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Efficacy Of Individualised Homoeopathic Medicines In Allergic Rhinitis Of Pediatric Age Group, A Case Series Study.

[1]Harshada Bapu Randive, [2]Shubham Kailas Nikam, [3]Dr. Snehal Mayur Nikam, [4] Dr. Gulfisha Mirza, [5] Dr. Mohit Parasmal Jain.

[1] Intern, 2. Intern, 3 Assistant Professor of Repertory Department, 4 Assistant Professor of Surgery Department, 5 Assistant Professor of Pharmacy Department.

[1]Dhanvantari Homoeopathic Medical College and Hospital & Research Centre, Nashik, India.

Abstract:

Background: Allergic Rhinitis is a prevalent condition affecting individuals of Pediatric age group, significantly impacting quality of life. Homoeopathy based on the principle of individualization, offers a unique therapeutic approach to managing this condition.
Objectives: This study aims to evaluate the role of individualized homeopathic medicines in the treatment of Allergic Rhinitis through a case series analysis.
Methods: A total 30 patients diagnosed with Allergic Rhinitis were treated with individualized homoeopathic remedies based on their presenting symptoms, mental general, and physical generals. The selection of remedies given according to detailed case - taking, repertorisation, and systemic examination. The outcome was assessed based on symptomatic relief and overall improvement in well- being.
Result: In this individualized study we had done on 30 patients with aim of understanding role of Homoeopathy in individualized cases of Allergic Rhinitis. 30 patients were taken from outpatient department of the college hospital. All patients were orientated to avoid the causative factors or the triggering factors. 90% patients were treated with homoeopathic intervention. Each case studied to understand how every individual differs in presentation of Allergic Rhinitis. Each follow up were studied in detail to study role homoeopathy in management of Allergic Rhinitis.
Conclusion: From this study, it is evident that homoeopathic management has good scope in treating individualized cases of Allergic Rhinitis. Allergic Rhinitis cases management strategy should be based on individual cases presentation, susceptibility of individual, dominant miasm and posology.
Keywords: Allergic Rhinitis (AR), Homoeopathy, Individualized Treatment, Case Series, Holistic Medicine.

I.INTRODUCTION

Definition: Allergic rhinitis (AR) is a heterogeneous disorder that despite its high prevalence is often undiagnosed. It is characterized by one or more symptoms including sneezing, itching, nasal congestion, and rhinorrhea.[1]

Etiology: The cause of this increase is unknown; however, con tributing factors may include higher concentrations of airborne pollution, rising dust mite populations, less ventilation in homes and offices, dietary factors, and the trend toward more sedentary lifestyles.[2]

Epidemiology:

1.It is one of the most common chronic diseases worldwide, affecting patients of all ethnic groups and all ages.2, 3, 4 As a long-term pathology, AR entails recurring and disturbing symptoms, medications, periodic medical evaluations, and associated comorbidities.

2.Described concomitant pathologies are sinusitis, otitis media, nasal polyposis, conjunctivitis, and asthma.1,2,5 The Allergic Rhinitis and Its Impact on Asthma (ARIA) group3 reported in 2008 a high prevalence of asthma in patients affected by AR, around 10% to 40%. Similar predisposition factors, inflammation patterns, and triggers suggest the concept of one airway, one disease.

3.Therefore, AR has been identified as a comorbidity of asthma and a risk factor for asthma occurrence and exacerbation.

4. Identifying AR at a young age is fundamental to investigating potentially associated pathologies and starting early treatment.1,2,6 Second, in addition to the clinical and sanitary burden, it has been described how AR affects different areas of patients' life, involving quality of life and social and economic aspects.

5. Symptoms and medications affect sleep quality and emotional well-being, causing irritability, low concentration, and frustration.[3]

Prevalence :

India is the home of nearly 20% of the global population with 1.35 billion people. Of all non-communicable diseases, allergic diseases such as allergic rhinitis (AR) and asthma appear to have increased in India over the past decades.
Approximately 22% of adolescents currently suffer from AR in India. However, owing to the lack of adequate epidemiological studies in India, particularly in rural and suburban areas, this number may misrepresent the true burden of this disease.
While the risk factors for AR are mainly environmental exposures or genetic factors, several new environmental, social, and behavioral risk factors such as the presence of dumpsters near residences, movement of vehicles near homes, and exposure to artificial light at night have been found to be associated with AR[.4]

Anatomy of the nose:
The apparent external nose surrounds the nostrils and one-third of the nasal cavity, which in its entirety consists of a 5-cm high and 10-cm long dual chamber. The total surface area of both nasal cavities is about 150 cm 2 and the total volume is about 15 ml. Approximately 1.5 cm from the nares is the narrowest portion of the entire airway, the internal ostium (or nasal valve), with a cross-sectional area of about 30 mm 2 on each side. The nasal valve accounts for approximately 50% of the total[.5]
Physiology of nose:
1.The nose, as an organ initiating reflexes affecting itself and the rest of the body, and as a target organ of control, is highly complex.
2. Its innervation includes parasympathetic, sympathetic, sensory/afferent, and somatic motor nerves, which combine in a variety of morphologic pathways. 3. 3. The vasculature of the nose contains capacitance vessels such as sinusoids and distensible venules, as well as arteriovenous anastomoses, arterioles, capillaries, and venules.
4. The secretory tissue of the nose includes epithelial cells, submucosal glands, and relatively large anterior or lateral serous glands; in addition, some species have specialized secretory glands.
5. The nose is the source of many powerful reflexes, including the diving response, sneeze and sniff reflexes, and reflexes affecting autonomic nervous function to the cardiovascular system, airways in the lungs, the larynx, and other organs.
6.Axon reflex control of the nasal vasculature is also important [6]

Pathophysiology:
1.The inflammatory response in the nasal mucosa in subjects with allergic rhinitis challenged intranasally with an allergen includes an immediate IgE-mediated mast cell response as well as a late-phase response characterized by recruitment of eosinophils, basophils, and T cells expressing Th2 cytokines including IL-4, a switch factor for IgE synthesis, and IL-5, an eosinophil growth factor.
2. Recent advances have suggested that additional pathways may contribute to the pathophysiology of allergic rhinitis including local synthesis of IgE in the nasal mucosa, the epithelial expression of cytokines that regulate Th2 cytokine responses (i.e., thymic stromal lymphopoietin, IL-25, and IL-33), and the activation of histamine receptors other than H1 and H2 such as H4-histamine receptors.
3. Preclinical studies show an important role for epithelial-derived cytokines (thymic stromal lymphopoietin, IL-25, and IL-33) in regulating Th2 responses at mucosal surfaces, and for H4-histamine receptors in mediating itching. In addition, regulatory T cells may play an important role in mediating active tolerance to allergens. [7]

SYMPTOMS OF ALLERGIC RHINITIS:
Postnasal drip with nasopharyngeal inflammation leads to a number of other conditions. Thus, sinusitis is a frequent extension of rhinitis and is one of the most frequently missed diagnoses in children.
Allergen exposure in the nasopharynx with release of histamine and other mediators can cause Eustachian tube obstruction possibly leading to middle ear effusions.
Chronic allergic inflammation of the upper airway causes lymphoid hypertrophy with prominence of adenoidal and tonsillar tissue. This may be associated with poor appetite, poor growth, and obstructive sleep apnea.
AR is therefore part of a spectrum of allergic disorders that can profoundly affect the well-being and quality of life of a child. [8]

SIGNS OF ALLERGIC RHINITIS:
There are numerous signs of allergic rhinitis, particularly in children, that can alert an observant clinician to its presence.
Children with severe allergic rhinitis often have:

- facial manifestations of itching and obstructed breathing,
- including a gaping mouth, chapped lips,
- evidence of sleep deprivation,
- a long face,
- dental malocclusions,
- and the allergic shiner,
- allergic salute, or allergic crease.
- The medical history is extremely important as it can reveal information regarding a family history of atopy and the progression of atopy in the child.
- It is also important to identify the specific triggers of allergic rhinitis, because one of the keys to successful management is the avoidance of triggers.[9]

Clinical features:

Basically, AR is a symptomatic disorder of the nose, induced after allergen exposure by an immunoglobulin E (IgE) -mediated inflammation of the membranes lining the nose.

- It is characterized by nasal congestion,
- Rhinorrhea,
- sneezing,
- itching of nose and/or postnasal drainage.
  - **Other conditions associated with AR are:**
- asthma,
- sinusitis,
- otitis media,
- nasal polyposis,
- lower respiratory tract- infection and dental malocclusion.
  - **Risk factors for AR are well-identified**: Indoor and outdoor allergens as well as occupational agents cause rhinitis and other allergic diseases. [10]

DIAGNOSIS OF ALLERGIC RHINITIS:

Typical symptoms of allergic rhinitis include nasal blockage, rhinorrhea, itching and paroxysmal sneezing. Many patients also suffer ocular symptoms such as itching and watering, in conjunction with their nasal symptoms. Symptoms associated with allergic rhinitis are outlined in Table 1.

Symptoms of allergic rhinitis

- Key symptoms: Sneezing & Nasal pruritus
- Risk factors: western lifestyle, family history of atopy, reduced exposure to allergens, age less than 20 years.
- Other common symptoms: Puffy, red or watery eye, Eye, ear, palate, throat itching, Nasal congestion, nasal crease, swelling of nasal turbinate or mucosa, pale nasal mucosa, clear nasal secretions.
- Rhinorrhea (if unilateral may require evaluation for CSF leak).
- Allergic shiners (dark discoloration below the eyelids).

If allergic rhinitis is suspected, the patient's home and work environment should be evaluated to identify any triggers such as dusts, fumes and other pollutants. In addition to this, smoking status and any history of recreational drugs such as cocaine or other medication taken by the patient needs to be recorded. [11]

INVESTIGATION:

- clinical investigations of allergic rhinitis and allied conditions. Rhinitis is an inflammation of the nasal mucosa.
- As a histological examination is of little significance for routine diagnosis, the term, rhinitis, is usually based on the symptoms: rhinorrhea-- the key symptom, sneezing attacks, and nasal blockage due to swollen mucosa.
- Nasal secretions are either predominantly purulent or non-purulent and watery.
- Chronic purulent rhinosinusitis and common cold belong to the purulent rhinitis group. [12]

COMPICATIONS: Here are numerous complications that can lead to significant problems both physically and mentally in the child who suffers with AR.

- **Under physical complications:**
  - otitis media with effusion,
  - recurrent and/or chronic sinusitis,
  - asthma, and snoring impact children with AR.
- **Under mental complications :**
  - Sleep disturbances,
  - poor school performance,
  - and hyperactivity are all mental complications seen in many children related to their nasal allergies.

  It is important for the clinician to take AR in the child seriously to prevent or control complications that can have a detrimental effect on the child. [13]

TRETMENT :

- There are many options for the treatment of AR, both nonpharmacologic and pharmacologic. A number of medications are also available over the counter (OTC) without a prescription, and product selection should be based on patient factors, including their symptoms and medical history. The goal of treatment is to reduce or eliminate current symptoms while preventing future attacks and long-term complications. Appropriate treatment selection should allow for minimal adverse effects and enable the patient to maintain a normal lifestyle.

- Three approaches of AR management include:

1. allergen avoidance,
2. pharmacotherapy,
3. and immunotherapy.

- Nonpharmacologic interventions, such as allergen avoidance, can reduce or eliminate AR symptoms and the amount of pharmacotherapy needed for symptom control. Allergen avoidance is a practical option when allergens have been identified, either by the patient or by allergy testing. Patients can take steps to reduce exposure to triggers based on the specific allergen, whether it is pollen, mold, or animal dander. Allergen avoidance should be part of an overall treatment strategy that includes pharmacotherapy. [14]

A] ALLOPATHIC TRETMENT:

Allergic rhinitis is a highly prevalent respiratory disease, affecting up to 40% of the population in some countries, and has an important impact on quality of life.

Although a number of different drug types are available for treating allergic rhinitis, antihistamines are currently considered first-line therapy.

Newer antihistamines, such as fexofenadine, are very effective in suppressing symptoms and are largely free of side-effects. In addition, they have been shown to improve patient's quality of life. Some patients have residual symptoms despite the use of antihistamines and other available treatments.

Moreover, most current treatments only relieve symptoms, and do not modify the course of the disease. Current research into the pathophysiology of the disease is opening many promising new avenues for improved treatments. Such possibilities include improving methods of immunotherapy, based on our greater understanding of the balance between Th1 and Th2 cells and of the cytokines that they produce; and targeting and blocking the effects of bradykinin, substance P, leukotrienes, IgE antibody, tryptase, platelet-activating factor and prostaglandins.

Refinements of immunotherapy are particularly promising, as they may provide a permanent cure for the disease in an increasing number of patients. Furthermore, recent evidence has shown that early intervention in children with allergic rhinitis, by antihistamine treatment or immunotherapy, can reduce the risk of developing asthma. Improved understanding of the links between allergic rhinitis and asthma is likely to advance the treatment of both diseases.[15]

B] HOMOEOPATHIC TRETMENT:

Homeopathy is best treatment system to treat all type of allergies or non - allergic disorders.

This treatment of system directly effect on root and cause in allergies happens to be a hyperactivity of the body immune system.

This hyperactive body immune system goes into overdrive when it comes in contact with certain things. These things are harmless in themselves but the immune system tends to look at them as offenders and tries to react in a defensive manner. It tries to wash them off by producing excess discharge mucus.

The homeopathic medicines repair the body immune system and the hyperactivity is easily corrected. Then the body reacts normally as well as same things that used to cause the allergies. Preferable Medicine is Arsenic Album which is one of the best Homeopathic medicines for Allergic Rhinitis [16]

Some homoeopathic medicines are proved to be useful in the treatment of Allergic Rhinitis, as given below:

Calcarea Carb.:

1.Constitution and temperament:
Fair and flabby children with a tendency to obesity.
Perspiration on head, especially during sleep.
Slow in dentition, delayed walking and talking.
Fearful, Timid, and anxious children who get easily overwhelmed.
2. Allergic Rhinitis symptoms:
Chronic nasal catarrh with thick, yellowish, or white discharge.
Sensitive to cold air – slightest exposure to cold triggers sneezing and coryza.
Frequent sneezing in the morning, aggravated by exposure to dust or cold air.
Tendency to recurrent colds.
Profuse, offensive nasal discharge, sometimes leading to crust formation in the nostrils .[17]
3.Mind Symptoms of Allergic Rhinitis:
Fearful and anxious: Fear of darkness, ghosts, being alone, and falling ill.
Slow Comprehension: Dull memory, and difficulty learning.
Indecisive and easily overwhelmed by mental exertion.
Obstinate yet easily discouraged, weeps when scolded.
Loves security and routine, dislikes change. [18]

Phosphorus:

1.Constitution and temperament:
Suited to tall, slender, narrow – chested, fair skinned children.
Weak, delicate, growing children; quick in action, mentally and physically.
Strong craving for cold drinks, ice creams and refreshing things.
Affectionate, sympathetic imaginative.
Tendency to emotional excitement and highly sensitive to external impressions – noise, light, odors, emotions.
2. Allergic Rhinitis symptoms**:** Watery burning nasal discharge, sneezing and morning nosebleed. There is emotional sensitivity: fear of being alone, anxious during coryza attacks. Sensitive children who crave cold things and tired easily.
3.Mind Symptoms of Allergic Rhinitis:
Fearful , Apprehensive , especially when alone – feels something bad will happen .Very sympathetic , even to animals and others suffering. Fear of dark , being alone . Easily affected by surroundings , oversensitive to noise , odors and light . [19]

Sulphur :

1.Constitution and temperament **:** Lean and undernourished children . Tendency to skin eruptions , red orifices . Stooped posture , dirty appearance despite washing.

Forgetful , indifferent to surroundings . Philosophical , dreamy , egotistical .

2. Allergic Rhinitis symptoms **:** Recurrent dry coryza with nasal obstruction , sneezing in the morning . Offensive body odors , dirty appearance , with aversion to bathing .Mentally a child is irritable , forgetful, and self – absorbed .Aggravation from warmth, especially of bed , and amelioration in open air .

3.Mind symptoms of Allergic Rhinitis : Irritable , especially when questioned or contradicted .Absent minded . Aversion to washing and bathing , Self centered , indifferent to loved ones .Better in open air , motion and dry weather . [20]

Tuberculinum:

1.Constitution and temperament :Delicate , narrow – chested , emaciated , with weak resistance .History of recurrent respiratory infections , chronic colds or family history of tuberculosis. Tendency to catch colds from slightest exposure.

Restless , nervous , oversensitive and irritable .

2. Allergic Rhinitis symptoms : Weak resistance , recurrent colds , enlarged tonsils . Thick offensive nasal discharge , chronic catarrh with sneezing .Restlessness , destructiveness , desires for travel or change .Family history of tuberculosis , asthma , or chronic skin diseases.

3.Mind symptoms of Allergic Rhinitis :

Great discontent , wants to change constantly (toys , places , food). Fear of dogs , animals , being alone .Difficulty in concentrating , restless at school .Weeping with no cause , especially during allergic attacks . [21]

MIASMS :

Psoric Miasm : Roberts says , " Psora is the fundamental most universal miasm , and the basis of all chronic manifestations . It is the mother of all diseases .

Roberts describes Psora as the miasm of functional disturbances, where the body's reactivity is heightened but without marked structural changes.

In allergic rhinitis:

Sudden sneezing attacks

Profuse watery discharge

Itching of nose and eyes

Aggravation from dust, pollen, or weather changes

Mentally, the child is irritable, restless, and oversensitive**.** [22]

Sycotic Miasm :

Roberts defines Sycosis as the miasm of excess—overgrowth, infiltration, and chronicity. It relates to conditions that involve thickening, overproduction, and recurrence.

In allergic rhinitis:

Thick, sticky, greenish nasal discharge

Swollen turbinate's or nasal polyps

Blocked nose with little or no relief

Chronicity and recurrence, even after temporary relief

History of suppressed discharges or vaccinations. [23]

Tubercular Miasm (Mixed Psora-Syphilis):

Roberts doesn't define Tubercular miasm as a primary one but refers to it as a combination of Psora and Syphilis, leading to destructive tendencies with reactivity.

In allergic rhinitis:

Alternating symptoms – nose block and watery coryza

Sudden changes in symptomatology

Recurrent colds, weak immunity

Desire for open air, pale thin children

Constant change of remedies needed [24]

RESEARCH METHODOLOGY:

1.**Study Design:** Case Series

2. **Study Setting:** College OPD and peripheral OPD ,Nashik

3. **Study Population:** Pediatric population

4. **Sample Size:** 30 Cases

5. **Sampling Technique:** Simple Random Technique

6. **Method of Selection of Study Subjects:**

A. Inclusion Criteria:

1. Children belong to age group of (1—14) years of age .
2. Children belong to both sexes .
3. Children who always get cold .

B. Exclusion Criteria:

1. Above age group of 14 years of age .
2.Children with other health disorder with other causes .
3. Children with genetic disorder .

C. Withdrawal Criteria:

1. Lost to follow up .
2. Not consensual .

7. Operational Definitions:

Allergic rhinitis (AR) is a heterogeneous disorder that despite its high prevalence is often undiagnosed. It is characterized by one or more symptoms including sneezing, itching, nasal congestion, and rhinorrhea.
study will be carried out on adults suffering from panic disorder based on panic disorder Severity Index. All the 30 cases are given individualized homoeopathic medicines based on complete case taking.

8. Study Instruments/Data Collection Tools: MS Word, MS Excel, Case recording format

9. Method of Data Collection: Case recording format, MS Excel, MS Word

10. Data Management and Analysis Procedure: Data would be compiled in MS word and appropriate statistical tests would be applied

11. Data Analysis Plan and Methods: Paired T test

12. Outcome Assessment Criteria: IMPROVED CASE "According to Evaluation of symptoms scoring scale for allergic rhinitis pediatric population" . When symptoms is improved up to score 1 to 3 , intensity & frequency of symptoms will be decreased and it will present occasionally
is considered to be improved case.
UNIMPROVED CASE According to "According to Evaluation of symptoms scoring scale for allergic rhinitis pediatric population" When symptoms is present with as it is intensity & frequency and grading of scale is in between 9 to 12 then it is considered to be unimproved case.
Treatment Details: Remedy was given in globules form of 40 number single dose and rubrum was given in globules form of 30 number in 1 dram bottle.
Selection of Potency: Potency is selected based on depth of pathology, severity and clarity of symptoms and predisposition of patient.

Repetition Schedule:

repetition is done in every case according to the symptom severity of the patient.

Dietetic & Hygienic Measures:

Patients were advised to avoid coffee, raw onion, and raw garlic, as they tend to lower the action of homeopathic medicines.

Ethical issues, if any: None

IV. RESULT-

Statistical Analysis

Table No.1. Statistical Chart of Age Distribution-

Age group	No . of children
1yrs-5yrs	11
6yrs-10yrs	18
11yrs-14yrs	01

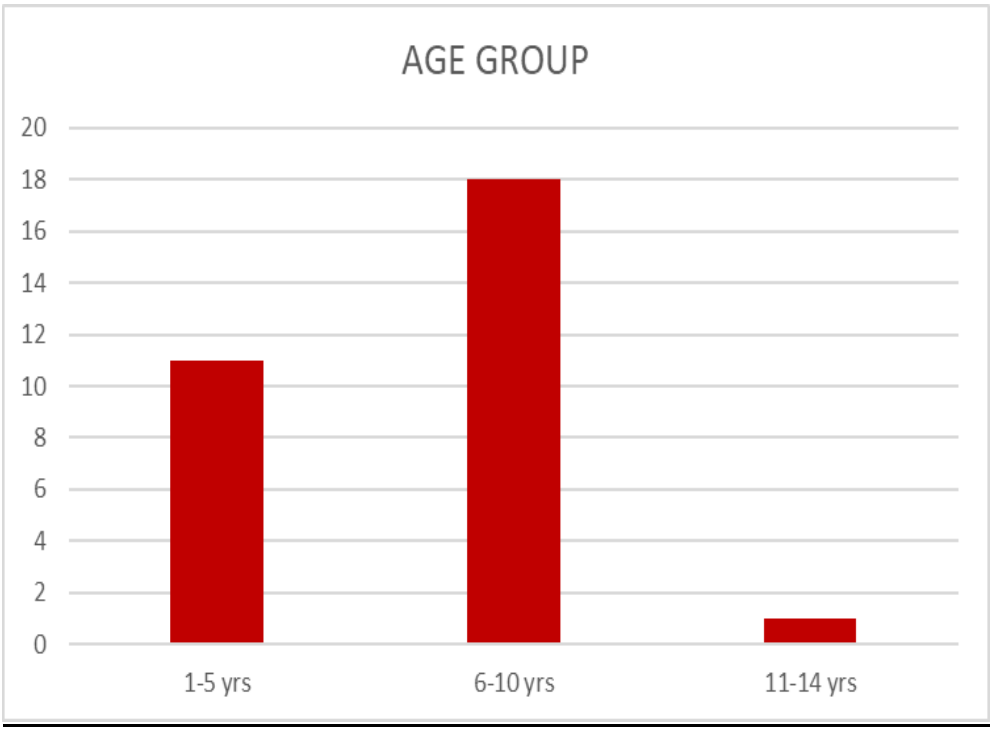


Table No.2 : Statistical chart of Gender distributiom

	Gender Group
Female	14
Male	16

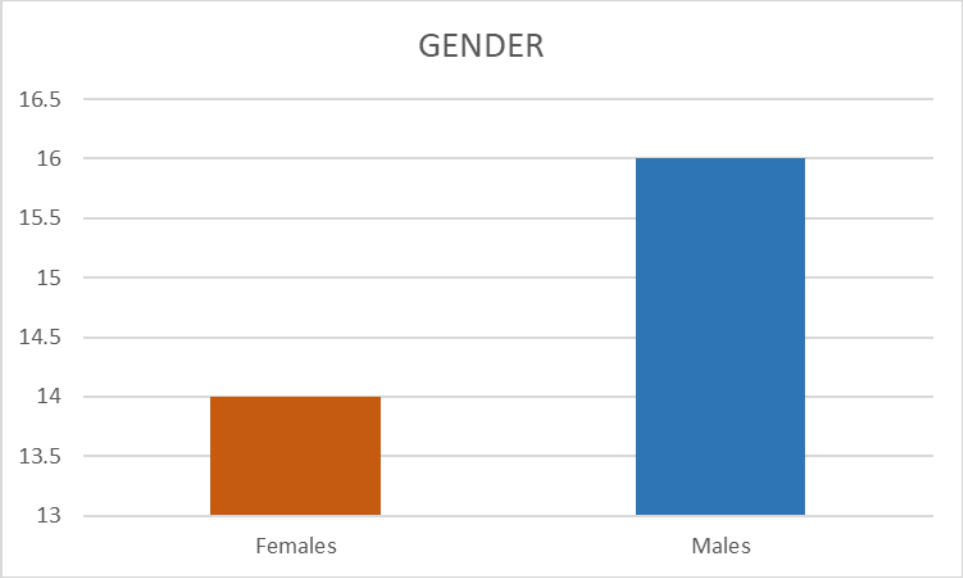


TABLE NO.3 STATISTICAL CHART OF REMEDIES PRESCRIBED

Remedy	
Lycopodium	03
Calcarean. Carb	05
Phosphorus	04
Sulphur	03
Silicea	03
Natrum Mur.	03
Pulsatilla	03
Tuberculinum	04
Arsenic Album	02

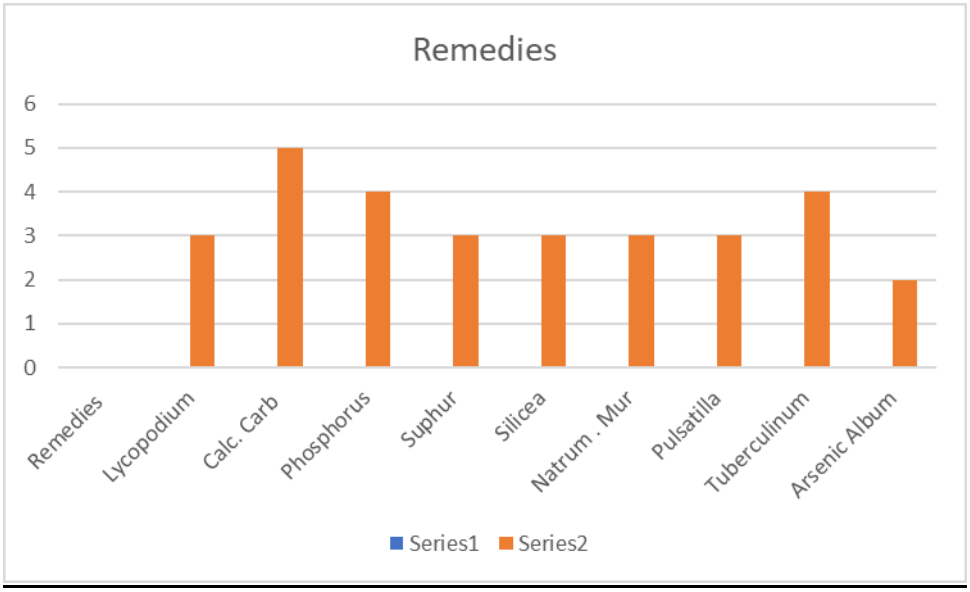
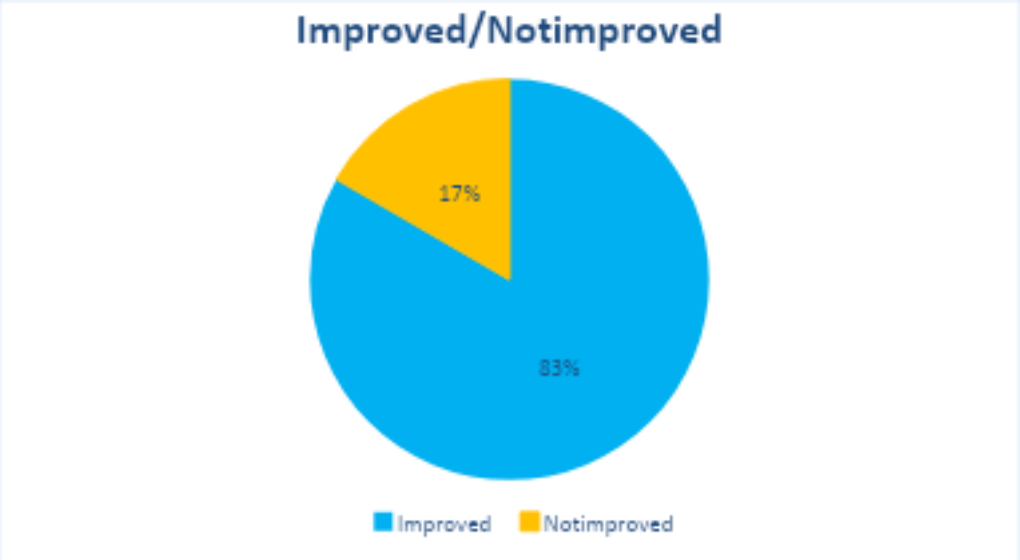


Table No.4 . Statistical chart of Result of Treatment

Content	Improved/ Not Improved
Improved	25
Not Improved	05



IMPROVED CASE : "According to Evaluation of symptoms scoring scale for allergic rhinitis pediatric population" Scale the difference between the composite scores of Patient before and after treatment less than or equal to 2.3 is considered to be improved case.

UNIMPROVED CASE According to Evaluation of symptoms scoring scale for allergic rhinitis pediatric population" scale the difference between the composite scores of Patient before and after treatment more than or equal to 10.1 is considered to be unimproved case. The value of t=27.8 determine the critical values for t with degrees of freedom=15 and $\propto = 0.05$ in this critical value is 1. 703 (see the table below) the calculated t exceeds the critical value (27.8 >1.703),so the means are significantly different.

Discussion :

From the above study of 30 cases of Allergic Rhinitis selected from OPD of the college following are the points which we need to consider before concluding this study.

AGE DISTRIBUTION OF CASES OF ALLERGIC RHINITIS: The study shows commonest age group affected by Allergic rhinitis are from (6- 10 years) age group of children showing 18 cases, other were below (1-5 years) age having 11 cases, & (11-14) years 1cases.

In this study we found maximum number of cases in age group (6-10) years in which 60% were male and 40% were females, causative factors being different but most cases showed exposure to cold, idiopathic or any allergic cause & Sudden change of weather. In male's cases were more in this age group because during this age, the immune system is still developing. The **Th2 (T-helper type 2)** response, which is associated with allergic reactions, is more active in children. Over time, the immune response balances out, but between 6- 10 years, they are more prone to Allergic sensitization.

SEX DISTRIBUTION AMONGST ALLERGIC RHINITIS CASES: Allergic Rhinitis is a disease common to both males and females. In this study, in 30 cases, 60%were male and 40% were female. In the study, males were more affected than female. in age group 6- 10 years showed more incidence which can be due to Males tends to have narrower airways compared to females in childhood, making them more prone to respiratory symptoms triggered by allergens.

in males the incidence is more due to Boys are more active outdoors, increasing their exposure to environmental allergens like dust, pollens and pollutants.

MIASMATIC DISTRIBUTION OF CASES: maximum number of cases showed psora being the predominant miasm, and some cases showed Psoro-sycosis miasm, psora may be due to chronicity of the diseased condition, Respiratory manifestation like itching, inflammation and redness of nasal mucosa being the main symptoms.

MANAGEMENT OF THE CASES: Each of the 30 patients received a Constitutional remedy based on their totality of symptoms, including Mental general, Physical general and Physical particulars. These individualized remedies were aimed at addressing the root susceptibility and enhancing the patients over all immune response. And during the courses of follow – ups, some patients experienced Acute exacerbations of allergic rhinitis. In such instances, Acute state remedies were administered based on the presenting acute totality, without disturbing the ongoing constitutional treatment. These remedies are given to manage acute distress effectively while allowing the constitutional remedy to continue its deeper action.

The dual approach of constitutional and acute prescribing allowed for:

Better control over acute flare-ups.

Long-term improvement in the frequency and intensity of allergic rhinitis episodes.

Strengthening of the immune response over time.

A holistic improvement in the general well-being of patients.

Among the 30 cases, 25 showed marked improvement both in terms of acute symptom relief and long-term management, whereas 5 cases did not show satisfactory response, possibly due to factors like incomplete symptom totality, poor follow-up, or deeper miasmatic background.

frequently used remedies to treat the cases were Calcarea carb in 5 cases, Phosphorus in 4 cases, Tuberculinum in 4 cases, Lycopodium in 3 cases, Sulphur in 3 cases, Silicea in 3 cases, Natrum. Mur in 3 cases, Pulsatilla in 3 cases and Arsenic album in 2 cases.

SUSECEPTIBILITY IN RELATION TO MODALITY- study showed that modality played a major role in individualizing the cases for selection of remedy. This also helped in understanding susceptibility at modality level.

AGGRAVATIONS commonest modality was morning and other were exposure to cold weather, Sudden change of weather and after taking cold drinks or cold food.

AMELIORATION commonest Open air, Steam and Avoidance of Allergens.

REPETITION OF DOSES IN CASES OF Allergic Rhinitis: All 25 cases was treated with single dose where as other 5 cases was treated with frequent repetition of doses. It was also observed that in one dose, constitutional remedy acted in better way with 100% cure. In in frequent repetition dose cases, the under lying factor was maintaining cause as Exposure to allergens and cold air leading to obstacle to bring permanent cure.

NOT IMPROVED CASES-

In this study of 30 cases, we found 5 cases which didn't show any improvement in spite of retaking the case and changing the remedy. cases like Allergic Rhinitis Continuous allergen exposure patients might not be avoiding triggering factors like dust and food allergens. And Allopathic medication continuation of antihistamines or nasal sprays may antidote the remedy. due to this couldn't be treated due to the maintaining cause, in spite of counselling the patient to avoid those factors he continued it and hence relapse of symptoms can be seen.

This being an observation of just 30 patients, more studies are needed to be done to reach at any conclusion.

CONCLUSION :

After Studying 30 cases of Allergic Rhinitis in depth in all aspects clinically as well as Homeopathically, we had drawn a few conclusions, which are as follows:

1. The Age Distribution of the cases showed a preponderance of Allergic Rhinitis in the age group- of 06 to 10 years. causative factors being different but most cases showed exposure to cold, idiopathic or any allergic cause & Sudden change of weather. In males' cases were more in this age group because during this age, the immune system is still developing. The Th2 (T- helper type 2) response, which is associated with allergic reactions, is more active in children. Over time, the immune response balances out, but between 6- 10 years, they are more prone to Allergic sensitization.
2. IN SEX RATIO- It has found that males are more affected by than females in this study but it cannot be universally accepted as phenomenon.
3. SUSECEPTIBILITY IN RELATION TO MODALITY, study showed that modality.
4. AGGRAVATIONS commonest modality was morning and other were exposure to cold weather, Sudden change of weather and after taking cold drinks or cold food.
5. AMELIORATION commonest were Open air, Steam and Avoidance of Allergens.
6. Most predominantly DOMINANT MIASM observed was Psora- sycosis in the study.
7. SUSCEPTIBILITY in these cases was mostly Moderate susceptibility. After administration of Homoeopathic remedy, it was seen that even though there were recurrences in many cases the susceptibility had improved as evidenced by the characteristic form of symptoms available in the follow up, eventually these symptoms also subsided leading to cure. After choosing the correct remedy the next task was to SELECT THE POTENCY.
8. The potency was selected based on the overall judgment of susceptibility, miasm etc. The commonest potency used was 200 potency because with understanding gradual progress, miasmatic background of psora with number characteristic, intensity of symptoms.
9. After analyzing the various management strategies employed in these 30 cases, which includes, individualization, the type of treatment administered, the potency of homoeopathic medicine used and repetition of medicine that was followed we conclude that the most widely used strategy to manage these cases was to give Constitutional medicine in 200 potency with infrequent repetitions.
10. When compared to conventional medication, the treatment of respiratory diseases with homoeopathic remedies appears to be safer and more satisfactory to the patient, with an improvement in quality of life and general health.

CONFLICT OF INTEREST- NONE

REFERENCES :

[1][Skoner DP. Allergic rhinitis: definition, epidemiology, pathophysiology, detection, and diagnosis. Journal of allergy and clinical immunology. 2001 Jul 1;108(1):S2-8.]

[2] [Schoenwetter WF. Allergic rhinitis: epidemiology and natural history. InAllergy and Asthma Proceedings 2000 (Vol. 21, No. 1, p. 1). OceanSide Publications.]

[3] [Licari A, Magri P, De Silvestri A, Giannetti A, Indolfi C, Mori F, Marseglia GL, Peroni D. Epidemiology of allergic rhinitis in children: a systematic review and meta-analysis. The Journal of Allergy and Clinical Immunology: In Practice. 2023 Aug 1;11(8):2547-56.]

[4] [Moitra S, Mahesh PA, Moitra S. Allergic rhinitis in India. Clinical & Experimental Allergy. 2023 Jul;53(7):765-76.]

[5] [Mygind N, Dahl R. Anatomy, physiology and function of the nasal cavities in health and disease. Advanced drug delivery reviews. 1998 Jan 5;29(1-2):3-12.]

[6] .[Widdicombe JG. The physiology of the nose. Clinics in chest medicine. 1986 Jun 1;7(2):159-70.]

[7] [Broide DH. Allergic rhinitis: pathophysiology. InAllergy & Asthma Proceedings 2010 Sep 1 (Vol. 31, No. 5).]

[8] [Lack G. Pediatric allergic rhinitis and comorbid disorders. Journal of allergy and clinical immunology. 2001 Jul 1;108(1):S9-15.]

[9] [Berger WE. Allergic rhinitis in children: diagnosis and management strategies. Pediatric Drugs. 2004 Jul;6:233-50.]

[10] [Deb A, Mukherjee S, Saha BK, Sarkar BS, Pal J, Pandey N, Nandi TK, Nandi S. Profile of patients with allergic rhinitis (AR): a clinic based cross-sectional study from Kolkata, India. Journal of Clinical and Diagnostic Research: JCDR. 2014 Jan 12;8(1):67.]
[11] [Siddiqui ZA, Walker A, Pirwani MM, Tahiri M, Syed I. Allergic rhinitis: diagnosis and management. British journal of hospital medicine. 2022 Feb 2;83(2):1-9.]
[12] [Mygind N. Clinical investigation of allergic rhinitis and allied conditions. Allergy. 1979 Aug 1;34(4).]
[13] [Blaiss MS. Pediatric allergic rhinitis: physical and mental complications. InAllergy and asthma proceedings 2008 Jan 1 (Vol. 29, No. 1, pp. 1-6). OceanSide Publications, Inc.]
[14] [May JR, Dolen WK. Management of allergic rhinitis: a review for the community pharmacist. Clinical therapeutics. 2017 Dec 1;39(12):2410-9.]
[15] [Naclerio R, Rosenwasser L, Ohkubo K. Allergic rhinitis: current and future treatments. Clinical & Experimental Allergy Reviews. 2002 Aug;2(4):137-47.]
[16] [Shrivastava MK, Aphale P, Dokania S, Shekhar H, Sharma DB. Efficacy of homoeopathy in management of chronic rhinitis-A case report. African Journal of Biomedical Research. 2024 Nov 28;27(3):823-31.]
[17] [Kent, J. T. Dockx, R. and Kokelenberg, G. (2006b). kent's comparative repertory of the homoeopathic materia medica . New Delhi : B. Jain publishers .]
[18] [Phatak, S.R. (1995). Phatak's materia medica of homoeopathic medicines. London: Foxlee-Vaughan].
[19] [Boericke, William. Boericke's New Manual of Homoeopathic Materia Medica with Repertory : Including Indian Drugs, Nosodes, Uncommon Rare Remedies, Mother Tinctures, Relationships, Sides of the Body, Drug Affinities, & List of Abbreviations. New Delhi, B. Jain Publishers, 2007.]
[20] [Allen, H C. Keynotes : Rearranged and Classified with Leading Remedies of the Materia Medica and Bowel Nosodes Including Repertorial Index. Noida, U.P., India, B. Jain Publishers (P) Ltd, 2017.]
[21][Lippe, A D, and Adolph Von Lippe. Textbook of Materia Medica. B. Jain Publishers, 2003.]
[22] [Roberts, H. A. (1946). The Principles and Art of Cure by Homoeopathy. New Delhi: B. Jain Publishers. Chapter : The chronic miasms – psora]
[23] [Roberts, H. A. (1946). The Principles and Art of Cure by Homoeopathy. New Delhi: B. Jain Publishers. Chapter : The chronic miasms – Sycosis]
[24] [Roberts, H. A. (1946). The Principles and Art of Cure by Homoeopathy. New Delhi: B. Jain Publishers. Chapter : The Tubercular constitution][30].