 4-8 hr following allergen exposure. Inflammatory cells, including basophils, eosinophils, neutrophils, mast cells, and mononuclear cells, infiltrate the nasal mucosa.

Causes

Allergic Rhinitis - Seasonal, Perennial

Non Allergic Rhinitis

Structural/ Mechanical - Deviated Nasal Septum, Hypertrophied Turbinates, Adenoidal Hypertrophy, Foreign body, Benign tumor

Infectious - Acute or Chronic Infections

Inflammatory - SLE, Sarcoidosis, Nasal Polyps

Physiological - Ciliary Dyskinesia Syndrome, Atrophic Rhinitis, Hormone Induced, Drug induced, Reflex Induced, Environmental Induced

Clinical Manifestation:

- Older children blow their noses, but younger children tend to sniff and snort. Nasal itching brings on grimacing, twitching, and picking of the nose that may result in epistaxis. Children with AR often perform the *allergic salute*
- Typical complaints include intermittent nasal congestion, itching, sneezing, clear rhinorrhea, and conjunctival irritation.
- The patients may lose their sense of smell and taste. Some experience headaches, wheezing, and coughing.
- Nasal congestion is often more severe at night, inducing mouth breathing and snoring, interfering with sleep, and rousing irritability.
- Signs on physical examination include abnormalities of facial development, dental malocclusion, the allergic gape (continuous open-mouth breathing), chapped lips, allergic shiners (dark circles under the eyes)
- Conjunctival edema, itching, tearing, and hyperemia are frequent findings.
- A nasal exam performed with a source of light and a speculum may reveal clear nasal secretions; edematous, boggy, and bluish mucus membranes with little or no erythema; and swollen turbinates that may block the nasal airway.

Treatment:

Safe effective prevention and relief of symptoms are the current goals of treatment.

Specific measures to limit indoor allergen exposure may reduce the risk of sensitization and symptoms of allergic respiratory disease. Sealing the patient's mattress, pillow, and covers in allergen-proof encasings reduces the exposure to mite allergen. Bed linen and blankets should be washed every week in hot water (>54.4°C [130°F]). The only effective measure for avoiding animal allergens in the home is the removal of the pet. Avoidance of pollen and outdoor molds can be accomplished by staying in a controlled environment. Air conditioning allows for keeping windows and doors closed, reducing the pollen exposure.

Medications - Oral antihistamines help reduce sneezing, rhinorrhea, and ocular symptoms.

Administered as needed, antihistamines provide acceptable treatment for mild intermittent disease. Antihistamines have been classified as first generation (relatively sedating) or second generation (relatively nonsedating). Antihistamines usually are administered by mouth but are also available for topical ophthalmic and intranasal use.

Both first- and second-generation antihistamines are available as nonprescription drugs. Second-generation antihistamines are preferred because they cause less sedation .

Chief Complaint :

A 7 year old male child came with the complaint of recurrent cold, coryza, sneezing and cough since 4 years

- Onset - sudden
- Duration - every few days
- Progress - static
- Watery discharge from the nose with sneezing (10-15 bouts of sneezing at once) which is aggravated in the morning
- Cough since 2 days
- <sweets++ (ice, cream, chocolate)
- Occasionally rattling noise in chest, wet cough
- No episode of breathlessness
- <Morning <on waking episode <Night
- No post tussive vomiting

Physical General

- Appetite- good, can tolerate hunger
- Desires - Sweets++, Spicy
- Dislikes - Onions
- Food Agg/ Amel - NS
- Thirst - thirsty, 1.5 lits/day, Normal tap water
- Stool - Normal
- Urine - Normal
- Perspiration - profuse, offensive+
- Sleep - 7-8 hours, refreshing sleep
- Dreams - Occasionally of Ghosts
- Thermal - Hot
- Aversion to taking baths, has to be told repeatedly

Birth History and Milestones

Birth Weight - 3.05 kg

FT-LSCS

Breast feeding done till 1 year of age

All Milestones normal as per age

Past And Family History

P/H - Admitted for Mycoplasm Pneumoniae

F/H - Paternal Grandmother - Bronchial Asthma

Father - Allergic Rhinitis

Mental History

- Lives with Parents and Grandparents
- Restless, cannot sit in one place for long
- Cannot accept defeat - very egoistic++ will not accept, cries when he is not winning
- Non diligent - does not listen to any instructions, given at home, has to be told repeatedly
- Inquisitive and creative nature
- Loves Boasting, Haughty++, Deceitful++, dictatorial
- Lying to his friends, Manipulation- lies to his friends in order to win, will distract someone if they are playing but when it his turn he will make sure no one comes in his way
- Sensitive to other people's opinion
- Loves to be the center of attention+
- No precocity as such
- Anger when obliged to answer occasionally and starts crying
- Obstinate- Cries when demands are not fulfilled
- Loquacious- keeps on making up stories
- Careless nature - about his belongings, will forget them
- Very messy in handling things
- Extroverted

Examination

General Examination

Temp - Afebrile Pulse - 80bpm
 RR- 26/min Weight - 30kg
 Height - 125cms
 No pallor, cynosis, clubbing, lymphadenopathy

General Examination

Rs- AeBe clear GIT- Soft, Non tender
 CVS- S1S2 heard CNS - Conscious, well oriented

Local Examination

No DNS, No hypertrophy of turbinate, No odema

Final Diagnosis - Allergic Rhinitis

Totality of Symptoms

Haughty
 Deceitful, Sly
 Egotism, Self esteem
 Desires Sweet
 Cough < Sweet
 Perspiration offensive

Non Repertorial Totality

Aversion to bathing
 Hot Patient
 Extroverted
 Messy

| Hompath Classic - [Repertorisation] | | | | | | | | | | | | | | |
|--|-------|-----|------|------|-----|-----|------|-------|------|-----|-------|------|-----|------|
| Patient Repertory Search Extract MatMed Edit View Utilities Hompath Family Window Help | | | | | | | | | | | | | | |
| Repertorisation | | | | | | | | | | | | | | |
| Of Speed Case Reg. No. : Visit Date : 05/09/2025 | | | | | | | | | | | | | | |
| Repertorisation: Normal | | | | | | | | | | | | | | |
| 3 1 2 0 0 0 | | | | | | | | | | | | | | |
| Remedy Name | Sulph | Lyc | Plat | Merc | Sil | Ars | Lach | Verat | Calc | Med | Nux-v | Puls | Sep | Chin |
| Totality | 13 | 13 | 9 | 8 | 8 | 8 | 8 | 8 | 7 | 7 | 7 | 7 | 7 | 6 |
| Symptom Covered | 0 | 5 | 4 | 5 | 5 | 4 | 4 | 4 | 5 | 5 | 5 | 4 | 4 | 4 |
| [C] [Mind]Haughty: | 3 | 4 | 4 | 1 | 1 | 1 | 2 | 3 | 1 | | 1 | 1 | 1 | 1 |
| [C] [Mind]Deceitful, sly: | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| [C] [Mind]Egotism, self-esteem: | 2 | 2 | 3 | 1 | 2 | | 2 | 2 | 2 | 1 | 1 | | | |
| [C] [Generalities]Food and drinks.Sweets:Desires: | 3 | 3 | 1 | 2 | 1 | 3 | | | 2 | 2 | 1 | 2 | 2 | 3 |
| [C] [Cough]Sweetmeats:Agg.: | 1 | | | | | | | | 1 | | | | | |
| [C] [Perspiration]Odor:Offensive: | 3 | 3 | | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 3 | 3 | 3 | 1 |

About the Remedy

Messy

The children are quite messy and are not bothered if their clothes are dirty.

Lazy and Indolent

Great indolence and repugnance to all exertion, both mental and bodily.

Indifference and disinclined to work.

Dullness in children.

Quarrelsome

Irritability, disposition to anger and passion.

Spoiled children, very selfish, have no regard for others.

Bragging. Boasts about his belongings, his toys.

Restlessness and sleeplessness in children.

Good appetite. Cannot remain hungry. Sulphur patients have a desire for something with a definite taste; like highly seasoned, spiced foods and have a very marked desire for sweets.

The heavier Sulphur type have much more bite about them, they tend to be quarrelsome, impatient, rather critical, fault-finding, discontented, very often generally dissatisfied

Dread of being washed (in children). They cry lustily if they have to be washed.

Sensitive to smell, stuffed nose

Rattling of mucus in chest

Frequent Sneezing

Prescription

Sulphur 200 6 pills once a week, SL 30 6 pills twice a day for 14 days

Follow Up

| Date | Symptoms | Prescription |
|--------------------|---|---|
| | Patient feels good Cold, coryza and sneezing in the morning ->>- 75% No episodes of cough Mentally anger, deceitfulness, restlessness, haughtiness, boastfulness reduced Generals Normal No new complaints | Sulphur 200 (6pills) once a week, SL 30 (6 pills) twice a day for 14 days |
| After next 14 days | No episode of cold, coryza, sneezing No episodes of cough Mentally patient's behaviour has improved Generals Normal No new complaints | SL 30 (6 pills) twice a day for 14 days |
| After next 14 days | Overall patient feels very good No episode of cold, coryza, sneezing No episode of cough Mentally significant changes in temperament and behaviour Generals Normal No new complaints | SL 30 (6 pills) twice a day for 14 days |

Conclusion

Allergic Rhinitis is a common chronic pediatric disorder that impacts the life of a child. Timely interventions are crucial for effective management and helps with immunity. Homeopathic treatment for Allergic Rhinitis serves as a viable alternative to conventional anti-histamines medication. By addressing the root cause, homeopathy seeks to provide long term relief without side effects.