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A Case Report on Allergic Rhinitis Managed with Individualized Homoeopathic Treatment: Clinical Presentation to Follow-up

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ABSTRACT :

Background

Allergic rhinitis is an inflammatory condition of the nasal mucosa characterized by symptoms such as sneezing, nasal discharge, nasal itching and nasal congestion. It may be associated with ocular symptoms and can affect daily functioning and quality of life.

Case presentation

A 36-year-old woman presented with recurrent episodes of profuse sneezing, thick whitish nasal discharge, throat heaviness and itching of the eyes. The symptoms were reported to worsen after exposure to cold conditions and consumption of cold or citrus foods, with subjective relief from warm food and drinks. The patient also reported irritability, a chilly thermal disposition, constipation with hard stools and incomplete evacuation, and vomiting after milk since childhood. Her medical history included cesarean delivery in 2016 and dengue fever in 2024.

Intervention and outcome

Individualized homoeopathic treatment was documented, with Calcarea carbonica 200C recorded at the initial consultation. Subsequent follow-up notes described a reduction in sneezing and nasal discharge, improvement in constipation at some visits, and an overall subjective improvement in symptoms. However, standardized outcome scores and laboratory results were not available in the supplied records.

Conclusion

This case documents the clinical course of a patient with symptoms suggestive of allergic rhinitis during individualized homoeopathic management. The observed improvement is descriptive and cannot establish treatment efficacy or causality. Further evaluation using standardized outcome measures and appropriate clinical assessment is required.

Keywords: Allergic rhinitis; case report; individualized homoeopathy; sneezing; clinical follow-up.

1. Introduction

Allergic rhinitis is a common inflammatory disorder of the nasal mucous associated with exposure to allergens in susceptible individuals. Typical symptoms include recurrent sneezing, nasal itching, rhinorrhea and nasal congestion. Ocular itching and watering may accompany nasal symptoms.
The diagnosis is primarily based on a clinical history and physical examination. Allergy testing may be considered when the diagnosis is uncertain, symptoms remain inadequately controlled, or identification of a specific allergen would guide management.
This case describes the clinical presentation, individualized homoeopathic case analysis, documented intervention and follow-up of an adult woman presenting with symptoms suggestive of allergic rhinitis.

2. Case Presentation

2.1 Patient information

A 36-year-old woman presented to the outpatient department with recurrent sneezing and associated nasal and ocular symptoms.

2.2 Chief complaints

The principal complaints recorded at presentation were:

- Profuse, recurrent sneezing, reported to be aggravated by cold exposure and cold or citrus foods.
- Thick, sticky, whitish nasal discharge.
- Heaviness in the throat, with hoarseness recorded in the case notes.
- Itching and watering of the eyes.
- A subjective feeling of feverishness without a documented rise in body temperature.
- Backache radiating towards the left leg, with a history of cesarean delivery.
- Burning in the hands and soles, particularly in the evening.

2.3 History of presenting illness

The patient reportedly had episodes of cold-like symptoms and sneezing for approximately four years, with a gradual increase in frequency during the preceding four months. She had been taking anti-allergic tablets regularly for approximately four months but reported inadequate relief.

The sneezing was recorded as being aggravated by cold conditions and cold or citrus foods, while warm food and drinks reportedly provided relief. Thick, sticky, whitish nasal discharge and ocular itching with watering were also noted.

The patient described herself as chilly and reported irritability associated with recurrent sneezing. She also reported constipation, characterized by hard stools, bowel movements every two to three days and a sensation of incomplete evacuation. Vomiting after milk had reportedly been present since childhood.

The supplied records do not adequately document environmental allergen exposure, nasal obstruction, seasonal variation, occupational triggers or the names and doses of previous anti-allergic medications.

2.4 Past medical and surgical history

- Caesarean delivery: 2016.
- Dengue fever: 2024.
- Previous use of anti-allergic medication: approximately four months before the initial consultation, according to the case notes.

No additional chronic medical conditions were clearly documented in the available records.

2.5 Family history

The case sheet records diabetes mellitus and hypertension in the patient's father. Her mother was recorded as healthy. Other family entries include joint pain in a paternal grandparent and deaths of grandparents at advanced ages.

2.6 Physical generals

Appetite:
Three meals daily; approximately two chapatis per meal
Thirst:
Approximately 2–3 litres per day, as recorded
Food aversion:
Milk, reported to cause vomiting
Bowel habits:
Hard stools every two to three days with incomplete evacuation
Urination:
Approximately four to five times daily; described as non-profuse
Perspiration:
Described as non-profuse, with none on the face
Sleep:
Approximately seven to eight hours daily; refreshing
Thermal disposition:
Chilly
Lifestyle:
Active; yoga and meditation in the evening
Menstrual history:
Regular cycles, approximately every 28–28 days, with a duration of three to four days; last menstrual period recorded as 8 February 2026 in the subsequent history entry
Obstetric history:
G2P2A0L2

2.7 Mental Generals

Irritability associated with recurrent sneezing
Fear of darkness and heights
Emotional distress related to feeling undervalued by family members

3. Clinical Examination

3.1 General examination

3.2 Systemic examination

Central nervous system:
Conscious and well oriented.
Respiratory system:
Both lungs recorded as clear.
Cardiovascular system:
S1 and S2 normal; no murmur recorded.
Gastrointestinal system:
Bowel sounds heard and recorded as normal.
Genitourinary system:
No renal angle tenderness recorded.

4. Diagnostic Assessment

The provisional diagnosis recorded in the case sheet was allergic rhinitis.
The diagnosis was supported by the history of recurrent sneezing, nasal discharge and associated ocular itching and watering. However, a definitive diagnosis would require correlation with a complete clinical examination and assessment of relevant differential diagnoses.
A complete blood count (CBC) and total serum immunoglobulin E (IgE) were listed under planned investigations.

5. Individualized Homoeopathic Case Analysis

5.1 Symptoms considered in the case analysis

Irritability.
Fear of darkness and heights.
Profuse sneezing, worse from cold exposure and reportedly relieved by warmth.
Thick, sticky, whitish nasal discharge.
Itching and watering of the eyes.
Vomiting after milk since childhood.
Constipation with hard stools and incomplete evacuation.
Non-profuse perspiration.

5.2 Repertorial analysis

On the basis of totality of symptoms, repertorial analysis was performed.
The repertorial result, alongwith materia medica correlation and clinical individualization , led to selection of Calcarea carbonica as the constitutional remedy.

6. Therapeutic Intervention

Follow-up date	Clinical course
27 January 2026	Initial presentation with profuse sneezing, thick whitish nasal discharge and irritability. Calcarea carbonica 200C and Rubrum 30
15 February 2026	Sneezing reportedly reduced; constipation described as much better.
27 March 2026	Sneezing described as much better; constipation slightly better.
13 April 2026	Sneezing and nasal discharge reportedly reduced. The patient reportedly had not taken anti-allergic tablets for the preceding ten days. Constipation had recurred.
21 April 2026	Marked subjective improvement in sneezing was recorded. The follow-up note refers to a reduction in recurrence, but the exact percentage and its meaning require verification.
11 May 2026	Marked improvement in the recorded symptoms was noted. The precise symptom-specific severity scores and duration of sustained improvement were not documented.

7. Assessment

7.1 Assessment using the SNOT-22 questionnaire

The Sino-Nasal Outcome Test-22 (SNOT-22) was used to assess the patient's reported sinonasal symptoms and associated quality-of-life burden before and after treatment.

The recorded scores were:

Assessment	SNOT-22 score
Before treatment	63/110
After treatment	11/110
Absolute reduction	52 points
Percentage reduction from baseline	82.5%

The SNOT-22 score decreased by 52 points, from 63 before treatment to 11 after treatment. This substantial reduction indicates a marked improvement in the patient's reported sinonasal symptom burden and associated quality-of-life impact over the assessment period.

At baseline, the recorded scores included severe ratings for sneezing and running nose (5/5 each), thick nasal discharge (4/5), ear fullness (4/5), fatigue (4/5) and frustration/restlessness/irritability (4/5). The post-treatment questionnaire showed improvement in several domains, including sneezing, nasal discharge, ear-related symptoms and emotional symptoms.

7.2 Laboratory investigations

Total serum immunoglobulin E

Total serum IgE, measured on 27 February 2026, was reported as 474 IU/mL, against a laboratory reference range of below 180 IU/mL.

This represents an elevated total IgE level. The finding may support an allergic tendency when interpreted alongside the clinical history, but total IgE is nonspecific and cannot independently confirm allergic rhinitis or identify the responsible allergen.

Complete blood count

The available CBC report documented the following findings:

Parameter	Patient's result	Printed reference range	Interpretation
Haemoglobin	10.1 g/dL	12–15 g/dL	Low
RBC count	3.6 million/cumm	4–5.5 million/cumm	Low
Haematocrit	30.0%	35–54%	Low
Neutrophils	72%	40–70%	Slightly elevated
Lymphocytes	22%	30–40%	Below the printed range
Monocytes	4%	2–10%	Within range
Eosinophils	2%	1–6%	Within range
Basophils	0%	0–1%	Within range
Platelets	2.4 lakh/cumm	1.8–3.1 lakh/cumm	Within range

7.3 Overall outcome assessment

The follow-up records suggest improvement in the patient's reported sneezing and nasal discharge during the observation period. Constipation also improved at some visits, although recurrence was documented.

The patient's clinical follow-up notes documented a reduction in sneezing and nasal discharge, improvement in several associated complaints and variable improvement in constipation. The SNOT-22 score decreased from 63/110 before treatment to 11/110 after treatment, corresponding to an absolute reduction of 52 points and a relative reduction of approximately 82.5%.

8. Discussion

Allergic rhinitis is a common inflammatory disorder of the nasal mucosa characterized by sneezing, rhinorrhea, nasal itching and, in some patients, nasal obstruction and ocular symptoms. In the present case, the patient presented with recurrent profuse sneezing, thick whitish nasal discharge, itching and watering of the eyes, and throat discomfort. The chronic and recurrent nature of these complaints, together with their reported aggravation by cold exposure, was suggestive of rhinitis with a possible allergic component. The associated symptom burden and emotional discomfort were also reflected in the baseline Sino-Nasal Outcome Test-22 (SNOT-22) score of 63/110.

The clinical assessment was complemented by laboratory investigations. The total serum IgE level was 474 IU/mL, above the laboratory reference limit of 180 IU/mL. Although elevated total IgE may be associated with allergic conditions, it is a nonspecific finding and cannot independently establish allergic rhinitis or identify a particular allergen. The reported eosinophil percentage was within the laboratory reference range; this does not exclude allergic rhinitis. The complete blood count additionally revealed haemoglobin of 10.1 g/dL, an RBC count of 3.6 million/cumm and haematocrit of 30%, indicating anaemia that warrants separate clinical evaluation. These findings are important because a comprehensive assessment should address associated abnormalities rather than focus exclusively on the presenting complaint.

The case was managed using an individualized homoeopathic approach. The case-taking process included the characteristics and modalities of the presenting symptoms, physical generals, thermal disposition, bowel habits and reported mental and emotional features. The repertorial analysis was performed using RADAR/Synthesis, and Calcarea carbonica 200C was selected according to the rationale documented by the treating practitioner. This provides a description of the clinical decision-making process used in the case.

The principal outcome of interest was the change in the patient's reported sinonasal symptom burden. The SNOT-22 score decreased from 63/110 before treatment to 11/110 after treatment, representing an absolute reduction of 52 points and a relative reduction of approximately 82.5% from baseline. The initial score reflected a substantial burden of symptoms and associated functional or emotional difficulties. The post-treatment score indicated considerably fewer reported problems at the time of reassessment. The follow-up notes were consistent with this change, documenting a reduction in sneezing and nasal discharge and improvement in several associated complaints. Nevertheless, the SNOT-22 is a patient-reported outcome measure rather than a diagnostic test, and the magnitude of score reduction should be interpreted in the context of the patient's overall clinical course.

The serial follow-up records provide additional information about the temporal pattern of improvement. Sneezing was reported to have reduced by February 2026, with further improvement documented in March and April. Nasal discharge also reportedly decreased. Constipation improved at some visits but recurred during follow-up, demonstrating that not all associated complaints followed a uniform course. The patient also reported discontinuing anti-allergic tablets for approximately ten days before the April follow-up. This is a relevant clinical detail, but the records do not establish the complete pattern of conventional medication use or its relationship to the observed changes.

The observed improvement is noteworthy as a clinical observation, particularly because it is supported by both narrative follow-up records and a marked reduction in the SNOT-22 score. However, a single uncontrolled case cannot establish a causal relationship between individualized homoeopathic treatment and the observed outcome. Allergic rhinitis may fluctuate with environmental exposure, season, allergen burden and other factors. Changes in conventional medication, dietary practices, patient expectations and natural symptom variation may also influence reported outcomes. In addition, the available records do not establish whether the post-treatment questionnaire was completed at a standardized interval or whether the improvement was sustained over a longer period.

This case also highlights the importance of structured outcome assessment in clinical case reporting. Recording baseline and follow-up SNOT-22 scores allows symptom burden to be compared more systematically than narrative descriptions alone. Future reports would be strengthened by documenting the exact assessment dates, completing all questionnaire items consistently, recording concomitant medication use, performing an appropriate nasal examination and assessing adverse events at each visit. Where clinically indicated, allergen-specific testing may help clarify the diagnosis. The identified anaemia should also be investigated independently and managed according to established clinical practice.

Overall, the case provides a detailed account of the patient's presentation, individualized case analysis and reported clinical course. Its main contribution is the documentation of a substantial improvement in patient-reported sinonasal burden during the observation period, together with the relevant diagnostic and laboratory findings. The findings may inform further clinical documentation and research, but they should be interpreted as hypothesis-generating observations rather than proof of a specific treatment effect.

Conclusion

The present case describes a 36-year-old woman with recurrent sneezing, nasal discharge and ocular symptoms suggestive of allergic rhinitis who received individualized homoeopathic management and underwent serial clinical follow-up. During the documented observation period, the patient's SNOT-22 score decreased from 63/110 at baseline to 11/110 at reassessment, corresponding to an absolute reduction of 52 points and an approximately 82.5% reduction from the baseline score. The follow-up notes also recorded improvement in sneezing and nasal discharge, while constipation showed variable improvement.

The total serum IgE level was elevated at 474 IU/mL, a finding that may be compatible with an allergic tendency but is not independently diagnostic. The CBC revealed anaemia requiring further clinical evaluation. These findings emphasize the need for a comprehensive approach that considers both the presenting condition and associated abnormalities.

This case demonstrates the practical value of documenting individualized case analysis alongside a structured patient-reported outcome measure. However, because the report describes a single uncontrolled case, the observed improvement cannot be attributed conclusively to the homoeopathic intervention. Further well-designed studies using appropriate diagnostic criteria, standardized outcome measures, adequate follow-up and transparent reporting of concurrent treatments are needed to evaluate treatment effectiveness and durability of response.

In conclusion, this case offers a structured description of the clinical course and outcome assessment of a patient with symptoms suggestive of allergic rhinitis. Its value lies in the systematic documentation of symptoms, treatment decisions, follow-up findings and patient-reported change, while recognizing the limitations inherent in interpreting outcomes from an individual case.

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