

ALLERGIC RHINITIS : A PROSPECTIVE STUDY WITH HOMOEOPATHIC MEDICAMENT

Key Words: Allergic Rhinitis, Rhinorrhoea, Mast cells, Eosinophils, Centesimal potency, 50 millesimal potency, Null hypothesis, Significant, Non-significant].

Summary:

A double blind controlled study on Allergic Rhinitis was carried out with a definite protocol and a standardised case recording proforma was adopted and each case was repertorised and then on repertorial results prescriptions were made. Results obtained were processed for statistical evaluation.

It was concluded that:

- (a) *Homoeopathic medicine do act curatively for Allergic Rhinitis.*
- (b) *Repeated dose schedules proved to be superior over single dose schedules*
- (c) *50 millesimal potency is safe and superior over centesimal potency.*

Introduction:

Allergic rhinitis is characterised by sneezing, rhinorrhoea, obstruction of nasal passage, conjunctivitis, nasal and pharyngeal itching and lacrymation all occurring in a temporal relationship to allergen exposure. It is mostly seasonal due to elicitation by airborne pollens. It can be perennial in an environment of chronic exposure. (1)

In these days of fast growing civilisation, urbanisation and industrialisation there is increased pollution of atmosphere, as a result of which patients of allergic rhinitis are increasing day by day.

Allergic rhinitis is a nasal allergy and it is now a days considered as most disturbing ailment in the modern society. About 10% of population globally suffer to a greater or lesser degree of allergy to extrinsic allergens such as animal danders, mites, house dust, moulds, yeast and pollens.

The state of atopy shows a strong familiar predisposition and individuals with this allergy or atopic syndrome may present in early life with infantile eczema and allergy to various food stuffs. In the nose of these individuals contact of allergen with cell bound IgE produces localised anaphylactic reaction causing symptoms of allergic rhinitis.

Mast cells in the nasal mucus membrane become coated with a particular type of antibody belonging to the IgE class. This antibody is known as reagenic or heamocytotropic antibody. When the antigen i.e. pollen interacts with reagenic (heamocytotropic) antibody on the mast cell surface, mast cell degranulation occurs. These degranulating mast cells secrete hestamine and other mediators of anaphylaxis, including 5- hydroxytryptamine (serotonine), slow reacting substance of allergy (SRS-A), platelet activating factor (PAF), heparin and chemotactic factors for both neutrophils and eosiniphils. The eosiniphils are thus attracted to the site of mast cell degranulation and they proceed to attempt to neutralise the effect of released mediators. This probably explains the eosinophilia found in allergic individuals and also the large numbers of eosinophils found in their nasal mucosa. (2)

Nasal allergy is fairly common, though usually undiagnosed it probably occurs in about 8% of children at sometimes or other.

In America approximately 22 millions of people suffer from “seasonal allergic rhinitis” although allergic rhinitis occasionally develops at an advanced stage. Retrospective studies indicated that about 30% of the patient develop their symptoms before the age of 20 years. (3)

In India it is found that on an average 30% of people suffer from allergies out of which 20% are cases of “Allergic Rhinitis”. It is estimated that at least 2 million days of restricted activity, 6 million days of bed rest, 3.5 million days of work loss, 2 million visits the physician annually in India. (4)

From above statistics the magnitude of the disease is well understood both globally and nationally. Despite systemic anti-allergic therapy, decongestant drops or sprays there is no permanent relief to the problem by treatment of our counterpart Allopathy.

But Homoeopathic subtle philosophy accommodate very well to deal this disease effectively from it's very inception. But unfortunately there is no statistical data to show to the scientific world that we are curing the disease and thereby preventing diseases like sinusitis, conjunctivitis, pharyngitis, ear infection, bronchial asthma etc. which cripples many innumerable victims. Therefore, it was felt imperative to carry out a prospective study to demonstrate the efficacy of the Homoeopathic medicament over this disease.

A double blind control study was carried out at Dr. A.C.Homoeopathic Medical College and Hospital and Author's clinic from 1995 to 2000 with the following aims / objective, cases were collected in a standardised case recording proforma.

Aims / Objectives:

1. To study the effect of Homoeopathic remedies over Allergic Rhinitis
2. To identify most effective drug(s)
3. To ascertain the most reliable indications of the most commonly occurring drugs.
4. To determine the repetition schedules
5. To find out most reliable potency / potencies
6. To ascertain the occurrence of the disease in various age group / sex group
7. To study the effect of heredity / psychological / endocrinal / temperature variation in the allergic rhinitis.

Methodology:

The criteria for diagnosis of the disease were kept as follows:

➤ **Diagnostic Features:**

1. Bouts of sneezing followed by rhinorrhoea (profuse amount)
2. Nasal obstruction (alternate in side) following rhinorrhoea.
3. Heaviness of head and headache associated with sinusitis.
4. There may be irritation and congestion of eyes, respiratory distress and broncho-spasm.
5. On anterior rhinoscopy – nasal mucosa oedematous, pale grey and boggy in appearance, more on inferior turbinate.
6. Present, past, family history and that of allergens.

7. Nasal smear for Eosinophil.
 8. Blood smear for Eosinophilia.
- **For collection of data from various age group following types were made:**
 - Children - 2.12 years
 - Young age - 13-30 years
 - Middle age - 31-50 years
 - Old age - 50 years and above
 - **For collection of repetition schedule results following parameters**
 1. Single dose – indicated drug(s) prescribed in single dose and allowing patient to wait for sufficient period of time.
 2. Repeated dose – Indicated drug was administered daily.
 - **For potencies, some cases were prescribed with centesimal potency and some cases with 50 millesimal potency.**
 - **To study the effect of heredity – family history / past history / present history of allergy were collected.**
 - **To study the psychological effect, occurrence of the disease during emotion / anxiety etc. were collected.**
 - **To study the endocrinal effects, the occurrence of the disease during puberty / pregnancy / menopause were recorded.**
 - **To study the seasonal variation, the effect of various seasons i.e. rainy / winter / summer season, the time of episodic attacks were recorded.**

Parameters fixed to assess the cases were as follows:

A. Positive Responses:

- a) Marked Improvement – Disappearance of symptoms / signs Investigation findings of allergic rhinitis are brought to normalcy.
- b) Moderate Improvement – Majority of signs and symptoms are reduced with investigation findings are brought to normalcy.
- c) Mild Improvement – Disappearance of signs and symptoms but investigation findings are unchanged or no remarkable change.

B. Negative Responses:

- a) No Improvement – Patient did not improve inspite of proper treatment.
- b) Dropped Out – Patient did not stick to the treatment for a long period.

Results:

The patients were diagnosed as per the diagnostic features mentioned under protocol and were prescribed remedies after proper repertorisation. The results were documented as per the parameter fixed which are delineated below:

Table: 1 (Results of Drug Response)

Grs	No. of pts. treated	Positive Response			Total	Negative Response		Total
		Marked	Moderate	Mild		No Improv.	Dropped out	
Test group	212	148	29	14	191	11	10	21

Control group	25	0	1	2	3	22	0	22
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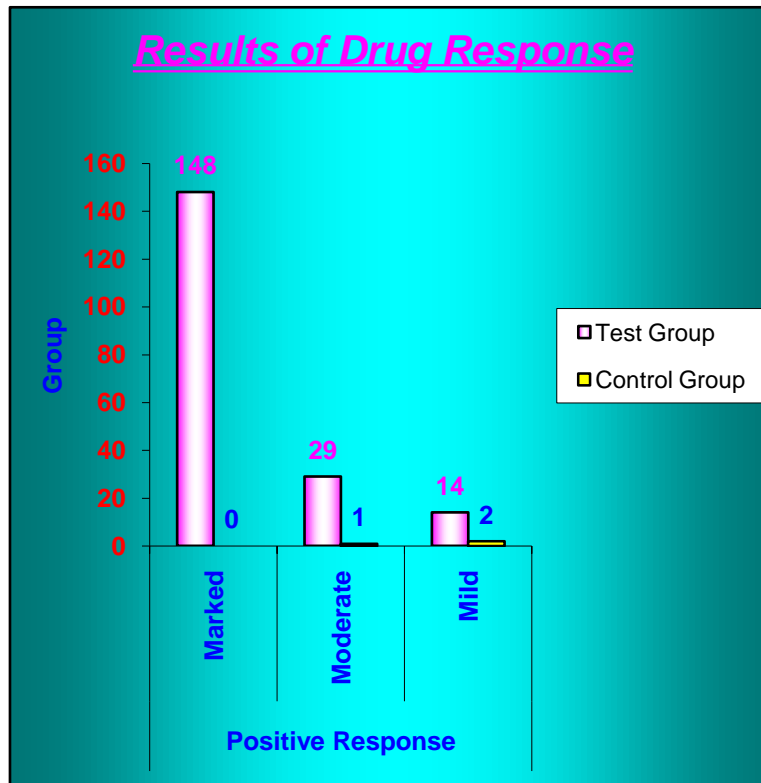


Table-II (Results of various potencies)

Types of scales	No. of cured cases	No. of cases not cured	Total no. of patients treated
50 millesimal scale	171	10	181
Centesimal scales	20	11	31

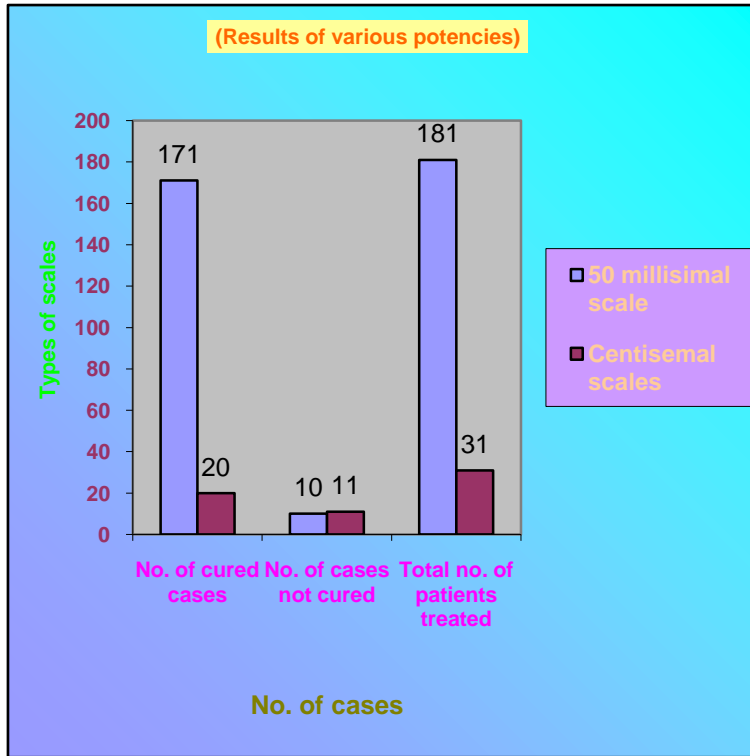


Table-III (Results of various repetition schedule)

Types of repetition	No. of cured cases	No. of cases not cured	Total no. of patients treated
Single dose	15	16	31
Repeated dose	176	5	181

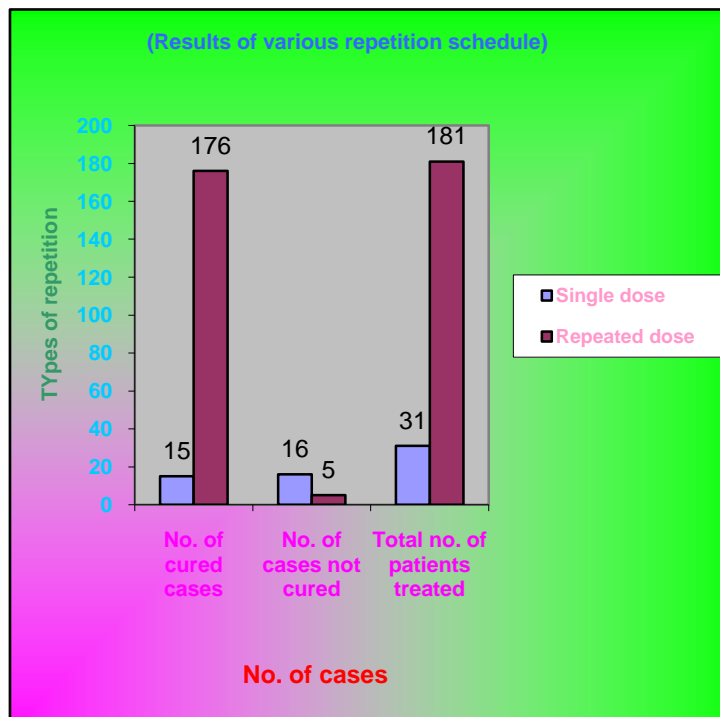


Table-IV (Effects on various age group)

Different age group in years	No. of cured cases	No. of cases not cured	Total no. of patients treated
Children (2-12 years)	81	3	84
Young (13-30 years)	52	4	56
Middle age (31-50 years)	39	12	51
Old age (51 & above)	19	2	21

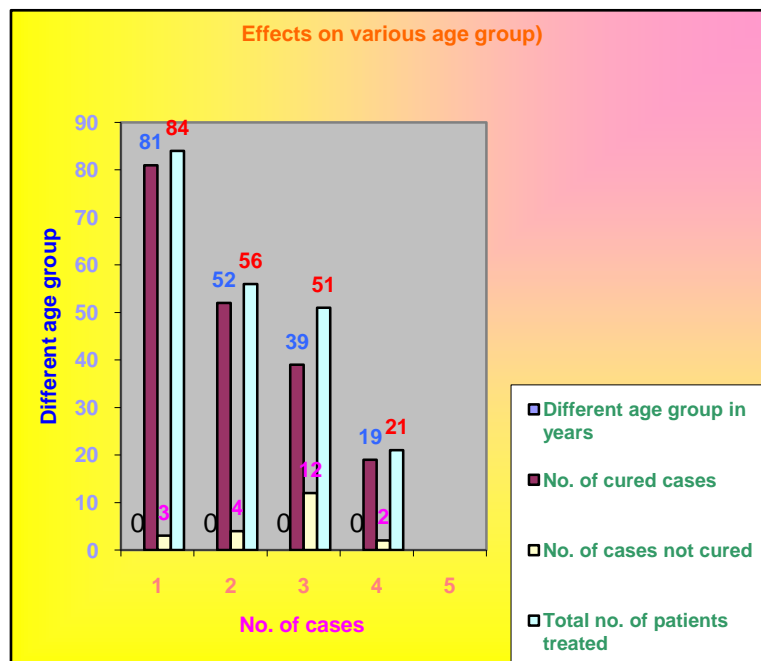


Table-V (Effects on male / female)

Type of sex	No. of cured cases	No. of cases not cured	Total no. of patients treated
Male	102	11	113
Female	89	10	99

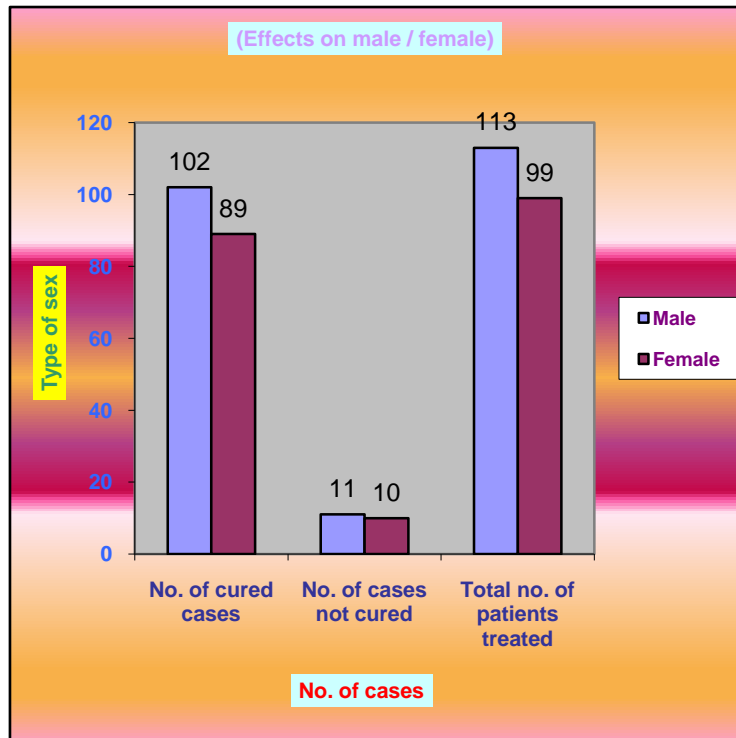


Table-VI (Study on Aetiological aspects)

Criteria under study	No. of patients
Heredity (F/H, P/H, Present History, Atopic History)	F/H – 60 Past/H – 140 Present/H- 60
Psychological (Anxiety / Emotion)	Anxiety – 190 Emotion – 162
Endocrinal factors (puberty, pregnancy, menopause)	Puberty – 42 Pregnancy – 0 Menopause – 20
Weather (rainy, summer, winter)	Rainy season < 81 Summer < 31 Winter < 42

Reliable Indications:

1. **Arsenic Iodatum**
 - Sneezing < night 64
 - Rehinorrhoea 61
 - Nasal obstruction < night 60
 - Hot patient 61

- Dyspnoea < midnight	21
- Aversion to sweet	52
- Thirst for small quantities of water at short interval	61
- Eosinophils in blood increased	60
- Nasal smear eosinophil	40
- Restlessness	60
- Fastidiousness	45
- Easily catches cold	45

2. **Calcarea carb**

- Sneezing	55
- Rhinorrhoea	52
- Nasal obstruction	149
- Dyspnoea	11
- Chilly patient	53
- Desire for egg	42
- Perspiration over head	30
- Eosinophils in blood increased	42
- Nasal smear eosinophil	30
- Easily catches cold	32
- Obese	32

3. **Tuberculinum**

- Hot patient	16
- Easily catches cold	15
- Irritable	14
- Depressed	14
- Fear of animals	12
- Sneezing	20
- Rhinorrhoea	20
- Nasal obstruction	18
- Dyspnoea	6
- Eosinophils	5
- Nasal smear eosinophil	5

4. **Phosphorus**

- Sneezing	16
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- Rhinorrhoea	16
- Nasal obstruction	1
- Dyspnoea	5
- Chilly patient	15
- Desire for cold food	15
- Aversion sweet	15
- Oversensitive	10
- Hoarseness of voice	9
- Eosinophils in blood increased	9

5. Phosphorus

- Sneezing	15
- Rhinorrhoea	15
- Nasal obstruction	11
- Dyspnoea	5
- Hot patient	10
- Desire salt	13
- Aversion to bread	10
- Desire to be alone	10
- Obsession	10
- Consolation aggravates	10
- Eosinophils in blood increased	8

Effective drugs found frequently in cured cases were as follows:

1. Arsenic Iodatum	-	67
2. Calcareo carbonicum	-	59
3. Tuberculinum	-	20
4. Phosphorus	-	16
5. Natrum muriaticum	-	15
6. <u>Others</u>	-	<u>14</u>
Total	-	191

Discussions:

Apart from the signs / symptoms at mental and physical level there was documentation of pathological findings where it is noticed / observed that increased Eosinophil level was brought to normalcy and positive nasal smear of Eosinophil was made negative. This speaks that Homoeopathic remedies do remove the pathology along with signs and symptoms which contradict the opinion of Hufeland's journal "Homoeopathy remove the symptoms but disease remains as such.

Results obtained from drugs response for Allergic Rhinitis were processed for reliability test through chi-square test by using (22) contingency table.

On referring to chi-square table with one degree of freedom the value of chi-square for probability of 0.05 is 3.841. Since calculated value (15.14) is much above, we conclude that the Null hypothesis is rejected and the result is significant and it is established statistically that Homoeopathic medicine do act curatively when it is applied on the principle of Homoeopathy for "Allergic Rhinitis".

Similarly results obtained for various scales, 50 millesimal and centesimal were processed for reliability test through chi-square test by using (2*2) contingency table. On referring to chi-square table with one degree freedom, the value of chi-square for probability of 0.05 is 3.841. Since the calculated value (29) is much above, we conclude that Null hypothesis is rejected and the result is significant and it is established statistically that 50 millesimal potency is superior to centesimal potency while dealing with the disease Allergic Rhinitis.

Results obtained from various repetition (single / repeated dose) were processed for reliability test through chi-square test by using (@*2) contingency table. On referring to chi-square table with one degree freedom, the value of chi-square for a probability of 0.05 is 3.841. Since the calculated value (77.2) is much above, we conclude that Null hypothesis is rejected and the result is significant and it is established statistically that the drug administered in repeated dose is superior to single dose. This is because in majority of cases the potency prescribed was 50 millesimal, where the principle says we have to repeat the medicine so long there is improvement.

Giving a cursory look to the occurrence of the disease about various age groups, it is visualised that mostly children and young age group are vulnerable to Allergic Rhinitis which corroborates to the observation of "result of the population census and survey 1982 of Royal College of General Practitioners".

Table-VI (Study on Aetiological aspects)

Age (year)	Distribution
0-4	12.6
5-14	48
15-24	47.2
25-44	29.8
45-64	12.6
65-74	8.9
75 & above	4

Sources: Data for population census and survey 1982 Royal College of General Practitioners.

Results obtained for effects of Homoeopathic drugs on male and female were processed for same test. Calculated value (0.16) is much less than the table value, we conclude that the Null hypothesis is accepted and the result is insignificant. Hence there is no difference between the effects of medicine among male and female.

Looking the table of the study on aetiological factors it is envisaged that the sequential order of the occurrence is as follows:

1. Psychological factors (anxiety / emotion etc.)
2. Heredity
3. Weather (rainy / winter/ summer)
4. Endocrine Factors

So it is in contrary to the prevailing notion that weather is responsible for Allergic Rhinitis rather it is psychological factor / heredity plays greater role comparative to weather variation.

CONCLUSION:

From above study it is envisaged that:

1. Homoeopathic medicine do act curatively in combating. Allergic Rhinitis and preventing further complications.
2. Effects of 50 millesimal is safer and superior to centesimal scale.
3. Repeated doses are better over single dose (of course in majority of cases 50 millesimal was prescribed whose principle is to repeat so long there is improvement.
4. Mostly Allergic Rhinitis among children and young age comparatively more than other age groups
5. The drug act equally for different age groups and both sexes.

With above envisaging results we should not be complacent. We must try hard to augment / foster the cure rate by increasing the citadel of Homoeopathic medicament by proving new drugs, to combat the disease Allergic Rhinitis.

Of course it is a very challenging task, however we have to do it if at all we need 100% results with Homoeopathy.

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