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CLINICAL EVALUATION OF HOMOEOPATHIC MEDICINE SABADILLA 30C IN PATIENTS WITH ALLERGIC RHINITIS: AN OBSERVATIONAL STUDY

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ABSTRACT

Background: Allergic rhinitis (AR) is an immunoglobulin E (IgE)-mediated inflammatory disorder of the nasal mucosa characterized by recurrent sneezing, watery rhinorrhea, nasal obstruction, and itching. The prevalence of allergic rhinitis has increased considerably due to urbanization, environmental pollution, and changing lifestyles. Although conventional medicines provide symptomatic relief, recurrence of symptoms is common. Homoeopathy offers an individualized therapeutic approach aimed at addressing the patient's susceptibility. Sabadilla has long been recognized in homoeopathic literature as a characteristic remedy for allergic rhinitis presenting with violent sneezing, watery nasal discharge, and marked sensitivity to cold air and odors. **Objective:** To evaluate the clinical effectiveness of Homoeopathic medicine Sabadilla 30C in patients suffering from allergic rhinitis using the Score for Allergic Rhinitis (SFAR). **Materials and Methods:** An observational clinical study was conducted on 30 patients diagnosed with allergic rhinitis. Patients between 10 and 60 years of age were selected according to predefined inclusion and exclusion criteria. Sabadilla 30C was prescribed based on characteristic symptom similarity. Patients were followed at weekly intervals, and treatment outcomes were assessed by comparing baseline and post-treatment SFAR scores. **Results:** Among the 30 enrolled patients, the highest incidence was observed in the 21–30

years age group (40%). Males constituted 56.67% of the study population, while females accounted for 43.33%. Urban residents represented 60% of the cases. Following treatment, marked improvement was observed in 16 patients (53.33%), moderate improvement in 8 patients (26.67%), mild improvement in 4 patients (13.33%), and no significant improvement in 2 patients (6.67%). **Conclusion**: The findings of the present observational study suggest that Sabadilla 30C may be beneficial in the management of allergic rhinitis when prescribed according to homoeopathic principles and characteristic symptomatology. Further randomized controlled studies with larger sample sizes are recommended to confirm these observations.

KEYWORDS: Allergic rhinitis, Sabadilla 30C, Homoeopathy, Observational study, SFAR score, Hay fever.

INTRODUCTION

Allergic rhinitis (AR) is one of the most common chronic inflammatory disorders of the upper respiratory tract and is characterized by an immunoglobulin E (IgE)-mediated inflammatory response following exposure to environmental allergens. It typically presents with paroxysmal sneezing, watery rhinorrhea, nasal obstruction, and nasal itching, frequently accompanied by ocular symptoms such as lacrimation, conjunctival redness, and itching. According to the Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines, AR is classified as intermittent or persistent based on symptom frequency and duration, and as mild or moderate-to-severe based on symptom severity and its impact on sleep, daily activities, work or school performance, and overall quality of life.[1,2] Although not usually life-threatening, allergic rhinitis is associated with considerable morbidity and significantly impairs patients' physical, psychological, and social well-being.[4,5]

The global prevalence of allergic rhinitis has increased over recent decades, primarily due to rapid urbanization, industrialization, environmental pollution, climate change, and increased exposure to indoor allergens. Epidemiological studies estimate that allergic rhinitis affects approximately 10–40% of the global population.[4,5] In India, the burden is also substantial, with studies reporting a prevalence of around 20–30%, indicating that a significant proportion of the population is affected.[3,4] This makes allergic rhinitis an important public health concern requiring effective preventive and therapeutic strategies.

Conventional management of allergic rhinitis includes a combination of allergen avoidance

strategies and pharmacological therapy. Pharmacological options comprise intranasal corticosteroids, which are considered the first-line treatment for moderate-to-severe disease, along with antihistamines, leukotriene receptor antagonists, and short-term use of decongestants when required. Allergen-specific immunotherapy is reserved for patients with persistent or severe symptoms who do not achieve adequate control with standard pharmacotherapy. Although these treatment modalities are effective in controlling symptoms, long-term management is often required, and symptom recurrence is common following discontinuation of therapy.[4]

Homoeopathy follows an individualized therapeutic approach in which the selection of the remedy is based on the totality of characteristic symptoms and the patient's constitutional susceptibility rather than the disease diagnosis alone.[6] It aims to stimulate the body's self-regulatory mechanisms and restore functional balance, thereby reducing the tendency toward recurrent episodes of illness.

Among the homoeopathic remedies indicated for allergic rhinitis, Sabadilla (Schoenocaulon officinale) holds an important place in Materia Medica. It is commonly indicated in cases presenting with intense and repetitive sneezing, profuse watery nasal discharge, nasal and palatal itching, and associated lacrimation. Characteristically, symptoms are often aggravated by exposure to cold air, dust, and strong odors, and may be relieved by warm food and warm drinks.[7]

Despite its frequent use in homoeopathic clinical practice, published clinical evidence evaluating the effectiveness of Sabadilla in the management of allergic rhinitis remains limited. Therefore, the present study was undertaken to evaluate the clinical effectiveness of Sabadilla 30C in patients with allergic rhinitis using the Score for Allergic Rhinitis (SFAR) as the outcome assessment tool.

AIM

To evaluate the clinical effectiveness of Homoeopathic medicine Sabadilla 30C in patients suffering from allergic rhinitis.

OBJECTIVES

1. To evaluate the effectiveness of Sabadilla 30C in patients with allergic rhinitis using the Score for Allergic Rhinitis (SFAR).

2. To assess the clinical indications of Sabadilla in patients presenting with characteristic symptoms of allergic rhinitis.
3. To analyze the demographic profile of patients with allergic rhinitis, including age, gender, residential background, and socioeconomic status.

MATERIALS AND METHODS

This prospective, single-arm observational clinical study was conducted to evaluate the effectiveness of the homoeopathic medicine Sabadilla 30C in patients diagnosed with allergic rhinitis. A total of 30 patients fulfilling the inclusion criteria were enrolled using a consecutive sampling technique. Detailed case histories were recorded in a standardized case record format. Sabadilla 30C was prescribed according to the principles of homoeopathy, based on the totality of symptoms and the characteristic indications observed in each individual patient.

Inclusion Criteria: Patients fulfilling all the following criteria were included in the study:

1. Clinically diagnosed or previously diagnosed cases of allergic rhinitis.
2. Age between 10 and 60 years.
3. Patients of either sex.
4. Patients willing to participate and provide informed consent.

Exclusion Criteria: The following patients were excluded from the study:

1. Pregnant and lactating women.
2. Patients suffering from allergic rhinitis associated with major systemic diseases or significant comorbidities.
3. Patients already receiving antihistamines, corticosteroids, nasal decongestants, or other anti-allergic medications during the study period.
4. Patients unwilling to participate or continue follow-up.

Diagnosis: Diagnosis was established based on clinical history, physical examination, and relevant laboratory investigations wherever required. The common clinical features considered for diagnosis included recurrent sneezing, watery rhinorrhea, nasal itching, nasal obstruction, lacrimation, redness of eyes.

Selection of Medicine: Sabadilla 30C was selected based on its characteristic indications described in classical homoeopathic Materia Medica, including spasmodic sneezing, profuse

watery nasal discharge, nasal and palatal itching, sensitivity to cold air, aggravation from dust and strong odors, and relief from warm food and warm drinks. The same potency (30C) was used for all cases.

Prescription Protocol: The medicine was prescribed based on the principle of symptom similarity and totality of symptoms. Sabadilla 30C was administered for three days, followed by placebo for the remaining period until the next follow-up, depending on the clinical response.

Subsequent prescriptions were based on symptom improvement and clinical progress.

Follow-up: Patients were followed up at weekly intervals (every 7 days). At each follow-up, the severity of symptoms was assessed, including frequency of sneezing, rhinorrhea, nasal obstruction, nasal itching, and ocular symptoms. Changes in symptom severity were recorded using the Score for Allergic Rhinitis (SFAR).

Scoring criterion	Score	Cumulative score
Nasal blocks	1	
Running nose	1	2
Sneezing	1	3
Perennial Cough	1	4
Seasonal/Perennial	1	5
Nasal symptoms with itchy-watery eyes	2	7
House Dust trigger nasal symptoms	1	8
Pollen trigger nasal symptoms	1	9
Perceived allergic status	2	11
Previous medical diagnosis of allergy	2	13
Previous positive tests of allergy	1	14
Family history of allergy	2	16
Total score		**16**

Assessment Tool

SFAR Score[8]

The Score for Allergic Rhinitis (SFAR**)** is a standardized and validated questionnaire used for the assessment of allergic rhinitis based on clinical symptoms and history. It was originally developed and validated by Annesi-Maesano et al. (2002) for use in epidemiological and clinical studies.

For the purpose of the present study, the Score for Allergic Rhinitis (SFAR) was used as the outcome assessment tool to evaluate the severity and improvement of allergic rhinitis symptoms before and after treatment. Additionally, for clinical evaluation within the homoeopathic framework, symptom intensity was further categorized into grades based on severity and impact on daily life as follows:

Severe symptom (sensitivity of symptom is high)	1st grade
Moderate symptom (sensitivity of symptom is moderate)	2nd grade
Mild symptom (not much affect the routine life)	3rd grade

This grading system was used only for clinical interpretation and was not part of the original validated SFAR questionnaire.

Outcome Assessment: Treatment response was assessed by comparing SFAR scores recorded before treatment and after completion of follow-up. Percentage improvement was calculated using the following formula:

$$\text{Percentage improvement} = \frac{\text{Baseline Score} - \text{Post-treatment score}}{\text{Baseline Score}} \times 100\%$$

Clinical response was categorized as follows:

Percentage Improvement	Clinical Interpretation
75–100%	Marked Improvement
50–74%	Moderate Improvement
25–49%	Mild Improvement
<25%	Non-significant Improvement
0%	Status Quo

Statistical Analysis: Data were entered into Microsoft Excel and analyzed using descriptive statistical methods. Continuous variables were summarized using mean values where applicable, while categorical variables were expressed as frequencies and percentages. The treatment outcome was evaluated by comparing baseline and post-treatment SFAR scores.

Ethical Considerations: Written informed consent was obtained from every participant before enrolment in the study. Confidentiality of patient information was maintained throughout the study by anonymizing personal identifiers. The study was conducted in accordance with institutional ethical principles and the Declaration of Helsinki for research involving human participants.

RESULTS

A total of 30 patients diagnosed with allergic rhinitis were enrolled and completed the observational study, which was conducted over a minimum period of 10 months. This study showed a higher male prevalence (56.67%), with the 21–30 years age group being the most affected (40.00%) by allergic rhinitis. The demographic distribution of patients according to sex and age is presented in Tables 1 and 2, while residential area and socioeconomic status are shown in Tables 3 and 4, respectively. The clinical outcomes and improvement in patient

symptoms are presented in Table 5. The Score for Allergic Rhinitis (SFAR) was assessed at before and after homoeopathic treatment, and a reduction in post-treatment SFAR scores was observed, indicating improvement in symptoms following treatment. The following observations were made:

Table 1: Gender distribution of patients (n = 30).

Gender	Number of patients	Percentage (%)
Male	17	56.67
Female	13	43.33

Observation: Male patients (56.67%) were more frequently affected than female patients (43.33%).

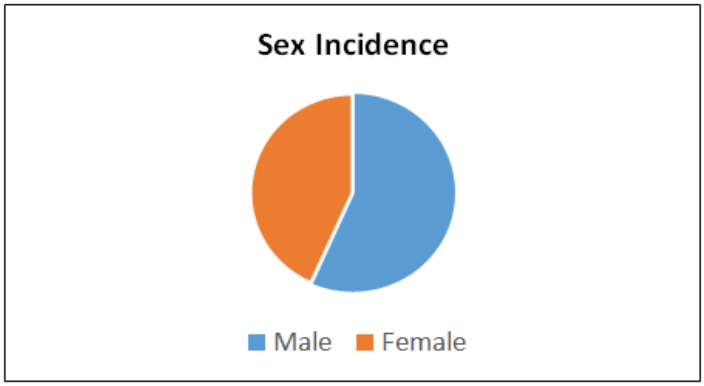

Fig. 1: Distribution of patient according to Sex.

Table 2: Age-wise distribution of patients (n = 30).

Age group (years)	Number of patients	Percentage (%)
10–20	8	26.67
21–30	12	40.00
31–40	6	20.00
≥41	4	13.33

Observation: The highest proportion of patients belonged to the 21–30years age group (40%), followed by the 10–20years age group (26.67%).

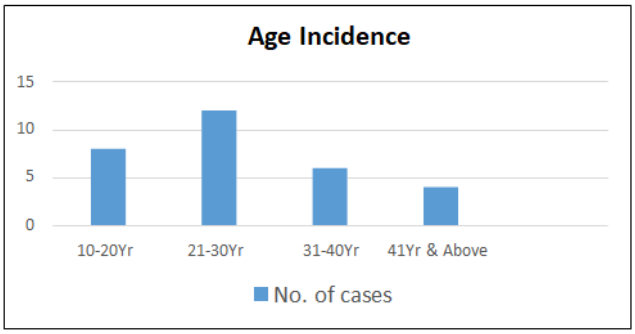

Fig. 2: Distribution of patient according to Age Group.

Table 3: Residential distribution of patients (n = 30).

Area	Number of patients	Percentage (%)
Urban	18	60.00
Rural	12	40.00

Observation: A greater proportion of patients belonged to urban areas (60%) than rural areas (40%).

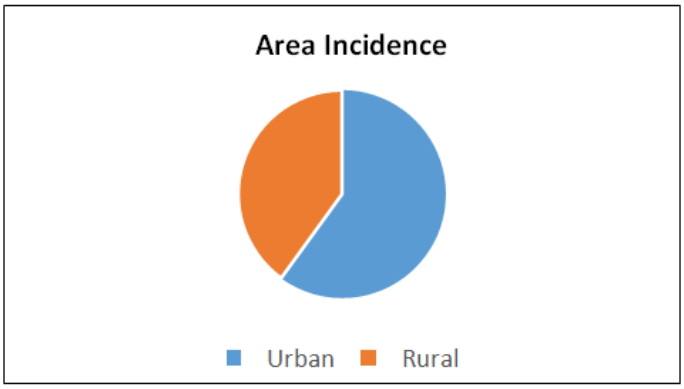

Fig. 3: Distribution of patient according to Residential Area.

Table 4: Socioeconomic status of patients (n = 30).

Socioeconomic status	Number of patients	Percentage (%)
Lower	10	33.33
Middle	15	50.00
Upper	5	16.67

Observation: Half of the patients (50%) belonged to the middle socioeconomic group

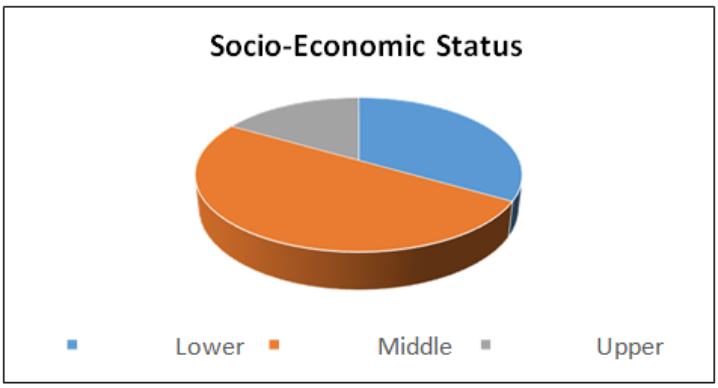

Fig. 4: Distribution of patient according to Socio-economic status.

Table 5: Clinical outcome following treatment with Sabadilla 30C (n = 30).

Clinical outcome	Number of patients	Percentage (%)
Marked improvement	16	53.33
Moderate improvement	8	26.67
Mild improvement	4	13.33
Status quo	2	6.67

Observation: More than half of the patients (53.33%) showed marked improvement following treatment with Sabadilla 30C. Moderate improvement was observed in 26.67% of patients, while only two patients (6.67%) showed Status quo.

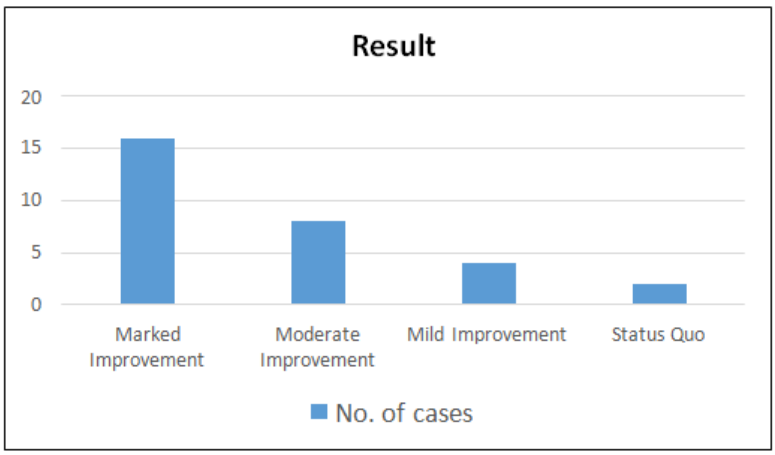

Fig 5: Clinical outcomes following treatment with Sabadilla 30C.

DISCUSSION

The present observational study was conducted to evaluate the clinical effectiveness of Homoeopathic medicine Sabadilla 30C in patients with allergic rhinitis using the Score for Allergic Rhinitis (SFAR) as an outcome measure. A total of 30 patients completed the study over a period of 10 months.

In the present study, the highest proportion of patients (40%) belonged to the 21-30 year age group suggests that allergic rhinitis is more commonly among young adults due to greater exposure to environmental allergens because of occupational, educational, and outdoor activities. Similar age-related trends have been reported in epidemiological studies of allergic rhinitis.

Male patients constituted 56.67% of the study population, whereas females accounted for 43.33%. The slight male predominance observed in this study is comparable to findings reported in several clinical studies, although the distribution of allergic rhinitis by sex varies across different populations and age groups.

Most participants (60%) were from urban areas, which may reflect increased exposure to air pollution, industrial emissions, vehicular exhaust, and indoor allergens. Urbanization has been associated with an increased prevalence of allergic disorders in several epidemiological investigations.

The majority of patients (50%) belonged to the middle socioeconomic group. This observation may be related to healthcare accessibility and health-seeking behavior among this population rather than indicating a causal relationship between socioeconomic status and allergic rhinitis. Following treatment with Sabadilla 30C, 16 patients (53.33%) showed marked improvement, 8 patients (26.67%) showed moderate improvement, 4 patients (13.33%) experienced mild improvement, and 2 patients (6.67%) showed status quo. Most patients demonstrated progressive improvement in sneezing, watery nasal discharge, nasal itching, and nasal obstruction over successive follow-up visits, accompanied by reductions in SFAR scores.

The selection of Sabadilla was based on classical homoeopathic literature and the characteristic symptom profile observed in the study population. Sabadilla is indicated in cases presenting with violent spasmodic sneezing, profuse watery nasal discharge, itching of the nose and palate, lacrimation, aggravation from cold air and strong odors, and relief from warm food and warm drinks. A considerable number of patients in this study exhibited these characteristic features, supporting the rationale for remedy selection.

The improvement observed in this study may be related to the close correspondence between the patient's symptom totality and the known clinical indications of Sabadilla. However, as this was a single-arm observational study without a comparison group, the findings should be interpreted cautiously. The study design does not permit conclusions about causality or superiority over other treatments.

The study has several limitations such as Small sample size (30 patients), Conducted at a single center, Absence of a control or placebo group, Lack of randomization and blinding, Short follow-up period, No long-term assessment of recurrence or sustained symptom control.

Future studies should include larger sample sizes, multicenter participation randomized controlled designs, longer follow-up periods, and validated statistical analyses to further evaluate the role of Sabadilla in the management of allergic rhinitis.

CONCLUSION

The present observational study suggests that Sabadilla 30C may be associated with clinical improvement in patients with allergic rhinitis when prescribed according to characteristic

homoeopathic indications. More than half of the patients demonstrated marked improvement, with additional patients showing moderate improvement, accompanied by a reduction in SFAR scores.

However, given the observational design and absence of a control group, these findings should be interpreted with caution and considered preliminary. The results highlight the need for well-designed randomized controlled trials with larger sample sizes to further evaluate the effectiveness and reproducibility of Sabadilla in the management of allergic rhinitis.

FUNDING

No external funding was received for this study.

CONFLICT OF INTEREST

No conflicts of interest.

LIMITATIONS

The study has several limitations like small sample size (30 patients), a single center design, absence of a control or placebo group, lack of randomization and blinding, short follow-up period, no long-term assessment of recurrence or sustained symptom control.

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