

A STUDY TO ASSESS THE ROLE OF INDIVISUALISED HOMOEOPATHIC APPROACH IN THE TREATMENT OF SEASONAL ALLERGIC RHINITIS

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ABSTRACT

Background: Allergic rhinitis (A.R.) is a symptomatic disorder of the respiratory system which is induced by an IgE inflammation after exposure of allergen. It is characterized by sneezing, rhinorrhoea, obstruction of nasal passage. There is conjunctival, nasal and pharyngeal itching and lacrimation. It may be seasonal or perennial. In conventional system of medicine, Avoidance therapy, drug therapy like antihistamines and immunotherapy is used. Homoeopathic system of medicine not only gives relief, but it also cures worse cases of allergic rhinitis without any suppression by the use of constitutional homoeopathic prescribing. **Objective:** To access the role of Individualised Homoeopathic approach, in the treatment of Seasonal Allergic Rhinitis, by assessing the pre and post treatment SFAR score.

Method: 30 patients were screened from the OPD of Dr. Girendra Pal Homoeopathic Hospital, Saipura, Sanganer, and from O.P.D of Dr. M.

P. K. Homoeopathic Medical College, Hospital & Research Centre, Sindhi camp, Jaipur for inclusion and exclusion criteria and out of these 25 patients, diagnosed for seasonal allergic rhinitis, on the basis of clinical history, examination, analysis, evaluation and totality of the case, were enrolled for this Prospective Interventional Clinical Trial. Then proper repertorisation was done using the most indicated repertory. These patients were assessed by the score for allergic rhinitis (SFAR) score at baseline/ first week and after receiving individualised homoeopathic medicine in appropriate potency, these were reassessed for

SFAR score at 6th follow up/ at end of study duration. **Result:** In this study, 18(72%) patients were male. The maximum incidence of allergic rhinitis was seen in the age group of 20-25years i.e., 7(28%). Maximum cases had a positive family history of allergic rhinitis i.e. 18(72 %) cases. The mean SFAR score decreased from 12.6, before treatment to 8.52 after treatment. After applying paired t test, p-value came out to be 2.664318E-10, i.e., the test is significant (as, $p < 0.05$) and t_{cal} is 10.31672. Hence, it is inferred that individualised Homoeopathic medicine has significant role in the management of Seasonal allergic rhinitis by considering SFAR score. **Conclusion:** The SFAR Score significantly reduced in the patients suffering from seasonal allergic rhinitis, after receiving the individualised homoeopathic medicine and thus, it can be proposed that individualised homoeopathic medicinal approach will be effective for the management of cases of seasonal allergic rhinitis.

KEYWORDS: Seasonal allergic rhinitis, Individualised homoeopathic medicine, Rhinorrhoea, SFAR score.

INTRODUCTION

Allergic rhinitis (AR) is a response of the nasal mucosa to outdoor allergens like grass, weed pollens and mould or trees and indoor allergens like animal dander, mites, house dust. It is an immunological response of immunoglobulin E (IgE) for these allergens.^[1]

Allergic rhinitis is a common allergic disease worldwide. Occurrence of Allergic rhinitis in India is about 20 to 30 %.^[2]

There are two types of etiological factors. Precipitation and predisposing factors. Precipitating factors include certain aerobiological flora, environmental allergens like spring tree pollens(maple alder, birch), summer grass pollen (bluegrass, sheep sorrel etc) or autumn weed pollen (like ragweed).Moulds, insects, pet animals, dust mites, etc. Certain foods like peanuts, milk, wheat, soy, etc can also be an allergen.

However, predisposing factors include a positive family history of allergic rhinitis, certain gene interactions, positive fungal infections, degree of humidity, pollution in air, temperature variations, IgA deficiency, etc. It is also common between the age of 20 and 40 years and it affects more females than males.^[3,4]

The common clinical features include nasal congestion, rhinorrhoea, sneezing, itching, anosmia, hyposmia, post nasal dripping, earache, etc.^[3] Certain signs are 'allergic salute'

which is a horizontal crease across the lower half of nose due to repeated rubbing of the tip of nose. Dark circle around the eyes i.e, allergic shiners, oedema around eyes, and their congestion. Also blockage of eustachian tube, hoarseness and oedema of vocal cords are common. Common investigations include total eosinophil count, RASTs (Radio allergosorbent test), Skin prick test and nasal smear in which there is presence of eosinophils and goblet cells, which are suggestive of allergy.^[5]

Avoidance therapy is a must, in which patient is asked to avoid all the allergens to which he is prone. In allopathic mode of treatment common medicines used are antihistamines, nasal decongestant, corticosteroids or immunotherapy.^[6]

Homoeopathic treatment gives marvelous results in such type of Allergic complaints. It not only gives relief, it also cures worse cases of Allergic rhinitis without any suppression. The homoeopathic approach of prescription is by selecting a constitutional remedy. The process is called Individualization. Various homoeopathic medicines give marvellous results like *arsenicum album*, *allium cepa*, *natrum muriaticum*, *sabadilla*, etc.^[7]

OBJECTIVE

To access the role of Individualised Homoeopathic approach, in the treatment of Seasonal Allergic Rhinitis, by assessing the pre and post treatment SFAR score.

MATERIAL AND METHODS

Type of Study and Study design

Prospective Interventional Clinical Trial.

Study population

- Cases from O.P.D of Dr. Girendra Pal Homoeopathic Hospital, Homoeopathy University, Saipura, Sanganer, Jaipur.
- Cases from O.P.D of Dr. M. P. K. Homoeopathic Medical College, Hospital & Research Centre, Sindhi camp, Jaipur.

Sample size: 25 cases

Selection criteria

Inclusion criteria

- Age- 18-60 years.

- Sex- both sexes.
- Patients giving consent to participate in the study.
- Cases presenting with sign and symptoms of allergic rhinitis, having significant investigative support.

Exclusion criteria

- The case without proper follow-up.
- Cases with other upper respiratory disorders.
- Patients undergoing treatment of A.R. and unwilling to stop other conventional medicines.

Drop-out: Cases without proper follow-up or which met any emergency/ accident were considered as drop-out.

Data collection: 30 patients were screened for inclusion and exclusion criteria and out of these 25 patients, diagnosed for seasonal allergic rhinitis on the basis of clinical history, examination, analysis, evaluation and totality of the case, were enrolled in the study. Then proper repertorisation was done, using the most indicated repertory. These patients were assessed for SFAR score at baseline/ first week and after receiving individualised homeopathic medicine in appropriate potency, these were reassessed for SFAR score at 6th follow up/ at end of study duration. Individualised homeopathic medicine was prescribed to each patient and medicine was dispensed in globule size 30.

Data analysis

SFAR score at baseline and at end of study was taken into consideration to assess outcome of the study.

Statistical analysis

Paired t-Test was applied to compare means of pre & post treatment SFAR score so as to assess effectiveness of individualised homeopathic medicine.

Ethical clearance

Institutional Ethical committee of Homeopathy University, Jaipur had issued ethical clearance certificate.

OBSERVATIONS AND RESULTS

Out of 25 patients enrolled in the study, following were the observations made.

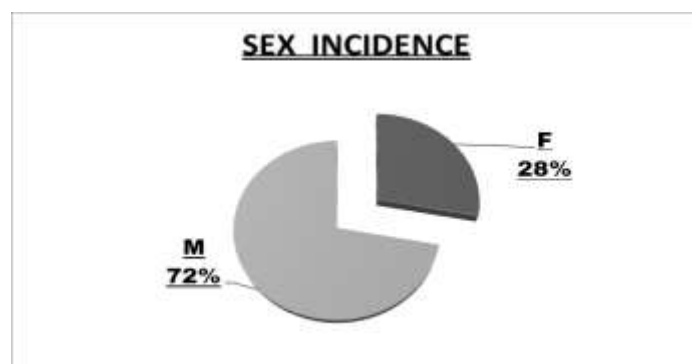


Fig. No. 1: Graph showing gender incidence of 25 cases of seasonal a.r.

As shown in Fig. no.1, out of 25 cases, 72% (n=18) were males and 28% (n = 7) were females.

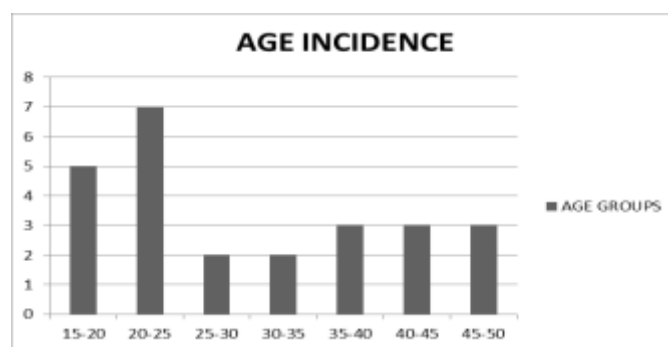


Fig. No. 2: Graph showing age incidence of 25 cases of seasonal a.r.

As shown in Fig. no.2, the maximum incidence of allergic rhinitis was seen in the age group of 20-25 years i.e., 7(28%) cases followed by 5(20%) cases in the age groups 15-20 years, followed by 3-3-3 (12%) cases in age group 35-40, 40-45, and 45-50 years, 2-2 (8%) cases in age group 25-30 and 30-35 years.

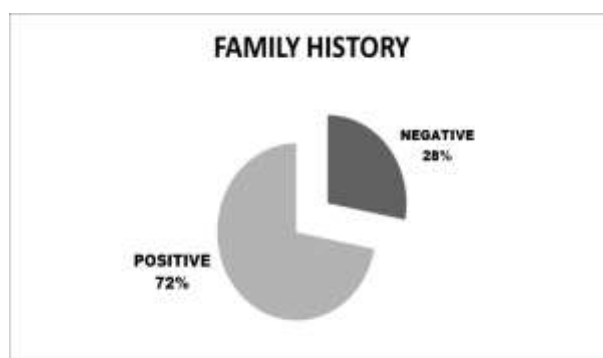


Fig. No. 3: Graph showing distribution of 25 cases of seasonal a.r. according to family history.

As shown in the Fig. No.3, it was seen that maximum cases had a positive family history. i.e 18(72 %) cases and 7 (28%) cases had no family history of a.r.

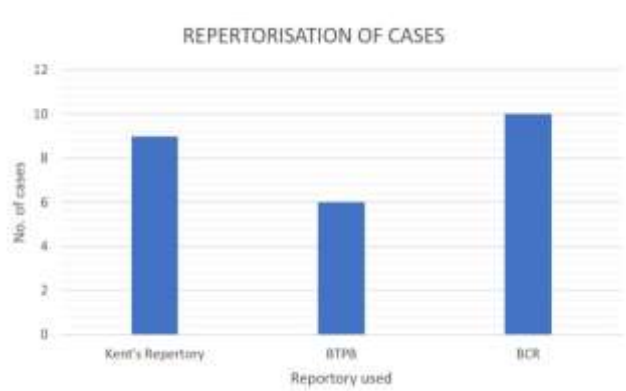


Figure no. 4: No. of cases repertorised by Repertory of the homoeopathic material medica by Dr. JT Kent, Boenninghausen's therapeutic pocket book (BTPB), and Boger Boenninghausen's Characteristics and Repertory (BCR).

As shown in Figure no. 4, maximum cases i.e., 10 (40%) were repertorised by BCR, 6 (24%) by BTPB and 9 (36%) by Kent's repertory.

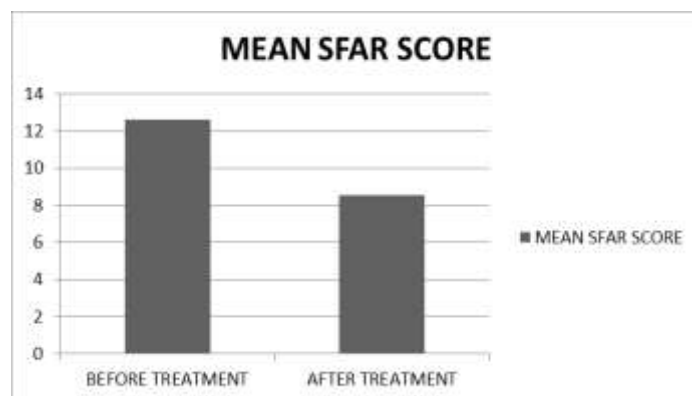


Fig. No. 5: Graph showing means of SFAR Score Before and After treatment.

As shown in figure no. 5, before treatment the mean of SFAR Score was 12.6; whereas after receiving individualised homoeopathic medicine it reduced to 8.52. This shows that a significant drop in SFAR was observed after treatment.

Statistical analysis

A paired-samples t-test was conducted to compare means of pre & post treatment SFAR score. The p-value came out to be 2.664318E-10 i.e., the test is significant (as $p < 0.05$) and the test statistic t_{cal} equals 10.31672. Hence, Alternate Hypothesis was accepted that individualised Homoeopathic medicine has significant role in the management of Seasonal allergic rhinitis by considering SFAR score.

DISCUSSION

In this study, it was seen that out of 25 cases, 72% (n=18) were males and 28% (n = 7) were females. This does not support the previous study, which states that allergic rhinitis is more prevalent among women than men. The above made observation in our study may be due to the fact as it was hospital based study patient preference among genders varies towards treatment approaches.^[3,4]

Maximum incidence of allergic rhinitis was seen in the age group of 20-25years i.e., 7(28%) cases. This observation supported previous study where it was found that maximum incidence of allergic rhinitis was seen in the age group between 20-40 years.^[3,4]

In this study it was seen that 72% cases had a positive family history of allergic rhinitis. This observation supported previous study where it was found that 60% cases have a positive family history of allergic rhinitis.^[3,4]

Maximum cases i.e., 10 (40%) were repertorised by BCR, 6 (24%) by BTPB and 9 (36%) by Kent's repertory.

After receiving individualised homoeopathic medicine, the mean SFAR Score was reduced from 12.6 before treatment to 8.52 after treatment. This suggests that individualised homoeopathic medicinal approach is effective for the management of cases of seasonal allergic rhinitis.

CONCLUSION

As after receiving the individualised homoeopathic medicine, individuals suffering from seasonal allergic rhinitis showed significant reduction in their SFAR Score. So, we can propose that individualised homoeopathic medicinal approach will be effective for the management of cases of seasonal allergic rhinitis.

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