

**“A CLINICAL STUDY IN MIASMATIC BACKGROUND OF PATIENTS  
WITH ALLERGIC RHINITIS”**

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE  
REQUIREMENT

FOR THE AWARD OF THE DEGREE OF

**DOCTOR OF MEDICINE (HOMOEOPATHY) M.D (HOM)**

IN

**ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY**

By

**Dr. S. MANIMEGALAI**

UNDER THE GUIDANCE OF

**Dr. M. MURUGAN., M.D. (HOM.)**

**Professor and Head**

**DEPARTMENT OF ORGANON OF MEDICINE AND**



**HOMOEOPATHIC PHILOSOPHY**

**SARADA KRISHNA HOMOEOPATHIC MEDICAL COLLEGE,  
KULASEKHARAM, TAMIL NADU.**



SUBMITTED TO

**THE TAMILNADU Dr. M.G.R. MEDICAL UNIVERSITY, CHENNAI.**

**2023**

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Place : Kulasekharam

Date :

**Dr. M. MURUGAN., M.D. (Hom.)**

Professor and Head,

Department of Organon of Medicine  
and Homoeopathic Philosophy,

Sarada Krishna Homoeopathic

Medical college, Kulasekharam.

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I, **Dr. S. MANIMEGALAI** hereby declare that this Dissertation entitled, **“A CLINICAL STUDY IN MIASMATIC BACKGROUND OF PATIENTS WITH ALLERGIC RHINITIS”** is a bonafide work carried out by me under the direct supervision and guidance of **Dr. M. MURUGAN., M.D. (Hom.)**, Professor and Head, Department of Organon of Medicine and Homoeopathic Philosophy, in partial fulfillment of the regulations for the award of degree of **Doctrine of Medicine (Homoeopathy) in ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY** of The Tamil Nadu Dr. M.G.R Medical University, Chennai. This has not been submitted in full or part for the award of any degree or diploma from any university.

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PHONE: 04651 – 279448 Fax. 04651 – 280100

Website: [www.skhmc.org](http://www.skhmc.org) E-mail: [college@skhmc.org](mailto:college@skhmc.org),

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**Station:** Kulasekharam

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*B. Krishna Prasad*  
**Dr. B. Krishna Prasad,**

Chairman, Ethics Committee

Sarada Krishna Homoeopathic Medical College,  
Kulasekharam, Kanniyakumari Dist., Tamil Nadu.

Chairman  
Institutional Ethics Committee  
Sarada Krishna Homoeopathic Medical College  
Kulasekharam



**SARADA KRISHNA**  
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(Affiliated to The Tamil Nadu Dr. M.G.R. Medical University)  
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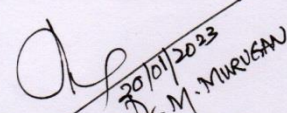
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## ABSTRACT

Allergic rhinitis is one of the most common among the group of allergic conditions. Allergic rhinitis is an inflammatory hypersensitivity reaction to aeroallergens deposited on the nasal mucosa and conjunctiva. It includes Paroxysmal Sneezing, nasal obstruction and Nasal discharge. Air pollution, dust, climatic conditions, hereditary plays a major role. Indoor dust, mosquito coils, incense sticks provoke the reaction as well. In India, the prevalence of allergic rhinitis has steadily increased during the past two decades. This study aimed in finding the Miasmatic Characteristics of Patient with Allergic Rhinitis. Homoeopathic Medicine prescribed based on the Miasmatic characteristics which individualize the patient. Miasmatic approach has the benefit of both rapid and gentle effects. Further it has potential to control the disease progression and relapses.

For this study, allergic rhinitis 30 cases were taken, a totality was compiled based on the patient miasmatic background and Homoeopathic Medicine given The Rhinitis Control Assessment Test (RCAT) was utilized to compare the pre and post-treatment.

In this research study, Allergic Rhinitis found to be more common in age group between 10-20 years 10 patients (Thirty three percentage), Females were mostly affected 19 patients (Sixty three percentage), 12 patients (Forty percentage) were Students. Physical appearance wise short and obese were commonly affected 13 patients (Forty three percentage), majority of people affected with Allergic rhinitis were timid nature, Intellectual cognitive function in patients with Allergic Rhinitis was affected ; maximum patients had Difficulty in Arithmetic calculation 13 patients (Forty four percentage). 11 patients (thirty seven percentage) had past history of recurrent attack of cold. 8 patients (twenty seven percentage) had Allergic rhinitis history in their family. Psora + Syphilis were predominant miasm (fifty percentage) 15 patients. Calcarea osterum was mostly prescribed Miasmatic remedy for 14 Patients (forty seven percentage). The Rhinitis Control Assessment Test (RCAT) score shows significant improvement. Study evaluated the Miasmatic Characteristics of Patient with allergic rhinitis and assessed the effectiveness of Anti Miasmatic remedy in allergic rhinitis.

**KEYWORDS:** Allergic Rhinitis, Calcarea Ostrerum, Miasm, RCAT score,

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### LIST OF ABBREVIATIONS USED

SL. NO.	ABBREVIATIONS	EXPANSION
1.	<	Aggravation
2.	>	Amelioration
3.	A/F =	Ailments From
4.	Kg	Kilogram
5.	m <sup>2</sup>	Square meter
6.	&	And
7.	Sl. No.	Serial Number
8.	Hg	Mercury
9.	M	Male
10.	F	Female
11.	Dr	Doctor
12.	OPD	Out Patient Department
13.	IPD	In Patient Department
14.	HS	At night
15.	M	Morning
16.	BT	Before treatment
17.	AT	After treatment
18.	SAC. LAC	Saccharum Lactis
19.	BD	Twice in a day
20.	TDS	Thrice in a day
21.	AR	Allergic rhinitis

22.	SPSS	Statistical Package for the Social Sciences
23.	ANOVA	Analysis of Variance
24.	O/E	On examination
25.	SD	Standard Deviation
26.	-	Negative
27.	+	Positive
28.	%	Percentage
29.	RCAT	Rhinitis Control Assessment Test
30.	F/H	Family History
31.	H/O	History of
32.	FMP	First Menstrual Period
33.	LMP	Last Menstrual Period
34.	TEMP	Temperature
35.	§	Aphorism

## 1.1 INTRODUCTION

Homeopathic medical system is an effective method of healing. The foundation for the system is "Similia Similibus Curentur". Homoeopathy provide a general improvement in health of the individual. It improves the Quality of Life in patients with Chronic Diseases and prevents its complication

Allergic rhinitis is one of the most common among the group of allergic conditions. An inflammatory hypersensitivity reaction to aeroallergens that have been deposited on the nasal mucosa and conjunctiva causes allergic rhinitis, which is a collection of nasal and ocular symptoms that affect both the nose and the eyes.<sup>(1)</sup> The World Health Organization (WHO) categorized Allergic rhinitis, unspecified (ICD-10) as code J30. 9. A medical classification in the range - Diseases of the Respiratory System.<sup>(2)</sup>

Although the disease can occur at any age group and gender; Children and young adults, as well as women, are more likely to be affected by allergic rhinitis. However, *Dermato-phagoides Pteronyssinus* was shown to be the most significant allergen in Southern India, despite the fact that sensitization rates for other allergens were somewhat lower.<sup>(3)</sup>

Master Hahnemann said in *Organon of Medicine* "Chronic Miasm which is known as fundamental cause and is responsible for the chronic diseases" The ascertainable physical constitution of the patient, the patient's moral and intellectual character, the patient's occupation, their mode of living and habits, their social and domestic relations, their age, and their sexual functions are all things that need to be taken into consideration when investigating the Miasm of an individual.<sup>(4)</sup>

Homoeopathic treatment is useful for treating disease conditions without any side effects. Medicine can be prescribed based on the Miasmatic characteristics which individualize the patient. Treatment requires a thorough understanding of the patient's Miasm. Miasmatic approach has the benefit of both rapid and gentle effects. Further it has potential to control the disease progression and relapses.



## **1.2 NEED FOR THE STUDY**

The impact of Allergic Rhinitis also reflects its association with a variety of comorbid conditions. It adversely affects work productivity and school performance, and it limits socialization; not only have a severe impact on quality of life, but also on work productivity.

Indeed, because of its high prevalence, their frequent co-occurrence and their economic burden, the combined overall socioeconomic burden is considerable. Furthermore, increased exposure to pollution, adverse climatic changes which increases the rate and risk of the disease

Adequate addressing and thorough understanding of its patho-physiology, its relation and comorbid conditions, the effects of various therapeutic options on the condition is needed one.

### **1.3 SCOPE OF STUDY**

- To understand the prevalence and distribution of allergic rhinitis among people of varying ages and genders.
- To understand the distribution of allergic rhinitis in regard to their occupation
- To understand their inherent tendency their medical histories in past and the family medical history
- To understand and inquiry the Miasmatic characteristics of patients suffering from allergic rhinitis, in order to treat them appropriately with suitable Anti-Miasmatic remedy.
- To understand the effect of various Anti-Miasmatic remedy.

## **1.4 STATEMENT OF PROBLEM**

### **ALLERGIC RHINITIS:**

Allergic rhinitis is an inflammation of the nasal lining characterised by nasal symptoms such as sneezing, nasal obstruction, nasal itching and watery nasal discharge.

### **MIASMATIC APPROACH:**

Miasm is a tendency for the organism capable of producing a disease in an organism. It impacts life energy and cause numerous chronic diseases. Miasm of an individual reflects in physical characteristics, moral and intellectual character, occupation, their life style and habits, their social and interpersonal life, tendencies, previous illness and familial histories. Considering the Miasm of patient in selection of remedy can eliminate harmful inherited effects and prevent recurrence in chronic conditions.

### **CLINICAL STUDY:**

Research study based on the Miasmatic background of patients with Allergic rhinitis, Data collected from Sarada Krishna Homoeopathic Medical College OPD, IPD, and Rural Health Centres.

## **2.0 AIM AND OBJECTIVES**

1. To Find the Miasmatic Characteristics of Patient with Allergic Rhinitis.
2. To Assess the effectiveness of Anti Miasmatic remedy in treating patients with Allergic rhinitis

### 3.0 REVIEW OF LITERATURE

#### 3.1 ANATOMICAL STRUCTURE OF NOSE:

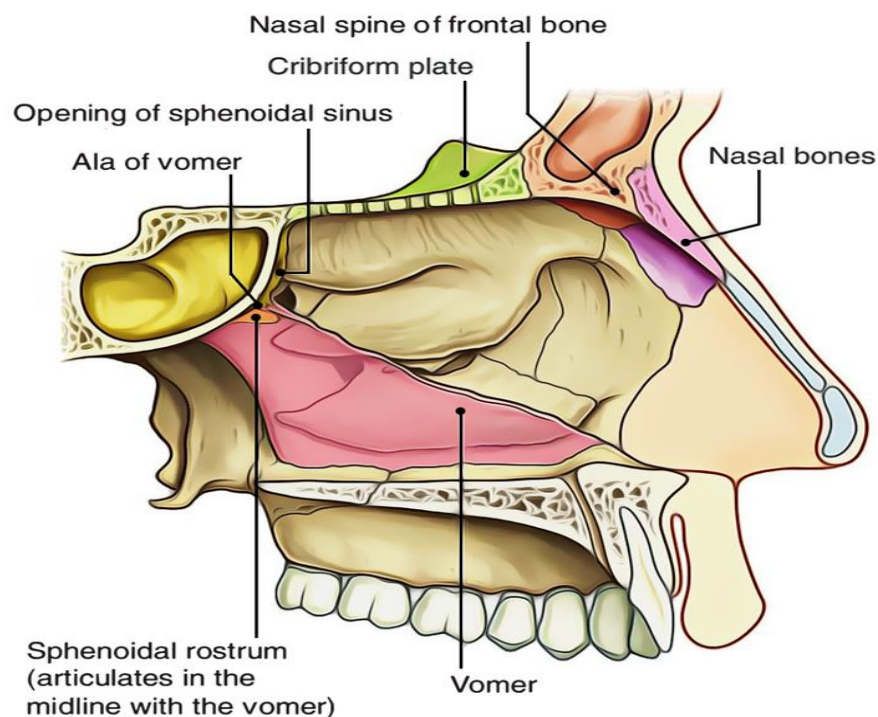
Upper most portion of the upper respiratory tract is nose and it has an impact on physiology of breathing. Shape of nose is pyramidal. <sup>(5)</sup>

##### 3.1.1 DEVELOPMENT OF NASAL CAVITY

In the fourth week of foetal development, placodes form the nasal cavity. Nasal placodes depress and form olfactory pits during mesodermal development. The nasal folds create the upper and anterior end of the primitive nasal septum and the primitive palate on the lower side. The primitive posterior naris forms when either side of the nasal sac interacts with the roof of the mouth behind the primitive palate. <sup>(6)</sup>

##### 3.1.2 ANATOMY OF NASAL CAVITY

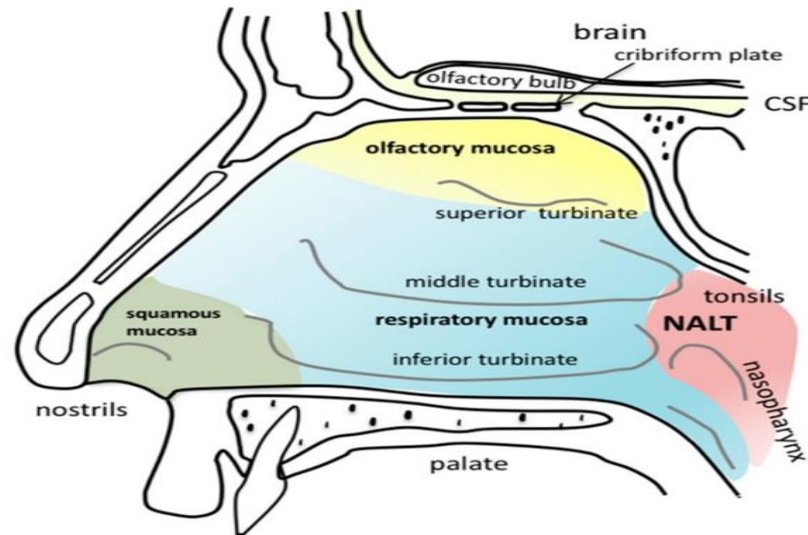
The nasal cavity extends from the external nares, to the posterior nasal apertures. The nasal septum separates the nasal cavity into its right and left halves. It has a medial and lateral wall, a roof, and a floor. <sup>(7)</sup>



**FIGURE 1. ANATOMY OF NASAL CAVITY**

### 3.1.3 MUCOSA OF NOSE

1. **The anterior Vestibular region** the anterior part of the vestibular has stratified squamous epithelium. It ends at the muco-cutaneous junction
2. **Olfactory region:** The olfactory area consists of the upper one-third of the lateral wall, the nasal septum, and the roof of the nasal cavity. Mucosa is yellowish in colour and contains cells containing olfactory receptors.



**FIGURE 2. MUCOSA OF NASAL CAVITY**

3. **Respiratory region:** Pseudostratified ciliated columnar epithelium with numerous goblet cells lines the respiratory surface

### 3.1.4 BLOOD SUPPLY OF THE NASAL CAVITY

1. The sphenopalatine artery is the principal supply.
2. The upper portion of the lateral wall and the upper posterior section of the septum are supplied with blood by the anterior and posterior ethmoidal arteries
3. The greater palatine artery supplies blood to anterior-inferior portion of the septum, some parts of the floor and lateral wall.
4. Septum and nasal alae are supplied by the superior labial branch of the facial artery.

### 3.1.5 VENOUS DRINAGE OF THE NASAL CAVITY

Veins form a plexus drains anteriorly into the facial vein, posteriorly into the pharyngeal plexus, and from the middle portion to the pterygoid vein plexus.

### **3.1.6 NERVE SUPPLY OF THE NOSE**

1. The internal nasal branch of the anterior ethmoidal nerve supplies the anterior superior portion of the septum.
2. The Nasopalatine branch of the pterygopalatine ganglion supplies the posterior inferior portion.
3. Olfactory nerves are specialised sensory nerves that are only found in the upper part of the olfactory area.

### **3.2 PHYSIOLOGY OF NOSE**

The nose is often referred to as the "air conditioner" of the lungs. Before the air reaches the lungs, the respiratory system filters, cleanses, and regulates the temperature and humidity of the inspired air. A few of the functions include respiration, conditioning of inspired air, protection of the lower airway, nasal reflex functions, and olfaction.

### **3.3 ALLERGIC RHINITIS**

#### **3.3.1 DEFINITION**

Allergic Rhinitis, a condition characterised by inflammation of the nasal lining classical symptoms includes sneezing, stuffiness, nasal itching, and anterior or posterior rhinorrhoea (nasal discharge).<sup>(8)</sup> This may also cause itching in the eyes, palate, and pharynx.<sup>(9)</sup>

Allergens permeate into the nasal mucosal membrane and cause a hypersensitive immunoglobulin E (IgE)-mediated response, which produces vasoactive substances like histamine. It results in distinctive symptoms.<sup>(10)</sup>

#### **3.3.2 EPIDEMIOLOGY**

Rhinitis due to allergies is the most common form of persistent illness. It accounts for more than half of all allergies, and its prevalence is continuously increasing.

Surprisingly, developed countries with lower levels of pollution have a higher incidence of the disease than less developed countries. Asthma and allergic rhinitis frequently coexist; in fact, about 45% of patients experience allergic rhinitis first.<sup>(11)</sup> It affects 10–30% of adults and 40–40% of youngsters.<sup>(12)</sup>

In India, over the past two decades, the incidence of allergic rhinitis has significantly risen. According to phase-I and phase-III investigations of The International Study of Asthma and Allergies in Childhood (ISAAC), the rise was greater among teenagers aged 13–14 years than among younger children aged 6–7 years.<sup>(3,13)</sup>

Phase-I, Nasal symptoms were present in 12.5% of 6–7 year-old , 18.6% in 13–14 year-old children. In phase-III, Nasal symptoms existed in 12.9% of 6–7 year-old and 23.6% in 13–14 year-old children. (Increased by 5%)<sup>(3)</sup>

Although male exhibit allergies more frequently in childhood, this soon changes during the sexual development of girls, resulting in a lifetime female predominance of allergic disorders<sup>(14)</sup>

### 3.3.3 PREDISPOSITION

- **Hereditary:** If one or both parents have allergic diathesis, children have a 20% and 47% chance of having allergies, respectively.<sup>(9)</sup>
- **Contacts:** Long-term usage of nasal drops or sprays to relieve nasal congestion
- **Physical Changes:** There is some evidence that changes in the air's temperature, humidity, and pollution levels may all play a role
- **Irritants:** Fumes (e.g. diesel oil), pepper, tobacco smoke and pollution

### 3.3.4 ETIOLOGY

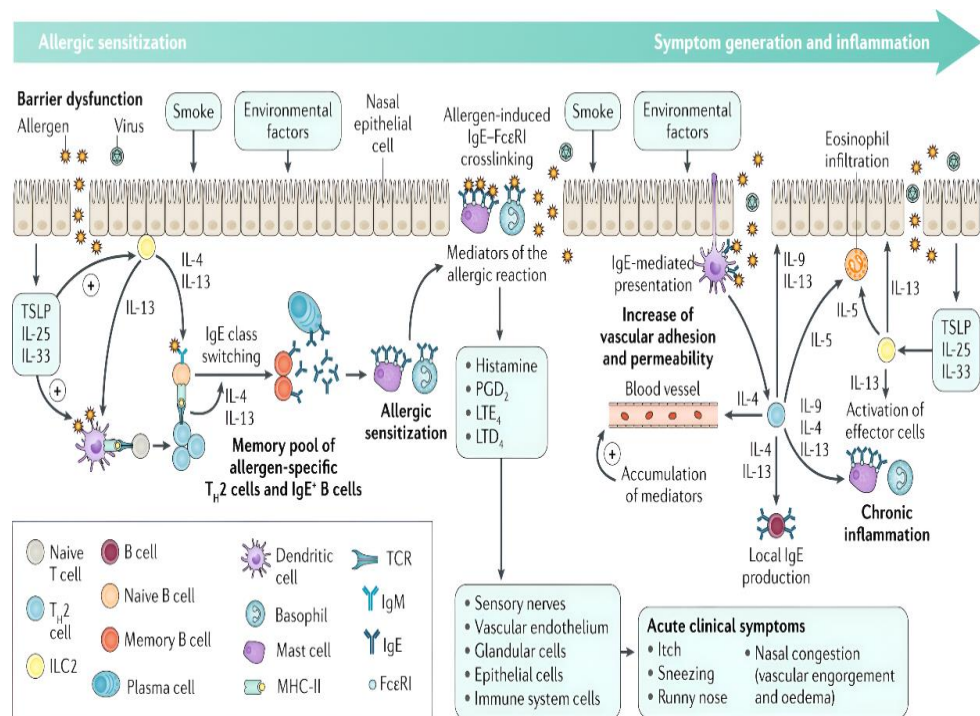
- **Inhalant allergens:** Pollens from trees, grasses, and weeds
- **House dust:** Household dust, Dermato-phagoides Pteronyssinus was determined to be the most important allergen in Southern India.<sup>(3)</sup>
- **Insects and Animals:** Indoor allergens like cockroach play a significant effect. Also of bedbug, housefly, mosquito, and flea allergens in the home. Cat and dog allergens - dander, saliva, hair, and feathers.
- **Molds:** Indoor fungi trigger allergic rhinitis are Cladosporium, Fusarium, Alternaria, Curvularia, Aspergillus, Mucor, Phoma, Penicillium, and Trichoderma
- **Ingestants:** Obvious allergen, such as eggs, strawberries, almonds, or fish, milk or wheat, citrus fruits and legumes are common allergies.<sup>(11)</sup>



### 3.3.5 PATHOPHYSIOLOGY

#### 3.3.5.1 IMMUNOGLOBULIN E, MAST CELL ACTIVATION

Allergic rhinitis is typically triggered by aeroallergens binding to immunoglobulin (Ig) E molecules and degranulating mast cells. IgE antibodies binding to mast and basophil high-affinity receptors induce symptoms. Degranulation takes about 300 IgE receptors and cells. Symptomatic allergic rhinitis usually develops after three or four exposures.<sup>(15)</sup>



**FIGURE 3. PATHOPHYSIOLOGY OF ALLERGIC RHINITIS**

#### EARLY PHASE:

Allergen contact causes sneezing, rhinorrhoea, nasal blockage, and bronchospasm within 5–30 minutes. IgE-sensitized mast cells degranulate, produce histamine, proteases, cysteinyl leukotrienes, cytokines prostaglandins.

#### LATE PHASE

The late-phase response of Allergic Rhinitis is caused by the infiltration of inflammatory cells and subsequent release of mediators. The progression of the inflammatory reaction causes the symptoms.

### **3.3.5.2 ANTIGEN-PRESENTING CELL AND HELPER T-LYMPHOCYTE ACTIVATION**

Mast cells present foreign antigens to TH lymphocytes. Helper T (TH) lymphocytes, antigen-presenting cells, phagocytic cells, B lymphocytes, and dendritic cells produce cytokines such IL-1, IL-6, and TNF- $\alpha$  (TNF-). Like TH2 cells, newly activated T lymphocytes produce IL-4, IL-5, IL-9, IL-13, and GM-CSF (GM-CSF). Allergic rhinitis cytokines activate eosinophil, mast cell, and basophil production, recruitment, and activation.

The invading cells release cytokines and other inflammatory mediators, causing mucous hypersecretion, tissue edoema, goblet cell hyperplasia, and tissue damage, the main symptoms.

Disease progresses from mast cell-mediated acute activity to eosinophil-mediated chronic activity that responds less to antihistamines.<sup>(15)</sup>

### **3.3.6 CLASSIFICATION**

Clinically includes two distinct forms:

#### **1. Seasonal Allergic rhinitis (Hay Fever):**

Seasonal allergic rhinitis also called as hay fever, rose cold, and summer colds.<sup>(11)</sup> Some persons are allergic to seasonal allergens like summer grass pollens or autumn fungal spores. Thus, the patient has seasonal rhinitis.

#### **2. Perennial Allergic Rhinitis:**

Symptoms, which are experienced at any time of the year,, such as house dust and house dust mite, animal dander, cosmetics, moulds, foods, and house dust. In winter, when hot air furnaces are started, allergies worsen.

### **3.3.6.2 ARIA CLASSIFICATION**

According to ARIA criteria,

#### **DEPENDING ON DURATION OF DISEASE**

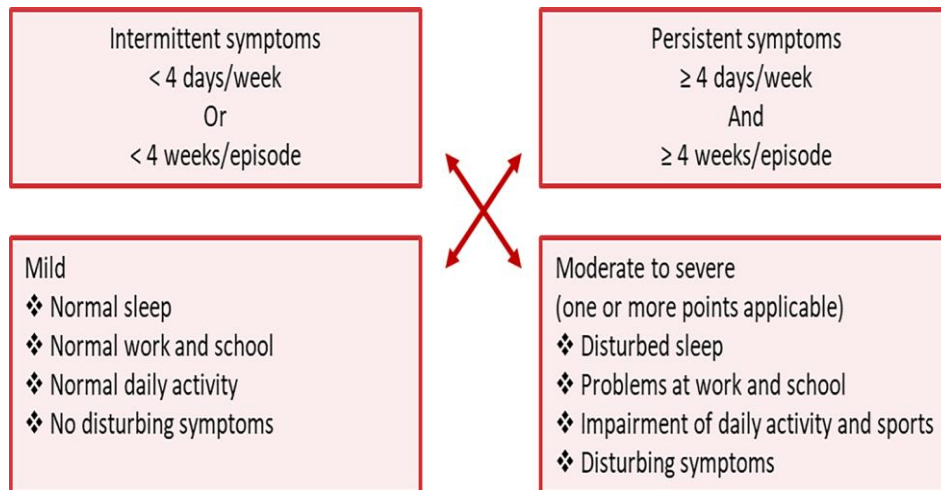
**Intermittent:** Symptoms occur less than four times a week or less than four weeks

**Persistent:** Repeated or long-lasting symptoms for more than 4 weeks

## DEPENDING ON SEVERITY OF DISEASE

**Mild:** When individuals are able to sleep normally and engage in routine activities.

**Moderate to severe:** Symptoms are classified as moderate/severe if they interfere significantly with sleep or everyday activities and/or if they troublesome.<sup>(8)</sup>



**FIGURE 4. ARIA CLASSIFICATION OF ALLERGIC RHINITIS**

### 3.3.7 CLINICAL FEATURES

The cardinal Symptoms includes paroxysmal sneezing, rhinorrhoea with clear, watery discharges, nasal congestion, and itching in the nares and palate

#### Symptoms of seasonal nasal allergy

- Paroxysmal sneezing, ten to twenty sneezes at once
- Nasal blockage
- Watery discharge from nose
- Itching of nose
- Bronchospasm

#### Symptoms of perennial allergy

- Cold with nasal obstruction
- Diminished smell
- Discharge from posterior nares
- Long lasting cough.

Other Symptoms that frequently accompany include

- Lethargy
- Fatigue
- Arthralgia
- Myalgias
- Cognitive impairment.

Allergy sufferers often have systemic symptoms that lower quality of life and make regular activities difficult. <sup>(15)</sup>

### 3.3.8 NASAL EXAMINATION:

**Anterior rhinoscopy:** It is simple to examine the front nasal septum as well as the anterior portion of the inferior turbinates.

**Nasopharyngeal examination:** Accomplished by employing methods that are not direct. Even though a nasopharyngeal mirror can be employed, it only offers a restricted view.

**Endoscopic Evaluation:** Nasal endoscopy can thoroughly examine the posterior nasal cavity turbinates and meatus. <sup>(16)</sup>

### 3.3.9 INVESTIGATIONS

**Nasal Smear:** In allergic rhinitis, a substantial number of eosinophils are seen on a nasal smear.

**Skin tests:** To pinpoint the offending allergen. These include a pinprick, a scratch, and an intradermal examination.

**(a) Prick test.** The allergen enters through a puncture in the dermis located in the volar region of the forearm or the back. Within ten to fifteen minutes, a reaction will be indicated by the appearance of a central wheal and surrounding erythema (flare).

**(b) IgE measurements.** Enzyme-linked immune absorbent assay measures a patient serum total or antigen-specific IgE. Elevated IgE levels indicate test antigen-mediated sensitivity. It is specific test.

**Radio allegro sorbent test (RAST):** It is a test that is done in vitro and evaluates the concentration of certain IgE antibodies in the patient's serum.

**Rhino manometry:** The measurement of nasal air flow is an important part of the research of nasal blockage. <sup>(17)</sup>

**Computed tomography (CT):** The imaging technique of choice for evaluating the nasal cavity, paranasal sinuses, nasopharynx, and skull base using radiology.

### **3.3.10 DIFFERENTIAL DIGNOSIS**

#### **Nasal polyposis:**

Nasal polyps are the most prevalent benign growth, with symptoms including nasal obstruction, anosmia, and anterior rhinorrhea.

#### **Chronic rhino sinusitis:**

The most common symptom is a purulent nasal discharge. Foul-smelling discharge. Local discomfort and headaches are frequently observed. Some individuals complain of nasal congestion and lack of smell.

#### **Infectious rhinitis:**

An acute form of infectious rhinitis is the most common presentation, accounting for up to 98 percent of cases with infectious rhinitis.

#### **Vasomotor rhinitis (non-allergic rhinopathy):**

The symptoms resemble allergic rhinitis, and nasal swabs reveal eosinophilia comparable to that of allergic rhinitis. Nevertheless, the patient often fails to test positive for common allergies.

#### **Rhinitis medica-mentosa:**

A sensitivity of the nasal lining caused by chronic use of topical nasal decongestants. Once the impact of a nasal decongestant has worn off, there is a rebound vasodilation.

### **Atrophic Rhinitis:**

Atrophic rhinitis occurs after nasal surgery, particularly after turbinate excision, and radiotherapy for nasal cavity malignancies. Nasal cilia atrophies. Thick secretions dry fast, forming huge crusts with an unpleasant sweet smell.<sup>(10)</sup>

#### **3.3.11 COMPLICATIONS**

- Relapsing sinusitis
- Development of polyps
- Serous otitis media.
- Orthodontic issues
- Asthma
- Sleep Disorders

#### **3.3.12 MANAGEMENT**

- Avoidance of allergen.
- Patient education
- Prevention of exposure to environmental allergens and irritants
- Anti-IgE antibody therapy
- Treatment with drugs
- Immunotherapy

### **3.4 HOMOEOPATHIC APPROACH IN ALLERGIC RHINITIS**

#### **3.4.1 INTRODUCTION**

Homoeopathic science depends on the concept of individualization. Homoeopathic treatment if planned and applied claims to free from the pernicious hereditary influences which develops as various disorder in future. Natural tendency of Life force in some instances is affected unfavourably by certain stigmata which results from either hereditary factors or previous indiscretions. These stigmata lead to chronic relapsing states of ill-health, generally difficult to cure.<sup>(19)</sup>

### **3.4.2 CONCEPT OF MIASM**

The term miasm is originated from Greek word - Miasma, pollution, to stain or pollute, a morbidic emanation which effects individual directly. In general, "Miasm" refers to a disease-causing strong vaporous exhalations or effluvium.

In Homoeopathy, it refers to the dynamic influence on vital force of a morbidic agent hostile to life, which disturbs a person's vital force or life principle. Miasm is the abnormal innate ethereal power that manifests as abnormal function and sensation - illness. Miasm is not a sickness; rather, it is the factor that causes complex disease symptoms.<sup>(20)</sup>

### **3.4.3 CHRONIC MIASMATIC DISEASES**

Small, frequently imperceptible diseases dynamically perturb the living organism, each in their own way, and cause it to gradually deviate from a healthy condition in a way that automatic life energy vital force, whose purpose is to keep health, only resists them at the beginning and during their progression, unsuitable, and pointless resistance, but cannot eliminate them and must helplessly suffer.<sup>(4)</sup>

Chronic diseases have miasms that sustain their parasitical existence in the human body. The aetiology of the illness must be miasmatic, persistent, and environmental factors. Once it has progressed and developed, it cannot be eradicated by the strength of the strong constitution, defeated by the healthiest food and way of life, nor will it die of itself. Instead, it worsens from year to year, culminating in increasingly severe symptoms at the end of a man's life.<sup>(21)</sup>

Chronic miasmatic diseases has a special tendency to continue in different forms, unless and until removed by the aid of effective medicines. Each of the three miasms expresses itself in a characteristic manner. The miasm can be found out through the patient mind and his physical symptoms. The homoeopathic physician must carefully understand the symptoms to characterize each patient Analyze the patient's symptoms to determine their miasmatic nature. In addition to matching the totality of symptoms, the treatment must also be anti-miasmatic.<sup>(22)</sup>

### **3.4.4 MIASMATIC CHARACTERISTICS**

Each individual should be recognized and defined by his miasmatic characteristics.<sup>(23)</sup> The miasm are harmful to the mind and the body in every conceivable way. They rip at the very essence of life force. Stigma destructive effects of stigma is to weaken the life energy, distort the body, dull the mind, and obliterate the ability to understand. When defect passed down to a second generation, it has already permeated the life force and has become an integral part of the body.<sup>(24)</sup>

It produces a variety of tendencies, including malformations, a persistent catarrhal condition of nose and throat, and dental anomalies. It is necessary to determine the origin of sickness and to eradicate it on the basis of miasms. It is essential to find the simillimum, a deep-acting remedy which will eradicate the evil.<sup>(24)</sup>

There are three chronic miasms, most significant of all chronic sickness is the eruption of itch, PSORA. Then SYCOSIS, also known as fig-wart disease, and SYPHILIS, commonly known as venereal chancre.<sup>(21)</sup>

### **3.4.5 CHARACTERISTIC MANIFESTATIONS OF MIASM:**

Signs and symptoms are the sole observable manifestation of sickness, which is the dysfunctional operation of the life energy. For an accurate grasp of the discord, their complete comprehension is needed. The abnormal sensations felt by the patient can represent the emotional, intellectual, physical state. The qualities in these three realms characterise an individual in both health and disease.<sup>(19)</sup>

#### **3.4.5.1 MIASMATIC CHARACTERISTICS OF PSORA**

Psoric patients are alert; quick and active but they are prone to mental and physical exhaustion, resulting in considerable prostration. They have trouble focusing on their work, and their thoughts are always wandering. Weakness of memory, slowness in calculation <sup>(23, 24)</sup>, Anger outbursts, although with these anger outbursts, the impulse to harm others is rare. Long for travel.

In Children, fear manifests frequently as a dread of the dark, of strangers, and of imaginary objects; as well as a fear of failing and a reluctance to go school. The miasm Psora has an insatiable appetite and a wide variety of desires, numerous



longings and cravings. They crave sweets, acids, sour things, hot food. <sup>(24)</sup> They are Carbo nitrogenoid constitution <sup>(25)</sup>

Predisposition to catch cold, the nostrils as it were stopped up either one or both .the sense of being constricted yet air can freely pass through it. Dryness in nose, Polypi of nose. Sense of smell weak, lost. To violent sensation of smell, higher and highest sensitiveness. <sup>(21)</sup>

Cold begins with sneezing, redness, heat sensitive to touch when blown. Thin watery discharge <sup>(26)</sup> Complaints aggravated in morning, standing, worries <sup>(20)</sup>

### **3.4.5.3 SYPHILITIC CHARACTERISTICS**

Patients with inherited syphilis are intellectually dull <sup>(24,27)</sup> heavy, <sup>(24,27)</sup> stupid<sup>(24,27)</sup> sullen, morose, slowness in calculation and frequently suspicious. They are obstinate, perpetually sad and gloomy yet keep their problems to themselves and sulk. They are slow-witted, depressed, and self-critical. <sup>(24)</sup>

They want alone but want to escape themselves and others. When they start a sentence, the ideas in their head disappear, they forget what they were going to say, and they have a hard time picking back up in the discussion because of their delayed comprehension. When they read, they only get a few lines in before they have to go back and read the whole thing again to make sense of it. <sup>(24)</sup> Syphilis prefers cold food; it is averse to meat. They have tendency for dental caries. <sup>(28)</sup>

Snuffles in children, ulceration, and thick crust (clinkers) often filling whole nasal cavity. Dark greenish black or brown, thick crust <sup>(26)</sup>

Snuffling is a symptom of syphilis or sycosis, and it is commonly seen in infants and young children. There are several dark greenish to brown or black crusts and scabs in the nose, which is characteristic of syphilis. These signs and symptoms are not always unpleasant in smell, but they are accompanied by a thick yellow discharge that drains back into the throat and has the odour of old cheese in those with tubercular diathesis<sup>(24)</sup>

### **3.4.5.2 SYCOTIC CHARACTERISTICS.**

The sycotic individual is cross and agitated; absent-minded., finds difficulty in the right word; the less confident, suspicious jealously. Distrust and jealousy, the causes the greatest forms of degeneracy and most cruelty.

Quarrelsomeness, and harming others and animals. Patient forgets recent, but remembers distant events. Mischevious

Loss of smell, hay fever – nose clear one hour, the next moment nasal passages are blocked. Redness with enlarged capillaries. No ulceration no crust. Stoppage is due to local congestion and thickening of the membrane or enlargement of turbinate bodies due to congestion.<sup>(24)</sup>

Hay fever conditions, which are incredibly difficult to treat with medicine, they are manifestation of syphilis and latent sycosis and frequently with a psora in background tinge. The subject continually going backward due of the destructive nature of the stigma, which is one of the indications of sycosis, which can be identified by the slowness with which they recover.

#### **3.4.5.4 PSORA-SYPHILITIC-SYCOTIC CHARACTERISTICS**

Most criminal insanity and suicides are caused by sycosis and psora; Degenerates are sycotic or syphilitic, or they are the outcome of two combined stigmata.

The psoric, syphilitic, and sycotic as the basis in hay fever which is most difficult condition to manage. During the active phase, the sycotic remains dormant; however, it will manifest once the correct medication has been administered. These patients are always difficult to treat, and even more after serum or vaccine administration..<sup>(24)</sup>.

#### **3.6 ANTI - MIASMATIC REMEDIES IN ALLERGIC RHINITIS**

**CALCAREA CARABONICA:** Frequent sneezing without coryza or with dry coryza. Cold comes suddenly with discharge. Chronic catarrh. At first stoppage of nose, then fluent coryza, with cough. Sneezing aggravation morning on waking. Chronic cold; great liability to catarrh.<sup>(29)</sup>

**NATRUM MURIATICUM:** Fluent coryza and catarrh of nose. Nose is obstructed with mucus and crusts, Frequent sneezing. Extremely susceptible to weather fluctuations there is a tendency to catch cold; weather-related, and cold foods frequently. Eliminates the susceptibility to cold and the recurrence. It is consistent

with slow-developing, long-lasting symptoms to have symptoms that last for years.  
(29)

**SEPIA OFFICINALIS:** Frequent sneezing, fluent coryza with sneezing, early morning. Dryness in nose and throat. Nose dry; every symptom of cold in head; stuffed nose, chronic nasal catarrh Dripping from Posterior nares; must hawked through mouth. Sneezing comes every morning before getting out of bed and last until 9am.<sup>(29)</sup>

**KALI CARBONICA:** Fluent violent coryza, excessive sneezing, Mucus sensation in throat, Obstruction of both nostrils making breathing through nostril impossible. Mucus membrane swollen in nostril, Crust and pimples inside nostril.<sup>(29)</sup>

**PHOSPHORUS:** Sneezing frequent; Nose symptoms are very numerous, Inveterate catarrh, Phosphorus cures nasal catarrh and coryza. Constant sneezing and running nose, stoppage of nostrils. Desire for very cold refreshing drinks.<sup>(30)</sup>

### **3.6 PREVIOUS STUDIES WITH HOMOEOPATHIC TREATMENT:**

#### **3.6.1. Randomised controlled trial of homoeopathy versus placebo in perennial allergic rhinitis with overview of four trial series**

51 patients included and were randomised. Nasal inspiratory peak flow showed that placebo and homoeopathy affected nasal airflow differently. Over the third and fourth weeks following randomization, homoeopathy patients improved 21% compared to 2% in the placebo group. Repeated measures analysis of covariance corroborated this difference (P=0.0001). All recruitment centres improved.<sup>(31)</sup>

#### **3.6.2. ARIA update: I--Systematic review of complementary and alternative medicine for rhinitis and asthma**

Taylor et al<sup>65</sup> performed a study in 50 patients with perennial allergic rhinitis and demonstrated a significant improvement in nasal flow only in the active group. A meta-analysis of 4 trials included in the article concluded in favor of homeopathy over placebo.<sup>(32)</sup>

### **3.6.3. Homeopathy and respiratory allergies: a series of 147 cases**

Eighty seven cases: Five persons were cured (+4), 61 were much improved (+3), 14 improved (+2). Three patients were improved though the classic treatment could not be stopped (+1), one case did not improve (0), and none worsened (n=1).<sup>(45)</sup> Commonly prescribed remedy includes Arsenicum album, Calcarea carbonica, Natrum carbonicum, Natrum muriaticum, Sepia, Sulphur. In children, Alumina, Arsenicum iodatum, Calcarea carbonica, Calcarea sulfurica, Lycopodium, Natrum muriaticum, Pulsatilla, Sepia.<sup>(33)</sup>

### **3.6.4. Hay fever & homeopathy: a case series evaluation**

Miasmatic prescription targets the inherited or acquired weakness which in turn causes a predisposition towards a pattern of illness. This technique prescribes a miasm-specific cure (for example, mercury and nitric acid are well known anti-syphilitic remedies). Thus, chronic disease treatment targets the miasm. Homeopathy significantly improved hay fever symptoms in MYMOP-scored patients. Homeopathic medication improved hay fever symptoms in all these patients within one month.<sup>(34)</sup>

### **3.6.5 CAM in the Treatment of Allergic Rhinitis**

In a randomized controlled trial, Taylor et al. demonstrated a nasal airflow mean difference of 19.8 l/min [P=0.0001], visual analogue scores also showed a reduction of 28 % in the homeopathic group vs 3 % reduction in the placebo group over a 4-week period [P=0.0007].

A larger study by Aabel et al. found no difference in symptom scores from placebo when evaluated weekly over a 4-week period.

A prospective open trial of 46 patients treated with homeopathic mixture resulted in a reduction in RQLQ from 5.5 at baseline to 1.6 after 4 weeks of therapy [P=0.0001] [22]. These findings were supported by the randomized controlled trial by Friese KH et al. of 144 subjects receiving homeopathic therapy vs placebo with outcomes revealing a decrease from 12.1 to 5.9 in sinus symptom scores compared to a decrease in placebo group from 11.7 to 11.0 [P<0.001]<sup>(35)</sup>

### **3.6.6. Clinical verification in homeopathy and allergic conditions**

Allergic conditions: 16.5% of the adults and 22% of children presented with allergic conditions (Arsenicum album was prescribed in 28% of the patients, Natrum carbonicum in 9%, Natrum sulphuricum in 8.5%, Pulsatilla pratensis in 8% followed by Phosphorus, Alumina, Arsenicum sulphuratum flavum, Calcarea carbonica, Carbo vegetabilis, Silicea, etc.<sup>(36)</sup>

### **3.6.7. Real-life effect of classical homeopathy in the treatment of allergies: A multicenter prospective observational study**

All clinical symptoms improved, most significantly ( $p < 0.001$ ). At baseline, 21 traditional medication therapy patients (62%) were able to discontinue at least one medication, while 38 (38%) reported a dose reduction. Treatment had no negative effects. Homeopathy significantly improved symptoms and reduced conventional medicine usage. The real-life effect suggests therapeutic improvements.

Twenty-four patients (60%) received a mineral-based medication. In addition, medicinal products of vegetable (17.5%) and animal origin (15%) as well as nosodes (potentiated pathogens, 7.5%) were administered.<sup>(37)</sup>

### **3.6.8. Evaluation of the quality of life after individualized homeopathic treatment for seasonal allergic rhinitis. A prospective, open, non-comparative study**

46 patients were treated with homeopathy. Frequently used homeopathic remedies were Sulphur (13%), Pulsatilla (8%), Medorrhinum (6%), Tuberculinum (5%), Natrum muriaticum, Phosphorus, Sepia (each 4%), Arundo, Calcarea, Thuja (each 3%).

Baseline RQLQ scores ranged from 1.21 to 5.50, with a mean of 3.40 (0.98). Patients reported considerable HRQL improvement after three and four weeks of treatment. After three and four weeks of homeopathic treatment, it was 1.97 (1.32) and 1.6 (1.28) ( $P = 0.0001$ ). The RQLQ has a quantitative and clinical relevance to evaluate the homeopathic treatment of allergic rhinitis.<sup>(38)</sup>

### **3.6.9 Treatment of Chronic Allergic Rhinitis and Sinusitis with Homeopathy**

The methodological way of treating patient is called as individualised miasmatic homeopathic treatment. And such treatment will include chronic remedies.

Miasmatic constitutional remedy should be prescribed for complete cure, which means it is a way to remove future recurrence/susceptibility to these allergic conditions. Duration for complete cure will depend on the chronicity, severity and the root cause of rhinitis.<sup>(39)</sup>

## **4.0 MATERIALS AND METHODS**

It comprises data collection, methodology, assessment followed by interpretation of data.

### **4.1 COLLECTION OF DATA**

#### **4.1.1 SOURCES OF DATA**

Thirty different cases of allergic rhinitis taken from patients who visited the Out-patient department, the In-Patient care unit, and the peripheral health centres of the Sarada Krishna Homoeopathic Medical College and Hospital in Kulasekharam.

#### **4.1.2 SELECTION OF SAMPLES**

Sample size – 30 cases.

Sampling technique – Purposive Sampling.

#### **4.1.3 METHOD OF COLLECTION OF DATA**

- A random purposive sampling of 30 cases of patients at Sarada Krishna Homoeopathic Medical College with allergic rhinitis was taken from Out-patient and In-patient department, and peripheral health centres.
- The case details recorded in standardized and structured case format of Sarada Krishna Homoeopathic Medical College and analyzed and the totality erected.
- The patient Miasmatic background considered when selecting the appropriate medication.
- Assessments of the Pre-treatment and Post-treatment, followed by statistical analysis of the results.

#### **4.1.4 INCLUSION CRITERIA**

- Patients having symptomatology of allergic rhinitis.
- Age group between 10 - 50 years.
- Both sexes.

#### **4.1.5 EXCLUSION CRITERIA**

- Pregnant women
- Patients with active treatment for any chronic and systemic condition.
- Instances where surgical intervention is essential.
- Exclude severe uncontrolled diabetes.

#### **4.2 METHODOLOGY:**

- Thirty cases of allergic rhinitis was taken from Out-patient , In-patient department, and peripheral health centres of Sarada Krishna Homoeopathic Medical College
- The case details recorded in standardized and structured case format of Sarada Krishna Homoeopathic Medical College and analyzed and the totality erected.
- The symptoms evaluated, based on the totality of symptoms and the Miasm of patient analyzed. Then the case Repertorised and remedy prescribed.
- Selection of potency and repetition of doses were based on the homoeopathic philosophy. Assessment done in every two weeks and the changes are recorded.

#### **4.3 ASSESSMENT:**

Assessment is made with general wellbeing and improvement of symptoms in patient. Changes and improvement of patient after treatment is recorded. Rhinitis control Assessment test used in each case to assess properly. For statistical analysis and to compare scores before and after therapy, the paired 't' test was employed.

#### **4.4 INTERPRETATION OF DATA:**

Age, gender, Physical constitution, Moral and intellectual character, Occupation, Mode of living and habits, Social and domestic relations, Sexual functions, past history, family history, Miasm of the patient, RCAT score and improvement of symptoms were used to analyse the result. The findings are presented in tables and graphs. The significance level of the study was determined statistically by using the paired t-test.



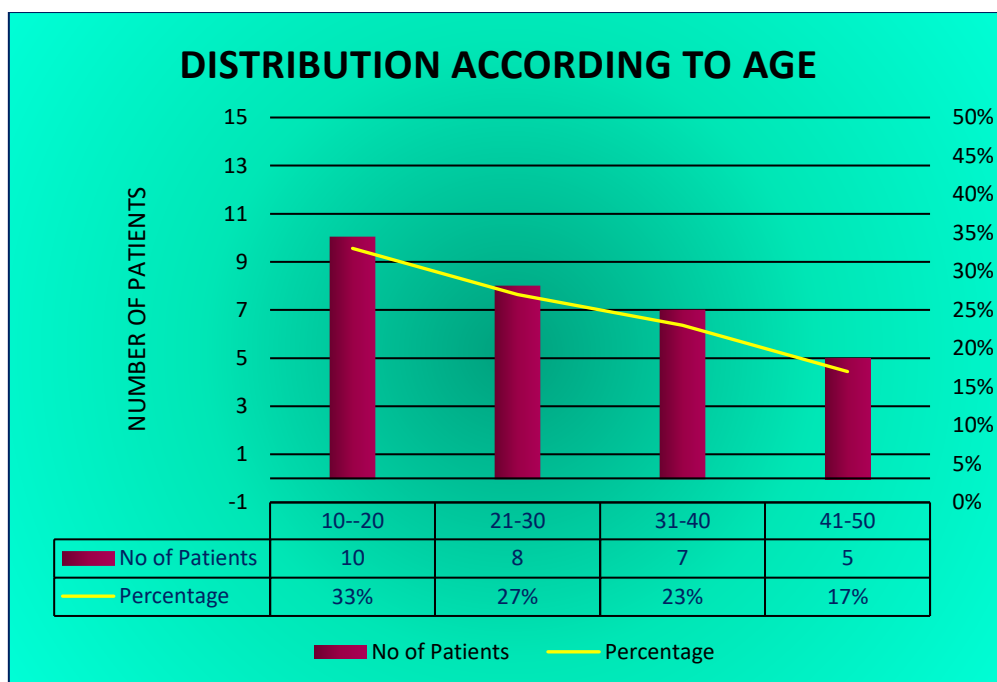
## 5.1 OBSERVATION AND RESULTS

### 5.1.1 DISTRIBUTION OF CASES ACCORDING TO AGE

TABLE-1

SNO	AGE	NUMBER OF CASES	PERCENTAGE
1.	10-20	10	33%
2.	21-30	8	27%
3.	31-40	7	23%
4.	41-50	5	17%

CHART NO -1



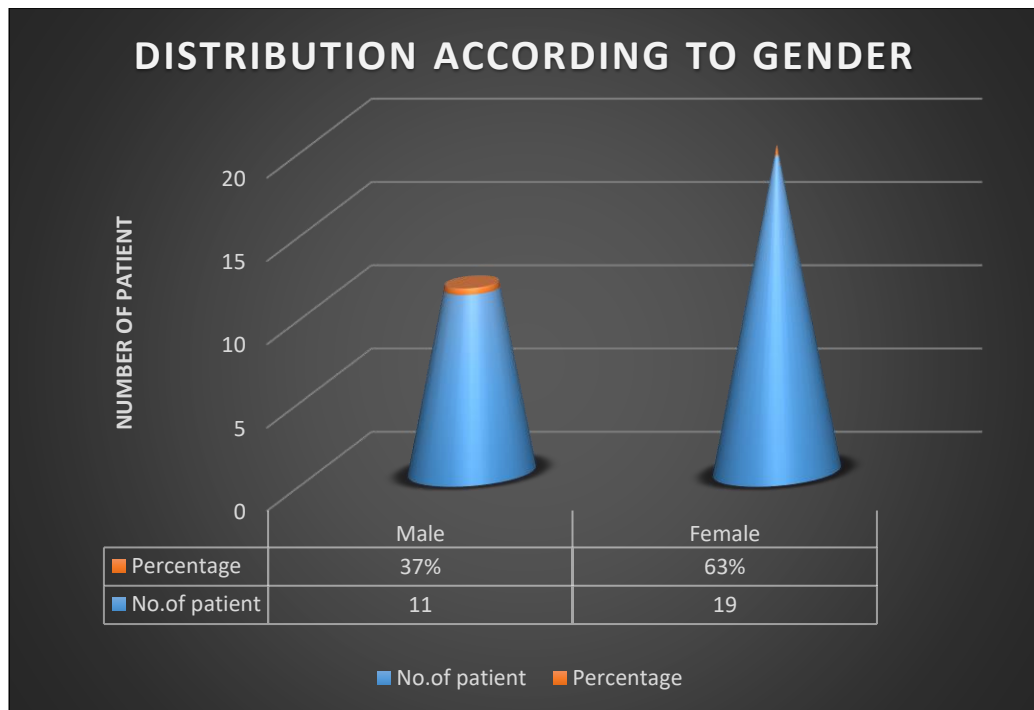
From a total of 30 Cases, a maximum of 10 patients (33%) were between the ages of 10 and 20 years old, 8 patients (27%) were between the ages of 21 and 30 years old, 7 patients (23%) were between the ages of 31 and 40 years old, and 5 patients (17%) were between the ages of 41 and 50 years old.

### 5.1.2 DISTRIBUTION OF CASES ACCORDING TO GENDER

TABLE-2

SNO	GENDER	NUMBER OF CASES	PERCENTAGE
1.	MALE	11	37%
2.	FEMALE	19	63%

CHART NO - 2



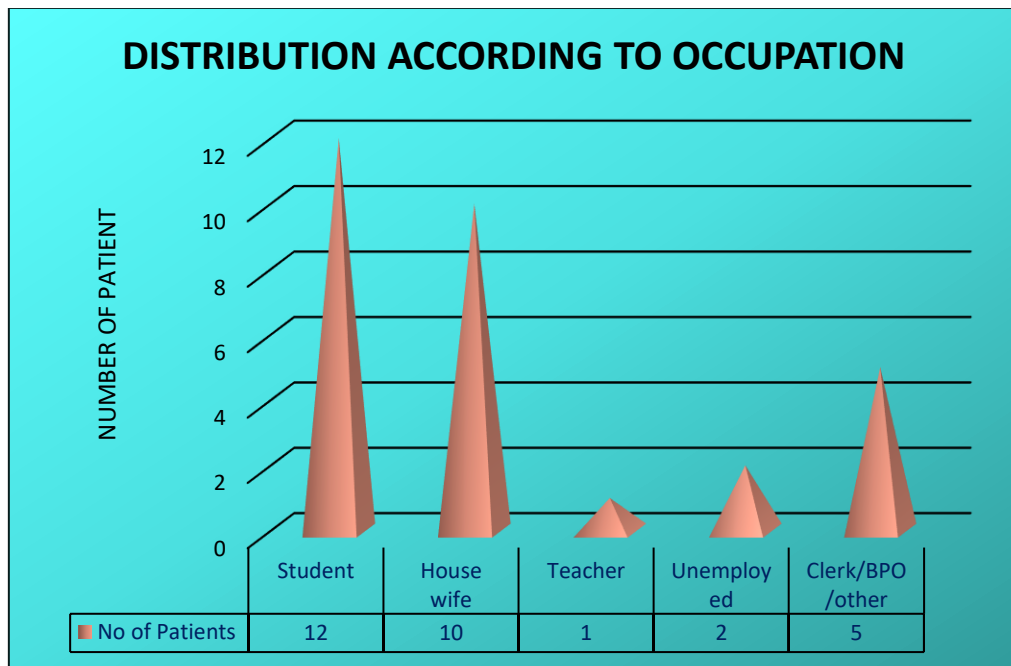
Out of 30 cases, a maximum of 19 patients (63%) were females, and 11 (37%) were male patients.

### 5.1.3 DISTRIBUTION OF CASES ACCORDING TO OCCUPATION

TABLE - 3

S NO	OCCUPATION	NUMBER OF CASES	PERCENTAGE
1.	STUDENT	12	40%
2.	HOUSE WIFE	10	33%
3.	TEACHER	01	03%
4.	UNEMPLOYED	02	07%
5.	CLERK/BPO/OTHERS	05	17%

CHART NO - 3



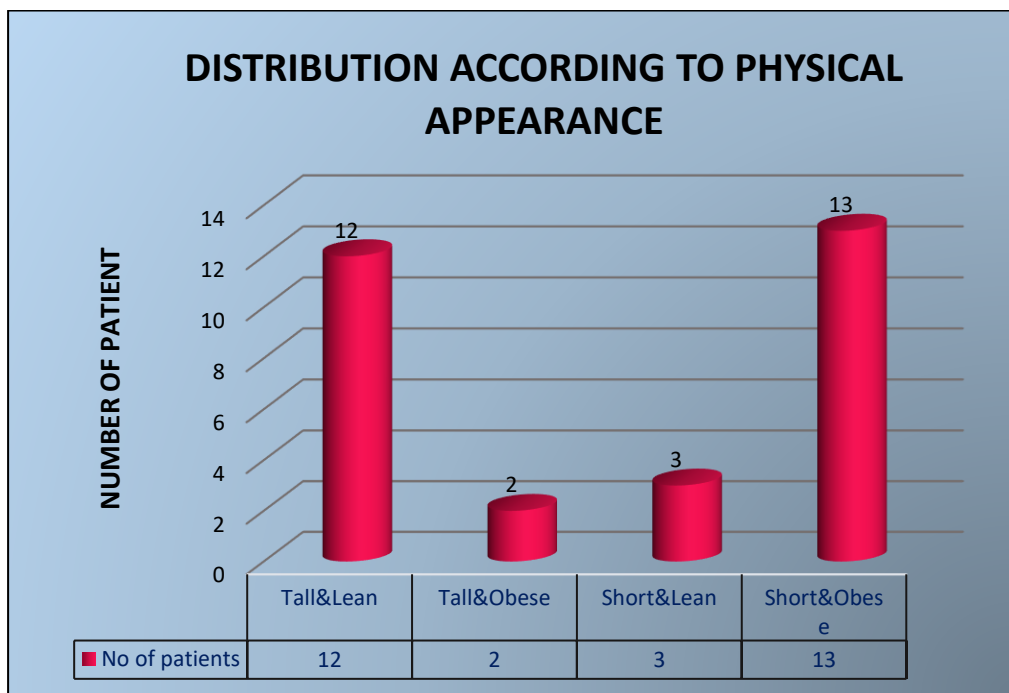
Among Thirty patients, 12 patients (40%), were students 10 patients (33%) were housewives, and 5 patients (17%) worked as clerk/BPO. 2 patients (7%) were unemployed and 1 patient (3%) was a teacher

### 5.1.4 DISTRIBUTION ACCORDING TO PHYSICAL APPEARANCE

TABLE-4

SNO	PHYSICAL CONSTITUTION	NUMBER OF CASES	PERCENTAGE
1.	TALL&LEAN	12	40%
2.	SHORT&LEAN	03	10%
3.	TALL&OBESE	02	7%
4.	SHORT&OBESE	13	43%

CHART NO - 4



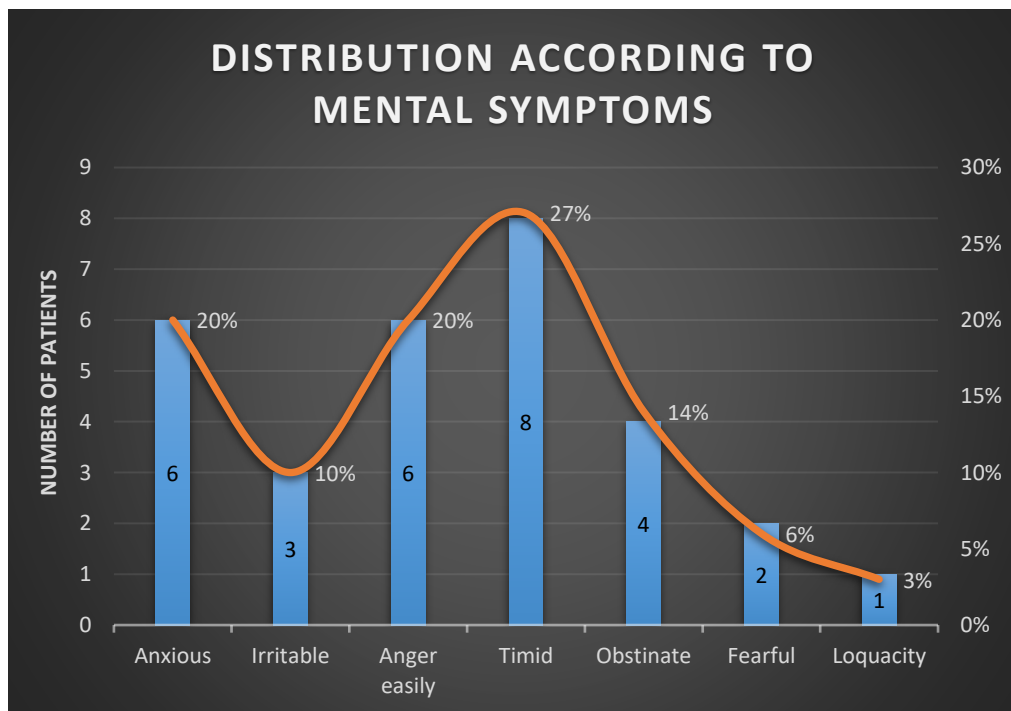
In 30 cases, maximum of 13 patients (43%) were short and Obese, 12 patients (40%) were Tall and Lean, 3 patients (10%) were Short and Lean and 2 patients (7%) were tall and obese.

### 5.1.5 DISTRIBUTION OF CASES ACCORDING TO MENTAL SYMPTOMS

TABLE-5

S N	MENTAL SYMPTOMS	NUMBER OF CASES	PERCENTAGE
1.	ANXIOUS	06	20%
2.	IRRITABLE	03	10%
3.	ANGER EASILY	06	20%
4.	TIMID	08	27%
5.	OBSTINATE	04	14%
6.	FEARFUL	02	06%
7.	LOQUACITY	01	03%

CHART NO - 5



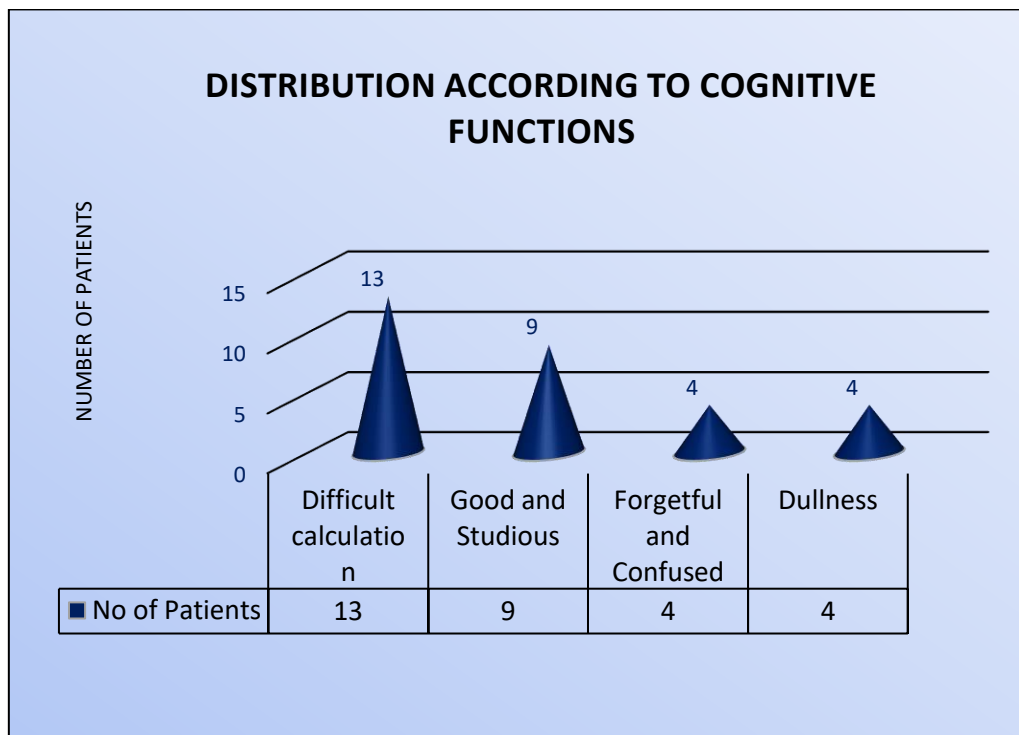
In 30 cases, maximum of 8 patients (27%) were Timid, 6 patients (20%) were anxious and another 6 patient showed anger easily, 4 patients (14%) were obstinate, 3 patients (10%) were irritable, 2 patients (6%) were fearful and 1 patient (3%) was loquacious.

**5.1.6 DISTRIBUTION OF CASES ACCORDING TO INTELLECT  
(COGNITIVE FUNCTIONS)**

**TABLE - 6**

S N	INTELLECTUAL CHARACTER	NUMBER OF CASES	PERCENTAGE
1.	DIFFICULT ARITHMETICS	13	44%
2.	STUDIOUS	09	30%
3.	CONFUSED & FORGETFUL	04	13%
4.	DULLNESS	04	13%

**CHART NO - 6**



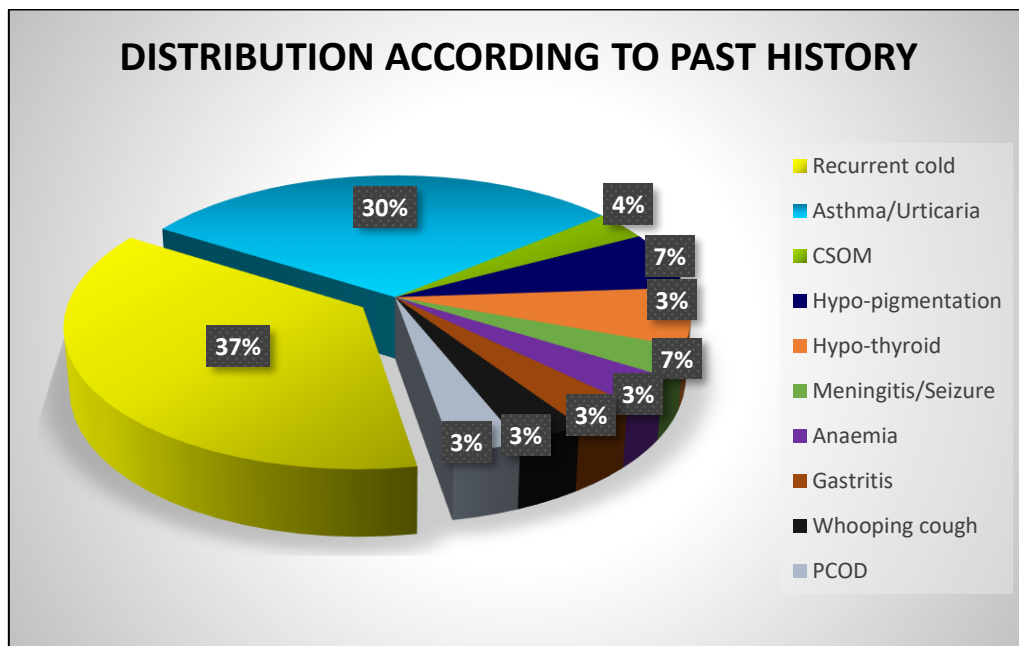
In thirty cases, the intellectual characteristics; 13 patients (44%) had difficulty in arithmetic calculation, and 9 patients (30%) were studious. 4 patients (13%) presented with concerns related to confusion and forgetfulness. Another 4 patients (13%) were intellectually dull.

### 5.1.7 DISTRIBUTION OF CASES ACCORDING TO PAST HISTORY

TABLE – 7

SN	PAST HISTORY	NUMBER OF CASES	PERCENTAGE
1.	RECURRENT COLD	11	37%
2.	ASTHMA, URTICARIA	09	31%
3.	CSOM	01	03%
4.	HYPO-PIGMENTATION	02	07%
5.	HYPO-THYROID	01	03%
6.	MENINGITIS/SEIZURE	02	07%
7.	ANAEMIA	01	03%
8.	GASTRITIS	01	03%
9.	WHOOPIING COUGH	01	03%
10.	PCOD	01	03%

CHART NO - 7



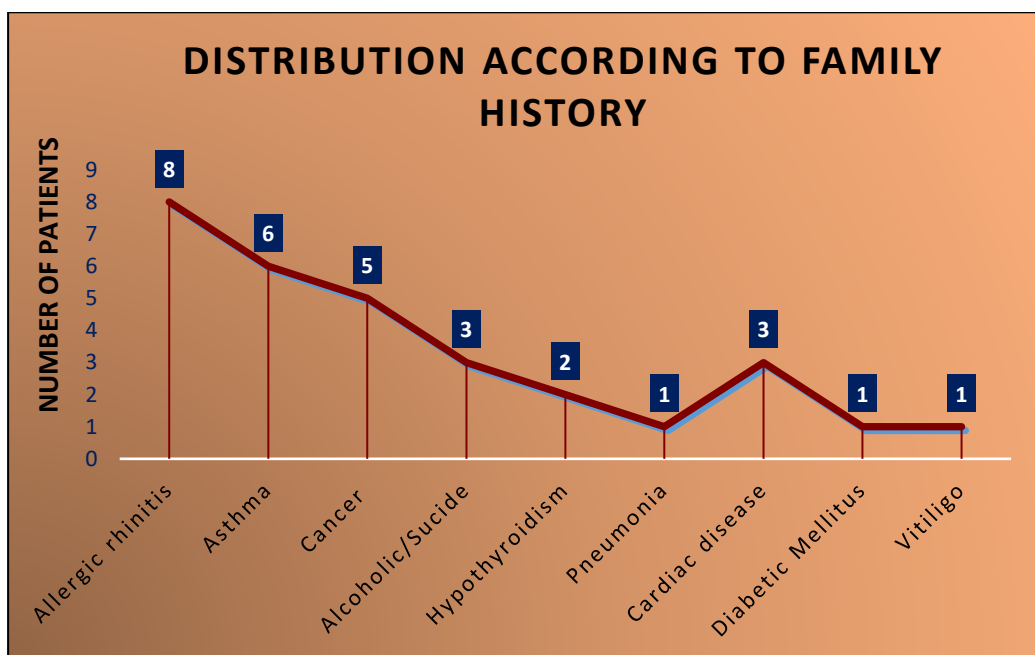
Among thirty patients; 11 patients (37%) had episodes of recurrent attack of cold, and 9 patient (31%) had episodes of asthma and urticaria, 1 patient (3%) had CSOM, 2 patients (7%) have hypopigmentation, and 1 patient (3%) have hypothyroidism. Meningitis with a seizure affected 2 patients (7%), 1 patient (3%) had anaemia. 1 patient (3%) had gastritis, 1 patient (3%) had whooping cough, another 1 patient (3%) had PCOD.

### 5.1.8 DISTRIBUTION OF CASES ACCORDING TO FAMILY HISTORY

TABLE – 8

S NO	FAMILY HISTORY	NUMBER OF CASES	PERCENTAGE
1.	ALLERGIC RHINITIS	08	27%
2.	ASTHMA	06	20%
3.	CANCER	05	17%
4.	ALCOHOLIC+ SUCIDE	03	10%
5.	HYPO-THYROIDISM	02	07%
6.	PNEUMONIA	01	03%
7.	CARDIAC DISEASES	03	10%
8.	DIABETIC MELLITUS	01	03%
9.	VITILIGO	01	03%

CHART NO - 8



Out of 30 patient, Family history of allergic rhinitis was present in 8 (27%). Asthma in 06 (20%) of families. 5 patients (17%) had cancer in their family (Malignancy). 03 (10%) patients had a family history of suicide with alcoholism. 03 (10%) patients had Cardiac diseases in their families. Hypothyroidism in 02 (07%) patients' families. 01 (03%) patient had a family history of diabetes. 01 (03%) had a family history of pneumonia. Vitiligo present in 01(3%) patient family.

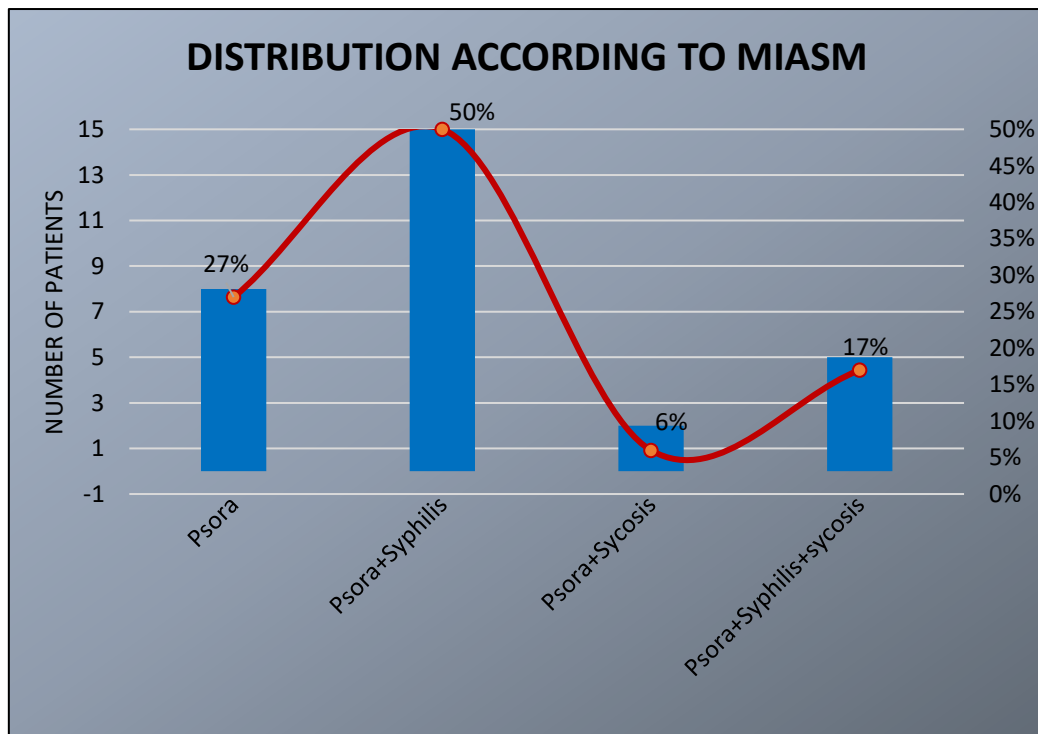


### 5.1.9 DISTRIBUTION OF CASES ACCORDING TO MIASM

TABLE – 9

S NO	MIASM	NUMBER OF CASES	PERCENTAGE
1.	PSORA	08	27%
2.	PSORA + SYPHILIS	15	50%
3.	PSORA + SYCOSIS	02	6%
4.	PSORA + SYCOSIS + SYPHILIS	05	17%

CHART NO- 9



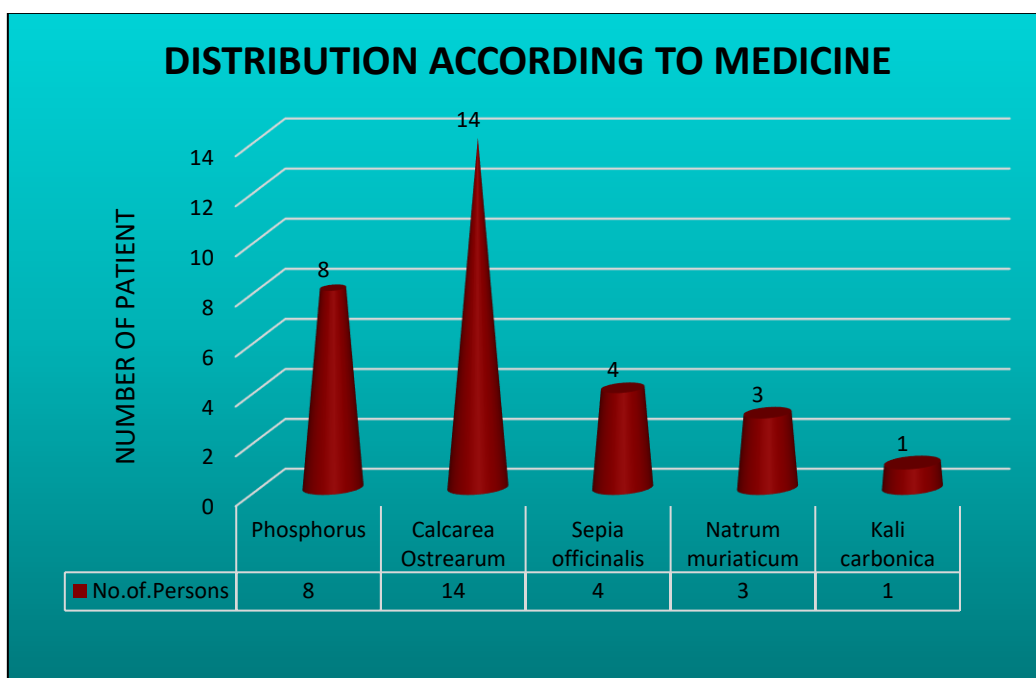
Miasmatic background of patient Out of 30 patients, 15 patients (50%) had Psora + syphilis, 08 patient (27%) had Psora, 02 patient (06%) had Psora-Sycosis and another 05 patient (17%) had Psora- Syphilis- Sycosis.

### 5.1.10 DISTRIBUTION OF CASES ACCORDING TO MEDICINE

TABLE - 10

S NO	MEDICINE	NUMBER OF CASES	PERCENTAGE
1.	PHOSPHORUS	08	27%
2.	CALCAREA OSTRERUM	14	47%
3.	SEPIA OFFICINALIS	04	13%
4.	NATRUM MURIATICUM	03	10%
5.	KALI CARBONICUM	01	03%

CHART NO - 10



Out of 30 cases of Allergic rhinitis, maximum of 14 patients (47%) were prescribed with Calcarea Ostrearum, Phosphorus to 8 patients (27%), Sepia officinalis were given to 4 patients (13%), Natrum muriaticum to 3 patients (10%) and Kali carbonica to 1 patient (3%).

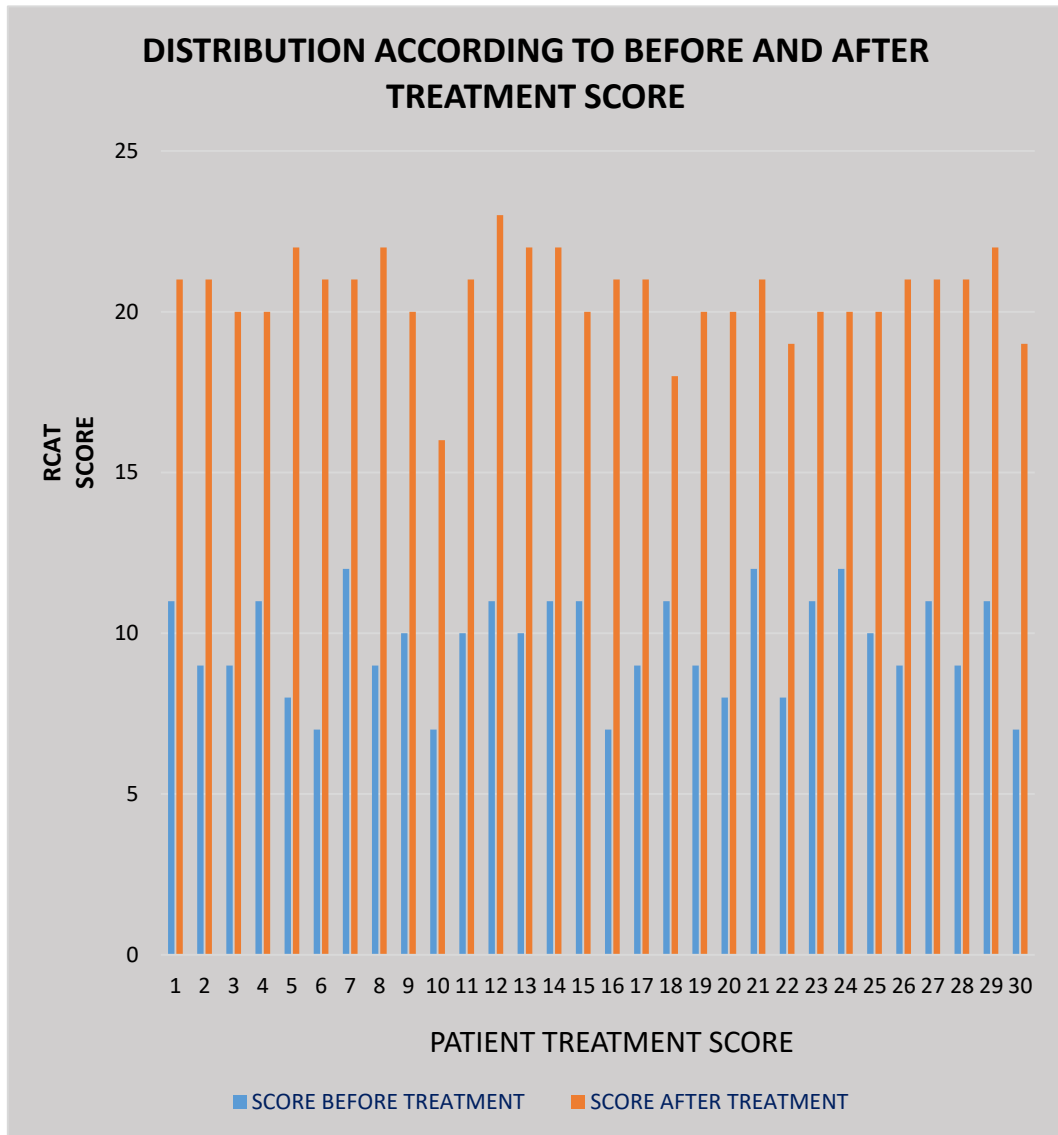
**5.1.11 DISTRIBUTION OF CASES ACCORDING TO BEFORE AND AFTER  
TRETMENT SCORE**

**TABLE - 11**

SNO	SCORE BEFORE TREATMENT	SCORE AFTER TREATMENT
1.	11	21
2.	09	21
3.	09	20
4.	11	20
5.	08	22
6.	07	21
7.	12	21
8.	9	22
9.	10	20
10.	7	16
11.	10	21
12.	11	23
13.	10	22
14.	11	22
15.	11	20
16.	07	21
17.	09	21
18.	11	18
19.	09	20
20.	08	20
21.	12	21
22.	08	19
23.	11	20
24.	12	20
25.	10	20
26.	09	21
27.	11	21

28.	09	21
29.	11	22
30.	07	19

**CHART NO-11**

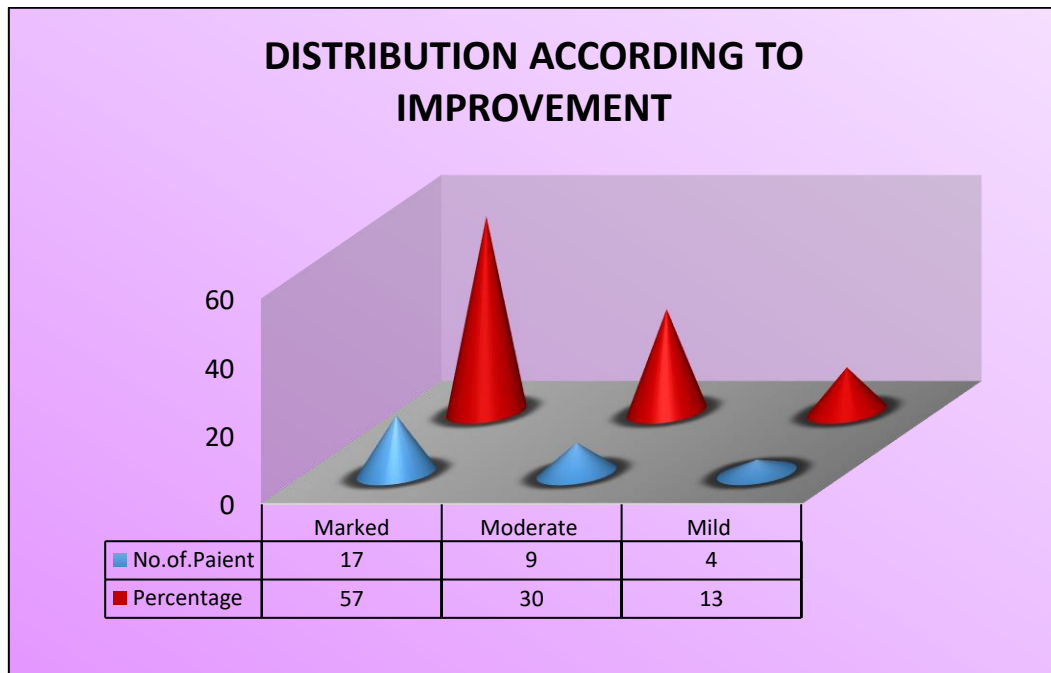


### 5.1.12 DISTRIBUTION OF CASES ACCORDING TO IMPROVEMENT

TABLE - 12

S NO	IMPROVEMENT	NUMBER OF CASES	PERCENTAGE
1.	MARKED	17	57%
2.	MODERATE	09	30%
3.	MILD	04	13%

CHART NO-12



In 30 Allergic rhinitis patients after prescribing medication, 17 patients (57%) showed marked improvement, 9 patients (30%) had moderate improvement and 4 patients (13%) had mild improvement.

## 5.2 SUMMARY OF FINDINGS

The following findings were derived from a study including a sample of 30 individuals

- In this study, the Incidence of Allergic rhinitis were more in age between 10 to 20 years 10 patients (33%)
- The Prevalence of Allergic rhinitis were found to be more in females 19 patients 63%
- In this study, 12 (40%) Students were most commonly affected with Allergic rhinitis.
- In this study, Short and obese (43%) 13 patients were most commonly affected with Allergic rhinitis.
- According to this study maximum of 8 patients (27%) were Timid.
- Out of 30 cases, maximum of 13 patients (44%) had Difficulty in Arithmetic calculation.
- Out of 30 cases, maximum of 11 patients (37%) had past history of recurrent attack of cold.
- In this study, maximum of 8 patients (27%) had family history of Allergic rhinitis.
- In this study, 15 patients (50%) had Psora + syphilis as Miasmatic background.
- According to the study, maximum of 14 patients (47%) were prescribed with medicine Calcarea Ostrerum.
- In this study, significant improvement present according to Rhinitis Control Assesment Test (RCAT) score chart
- Out of 30 cases, 17 patients (57%) showed marked improvement, 9 patients (30%) showed moderate improvement and 4 patients (13%) showed mild improvement.

Homoeopathic medicine prescribed on basis of Miasmatic background had shown its effectiveness in treatment of Allergic rhinitis.

### 5.3 STATISTICAL ANALYSIS

**A. Question to be answered:**

Is there any difference between the RCAT score taken before and after the homoeopathic treatment in Allergic Rhinitis?

**B. Null hypothesis:**

There is no difference between the RCAT score taken before and after the homoeopathic treatment in Allergic Rhinitis.

**C. Statistical tool used:**

Paired t- test- SPSS

Case Processing Summary						
	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
SCORE BEFORE TREATMENT	30	100.0%	0	0.0%	30	100.0%

Case Processing Summary						
	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
SCORE AFTER TREATMENT	30	100.0%	0	0.0%	30	100.0%

Report		
SCORE BEFORE TREATMENT		
Mean	N	Std. Deviation
9.67	30	1.583

Report		
SCORE AFTER TREATMENT		
Mean	N	Std. Deviation
20.53	30	1.358

<b>Paired Samples Statistics</b>
----------------------------------

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	SCORE BEFORE TREATMENT	9.67	30	1.583	.289
	SCORE AFTER TREATMENT	20.53	30	1.358	.248

Paired Samples Correlations					
		N	Correlation	Significance	
				One-Sided p	Two-Sided p
Pair 1	SCORE BEFORE TREATMENT & SCORE AFTER TREATMENT	30	.278	.068	.137

Paired Samples Test									
	Paired Differences					t	df	Significance	
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				One-Sided p	Two-Sided p
				Lower	Upper				
BEFORE TREATMENT - AFTER TREATMENT	-10.867	1.776	.324	-11.530	-10.204	-33.514	29	<.001	<.001

**D. Statistical Significance:**

Since P value < 0.001, it indicates that the test is statistically significant and hence null hypothesis is rejected.

**E. Inference:**

Thus the treatment is effective and RCAT scores improved significantly after Miasmatic remedy.



## 6.0 DISCUSSION

Patients with Allergic Rhinitis who visited the Sarada Krishna Homoeopathic Medical College Hospital OPD, IPD, and Peripheral health center were selected as participants based on the inclusion criteria.

A total of 30 cases were documented in the structured format. The conditions were then assessed, and the totality formulated based on Miasmatic background of patient. Changes were evaluated based on the patient's general improvement and alleviation of symptoms. The Rhinitis Control Assessment Test (RCAT) score was used to evaluate the pre-treatment and post-treatment assessments for symptom alleviation. Scores before and after treatment were determined. The related 't' value is then calculated to determine the level of significance. This study investigated the effectiveness of treating allergic rhinitis based on Miasmatic background of patient. Based on the analysis of thirty patients with Allergic Rhinitis, the following observations made.

### **BASED ON MISMATIC BACKGROUND OF PATIENTS**

In this study, the treatment of allergic rhinitis based on the patient's miasmatic background resulted in a significant improvement. So the selection of Medicine based on the Miasmatic background of the patient was effective.

#### **AGE:**

In 30 Cases, a maximum of 10 patients (33%) were between the ages of 10 and 20 years old, 8 patients (27%) were between the ages of 21 and 30 years old, 7 patients (23%) were between the ages of 31 and 40 years old, and 5 patients (17%) were between the ages of 41 and 50 years old.

This result correlates to WAO “White Book on Allergy” and “An appraisal of Allergic disorders in India and an urgent call for Action”.

According to WAO White Book on Allergy Allergic rhinitis affects 10–30% of adults and 40% of youngsters <sup>(12)</sup> According to ISAAC phase-I and phase-III studies, the allergic rhinitis incidence increase was larger among adolescents <sup>(3,13)</sup> In India, the prevalence of allergic rhinitis has steadily increased during the past two decades, the increase was larger among adolescents aged 13–14 years.<sup>(3)</sup>

**GENDER:**

Out of 30 cases, a maximum of 19 patients (63%) were females, and 11 (37%) were male patients. Results shows Females were mostly affected.

This result correlates to research study on “Do Gender and puberty influence allergic diseases?” Although boys exhibit allergies more frequently in childhood, this soon changes during the sexual development of girls, resulting in a lifetime female predominance of allergic disorders.<sup>(14)</sup>

**OCCUPATION:**

Among Thirty patients, 12 patients (40%), were students 10 patients (33%) were housewives, and 5 patients (17%) worked as clerk/BPO. 2 patients (7%) were unemployed and 1 patient (3%) was a teacher

This Research study shows Students (40%) were mostly affected. Many other study states there is strong correlation between occupation and Allergic rhinitis.

American Thoracic Society issued “The Occupational Burden of Nonmalignant Respiratory Diseases. An Official American Thoracic Society and European Respiratory Society Statement” Occupational exposures contribute to the prevalence of a variety of nonmalignant lung diseases among adults.<sup>(40)</sup>

**PHYSICAL APPERANCE:**

In 30 cases, maximum of 13 patients (43%) were short and Obese, 12 patients (40%) were Tall and Lean, 3 patients (10%) were Short and Lean and 2 patients (7%) were tall and obese. Study results shows short and obese (43%) were commonly affected

This result corresponds with a study on “Short stature in children with respiratory allergy”. Study mentions, much greater prevalence of Short Stature in patients with long-term allergy disease evolution. The frequency was considerably higher.<sup>(41)</sup>

Another study “Physical Activity, Sedentary Habits, Sleep, and Obesity are Associated with Asthma, Allergic Rhinitis, and Atopic Dermatitis in Korean Adolescents” states that overweight was linked to allergic diseases.<sup>(42)</sup>

## **MENTAL SYMPTOMS:**

In total 30 cases, maximum of 8 patients (27%) were Timid, 6 patients (20%) were anxious and another 6 patient showed anger easily, 4 patients (14%) were obstinate, 3 patients (10%) were irritable, 2 patients (6%) were fearful and 1 patient (3%) was loquacious.

From this study results majority of people affected with Allergic rhinitis were timid nature. This co-relates with statement in book Indications of miasm by HariMohan choudary.<sup>(26)</sup>

Another research states complications associated with hay fever are usually irritability and behavioral problems.<sup>(43)</sup>

In another research study “Psychological status of patients with seasonal and perennial allergic rhinitis” shows Positive correlations were found between total rhinitis symptom scores and the general symptom index, somatization, and problems in interpersonal relationships.<sup>(44)</sup>

## **INTELLECT (COGNITIVE) FUNCTIONS:**

In thirty cases, the intellectual characteristics; 13 patients (44%) had difficulty in arithmetic calculation, and 9 patients (30%) were studious. 4 patients (13%) presented with concerns related to confusion and forgetfulness. Another 4 patients (13%) were intellectually dull.

The majority of individuals with allergic rhinitis (44%) reported difficulty doing arithmetic calculations.

Impaired cognitive learning during the pollen season and some also had memory impairment. It was also shown that patients with allergic rhinitis symptoms take a longer time to make decisions and have a slower psychomotor rate than healthy control subjects.<sup>(43)</sup>

This finding is consistent with a research paper “Cognitive, Social, and Economic Costs of Allergic Rhinitis.” Cognitive processing, psychomotor speed, language learning, and memory continuously diminish in allergic individuals. Lower productivity, the discomfort, cognitive impairment, and absenteeism associated with allergic rhinitis.<sup>(45)</sup>

Finding in this study correlates to another study, “Relationship between allergic rhinitis, disturbed cognitive functions and psychological well-being” Allergic rhinitis was related to significantly impair psychological well-being and to perceived impaired cognitive functioning.<sup>(46)</sup>

### **PAST HISTORY:**

Among thirty patients; 11 patients (37%) had episodes of recurrent attack of cold, and 9 patient (31%) had episodes of asthma and urticaria, 1 patient (3%) had CSOM, 2 patients (7%) have hypo-pigmentation, and 1 patient (3%) have hypothyroidism. Meningitis with a seizure affected 2 patients (7%), 1 patient (3%) had anaemia. 1 patient (3%) had gastritis, 1 patient (3%) had whooping cough, and another 1 patient (3%) had PCOD

In this study Maximum of patients (37%) had past history of recurrent attack of cold. This results corresponds to research study “Is recurrent respiratory infection associated with allergic respiratory disease?”

The most frequent respiratory problem reported was common cold, affecting 91.9% of the studied population and the prevalence of Allergic rhinitis based on the ISSAC questionnaire was found in 55% <sup>(47)</sup>

### **FAMILY HISTORY:**

Out of 30 patient, Family history of allergic rhinitis was present in 8 (27%). Asthma in 06 (20%) of families. 5 patients (17%) had cancer in their family (Malignancy). 03 (10%) patients had a family history of suicide with alcoholism. 03 (10%) patients had Cardiac diseases in their families. Hypothyroidism in 02 (07%) patients' families. 01 (03%) patient had a family history of diabetes. 01 (03%) had a family history of pneumonia. Vitiligo present in 01(3%) patient family.

In this study most of patients (27%) had Allergic rhinitis history in family. This result corresponds to statement in “Diseases of Ear, Nose & Throat by PL Dhingra” If one or both parents have allergic diathesis, children have a 20% and 47% chance of having allergies, respectively<sup>(9)</sup>

Research study “Comparison of risk factors between patients with non-allergic rhinitis and allergic rhinitis” points that patients with family history of allergic disease had 2.14 to 4.06-fold increased risk for development of Allergic rhinitis.<sup>(48)</sup>

#### **MIASM OF THE PATIENT:**

Miasmatic background of patient Out of 30 patients, 15 patients (50%) had Psora + syphilis, 08 patient (27%) had Psora, 02 patient (06%) had Psora-Sycosis and another 05 patient (17%) had Psora- Syphilis- Sycosis.

From this study results obtained; Psora + Syphilis were predominant miasm in (50%) of patient. This results can be compared with book “The principles and art of cure by homoeopathy: a modern textbook by Herbert Alfred Roberts.”

The base of hay fever are psoric, syphilitic, and sycotic. During the active phase, the sycotic remains dormant but will emerge later.<sup>(24,27,28)</sup>

#### **MEDICINE PRESCRIBED:**

Out of 30 cases of Allergic rhinitis, maximum of 14 patients (47%) were prescribed with Calcarea Ostrearum, Phosphorus to 8 patients (27%), Sepia officinalis were given to 4 patients (13%), Natrum muriaticum to 3 patients (10%) and Kali carbonica to 1 patient (3%).

The results of the study, Homoeopathic Medicine Calcarea ostrerum was the mostly prescribed Miasmatic remedy for Patients with Allergic rhinitis.

This study correlates to “Treatment of Chronic Allergic Rhinitis and Sinusitis with Homeopathy” Miasmatic remedy should be prescribed for complete cure, which means it is a way to remove future recurrence/susceptibility to these allergic conditions. Remedies includes Natrum muriaticum, Natrum sulphuricum, Calcarea carbonica, Graphites, Thuja, Medorrhinum, Sepia officinalis, Silica, Sulphur<sup>(39)</sup>

## **6.1 LIMITATIONS**

1. The Participants in the research study is limited. Hence, caution needed to be extrapolating the study conclusions and assumptions.
2. This research study has a restricted timeframe.
3. Many of the cases were inaccessible, which made case selection difficult.
4. There was no comparison group or control group because the sample size was small

## **6.2 RECOMMENDATIONS**

1. Large sample size and a longer study duration would provide better results.
2. For an effective scientific analysis, it would be ideal to compare the results of homoeopathic treatment with those of a placebo control group.
3. Individually, the intellectual characteristics of patients with allergic rhinitis might be investigated.

### **6.3 SUGGESTIONS FOR FUTURE RESEARCH**

1. The prevalence of allergic diseases in relation to gender
2. Evaluation of the role of Past and Family History in the Onset of Allergic Rhinitis
3. Assessment of cognitive functions in patients with Allergic rhinitis.
4. Studying the prevalence of metabolic disorders in patient with allergic rhinitis.
5. Allergic rhinitis and its association with sexual dysfunctions.
6. Miasmatic characteristics related research in Allergic rhinitis.



## 7. CONCLUSION

It is concluded that Allergic Rhinitis is,

- Age group between 10-20 years (33%) more commonly affected.
- Females (63%) were mostly affected.
- Short and obese (43%) were commonly affected
- In maximum patients with Allergic Rhinitis had Difficulty in Arithmetic calculation (44%)
- Students (40%) were mostly affected.
- Maximum of patients (37%) had past history of recurrent attack of cold.
- Most of patients (27%) had Allergic rhinitis history in family
- Psora + Syphilis were predominant miasm in (50%) of patient.
- Calcarea ostrerum (47%) was the mostly prescribed Anti-Miasmatic remedy for Patients with Allergic rhinitis.

The statistical analysis of the scores led to the conclusion that Homoeopathic medication provided on the basis of Miasmatic background has a significant impact on Allergic Rhinitis conditions.

## 8.0 SUMMARY

Allergic rhinitis an inflammatory hypersensitivity reaction to aeroallergens deposited on the nasal mucosa and conjunctiva. In India, the prevalence of allergic rhinitis has steadily increased during the past two decades. Dermato-phagoides Pteronyssinus significant allergen in Southern India.

Sneezing, nasal obstruction, discharge in anterior and posterior nares,, aggravation during early morning , dust, cold air exposure and cold wet weather, Craving for sweets, sour, Cold drinks. Nasal polypus, Dental caries were the most common Miasmatic characteristic symptoms.

For this study, allergic rhinitis 30 cases were taken, a totality was compiled based on the patient miasmatic background and Homoeopathic Medicine given The Rhinitis Control Assessment Test (RCAT) was utilized to compare the pre and post-treatment.

In this research study, Allergic Rhinitis found to be more common in age group between 10-20 years 10 patients (Thirty three percentage), Females were mostly affected 19 patients (Sixty three percentage), 12 patients (Forty percentage) were Students. Physical appearance wise short and obese were commonly affected 13 patients (Forty three percentage), majority of people affected with Allergic rhinitis were timid nature, Intellectual cognitive function in patients with Allergic Rhinitis was affected ; maximum patients had Difficulty in Arithmetic calculation 13 patients (Forty four percentage). 11 patients (thirty seven percentage) had past history of recurrent attack of cold. 8 patients (twenty seven percentage) had Allergic rhinitis history in their family. Psora + Syphilis were predominant miasm (fifty percentage) 15 patients. Calcarea osterum was mostly prescribed Miasmatic remedy for 14 Patients (forty seven percentage). The Rhinitis Control Assessment Test (RCAT) score shows significant improvement.

Homoeopathic treatment for Allergic rhinitis based on Miasmatic background has proven beneficial.

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## ANNEXURE- I

### GLOSSARY

- 1. Aggravation:** A situation in which the patient feels worse from or symptoms are increased by a remedy. Denoted by “<”.
- 2. Amelioration:** An improvement of the patient or decrease in the intensity of symptoms. Denoted by “>”.
- 3. Dose:** A dose is the quantity of drug or other therapeutic agent taken at a time or in fractional amounts within a stated period.
- 4.** One dose refers to one 30 size medicated globule in one grain of sugar of milk – dry dose advised to be taken orally.
- 5. Constitution:** A person’s physical and mental make-up which is revealed through his physical built, his characteristic desires, aversions and reactions as well as emotional and intellectual attributes.
- 6. Remedy:** A medicine, application or treatment that relieves or cures a disease.
- 7. Potency:** Potency is the degree of dilution that a homoeopathic remedy has undergone in its manufacturing process. This is indicated by the number and letters listed after the name of the remedy.
- 8. Repertorization:** Repertorization is a method that is used to analyze the patient’s symptoms and thus compare the various medicines that may be appropriate.
- 9. Symptom:** A physical or mental feature which is regarded as indicating a condition of disease that is apparent to the patient.



**ANNEXURE - II**  
**CHRONIC CASE RECORD FORMAT**

*'Case Records Are Our Valuable Asset'*

**SARADA KRISHNA**  
**HOMOEOPATHIC MEDICAL COLLEGE HOSPITAL**  
**KULASEKHARAM, KANNIYAKUMARI DIST, TAMIL NADU- 629 161**

**CHRONIC CASE RECORD**

Date: ..... Unit ..... Regn. No .....

**1. PERSONAL DATA**

Name of Patient .....

Age ..... yrs      Sex: M/F/T      Religion: .....

Nationality: .....

Name of Father / Spouse/ Guardian/ Son/ Daughter: .....

Marital status: Single/ Married/ Widow (er) / Divorcee/ Live – relation

Occupation: ..... Income per capita: .....

Family size (members living together): .....

Diet: Veg/ Non veg/ Mixed

Address:.....  
 .....

Phone (Office)..... Residence .....

Mobile ..... e-mail .....

Referred to by: .....

**FINAL DIAGNOSIS**

Homoeopathic	
Disease	

<b>RESULT</b>	Cured	Relieved	Referred	Otherwise	Expired
---------------	-------	----------	----------	-----------	---------

Attending Physician .....

**2. PRESENTING COMPLAINTS:**

Location	Sensation & Pathology	Modalities (<,> & A/F (=))	Concomitants if any

**3. H/O PRESENTING ILLNESS:**

(Origin, duration and progress of each symptom in chronological order along with its mode of onset, probable cause (s), details of treatment and their outcome)

**4. HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:**

**5. HISTORY OF FAMILY ILLNESS:**

**6. PERSONAL HISTORY:**

**A. LIFE SITUATION:**

Place of Birth :  
Religion :  
Education :  
Economic Status :  
Social Status :  
Nutritional Status :  
Occupation :  
Marital Status :

**B. HABITS AND HOBBIES:**

Food :  
Addictions :

**C. DOMESTIC RELATIONS:**

With family members :  
With other relatives :  
With neighbors/ friends/ colleagues :

**7. GENERAL SYMPTOMS:**

**A. PHYSICAL:**

**I. FUNCTIONAL:**

Appetite :  
Thirst :  
Sleep :

**II. ELIMINATIONS:**

Stool :  
Urine :  
Sweat :

**III. REACTIONS TO:**

**IV. CONSTITUTIONAL:**

Physical makeup :  
Temperament :

Thermal :  
Side affinity :  
Sensation/ tendencies :

**B. MENTAL GENERALS:**

**8. PHYSICAL EXAMINATION:**

CONSCIOUS :  
GENERAL APPEARANCE :  
INTELLIGENCE & EDUCATION LEVEL :  
GENERAL BUILD UP & NUTRITION :  
HT: cm WT: kg BMI: kg/m<sup>2</sup>

**A. PHYSICAL FINDINGS**

ANEMIA :  
JAUNDICE :  
CYANOSIS :  
OEDEMA :  
LYMPHADENOPATHY :  
GAIT :  
BLOOD PRESSURE : mm of Hg  
PULSE :  
TEMPERATURE :  
RESP.RATE :

**B. SYSTEMIC EXAMINATION:**

**RESPIRATORY SYSTEM:**

Inspection:  
Palpation:  
Auscultation:

**CARDIOVASCULAR SYSTEM:**

Inspection:  
Palpation:  
Auscultation:

**9. LAB INVESTIGATIONS & FINDINGS:**

**10. PROVISIONAL DIAGNOSIS:**

**11. DATA PROCESSING:**

**A. ANALYSIS OF SYMPTOMS**

Common	Uncommon

**B. EVALUATION OF SYMPTOMS:**

Mental generals	Physical generals	Particulars

**C. MIASMATIC ANALYSIS:**

	PSORA	SYCOSIS	SYPHILIS
Family History			
Past History			
Mental generals			
Physical General			
Particular Symptoms			

**D.MIASMATIC CHARCTERISTIC OF PATIENT:**

**E.TOTALITY OF SYMPTOMS**

**12. SELECTION OF MEDICINE (REPERTORIAL):**

**13. MEDICINE SELECTED:**

**14. BASIS OF SELECTION:**

**15. FIRST PRESCRIPTION:**

**16. GENERAL MANAGEMENT AND AUXILARY MEASURES:**

## 17. RHINITIS CONTROL ASSESSMENT TEST (RCAT)

PATIENT NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

PLEASE CHECK THE CATEGORY THAT BEST ANSWERS THE QUESTION.

Write the score for each item in the column to the right

1. During the past WEEK, how often did you have nasal congestion?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

2. During the past WEEK, how often did you sneeze?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

3. During the past WEEK, how often did you have watery eyes?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

4. During the past WEEK, to what extent did your nasal allergy symptoms interfere with your sleep?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

5. During the past WEEK, how often did you AVOID any activity (for example, gardening, exercising, visiting a house with a dog or cat) because of your nasal or other allergy symptoms?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

Total score:

The higher the score, the better controlled you are with your nose and eye symptoms.

A score that is lower than 21 suggest that you are not well-controlled.

**18. FOLLOW UP:**

DATE	FOLLOW UP					PRESCRIPTION	
	1	2	3	4	5	R	



**ANNEXURE - III**

**RHINITIS CONTROL ASSESSMENT TEST (RCAT)**

PATIENT NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

PLEASE CHECK THE CATEGORY THAT BEST ANSWERS THE QUESTION.

Write the score for each item in the column to the right

1. During the past WEEK, how often did you have nasal congestion?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

2. During the past WEEK, how often did you sneeze?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

3. During the past WEEK, how often did you have watery eyes?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

4. During the past WEEK, to what extent did your nasal allergy symptoms interfere with your sleep?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

5. During the past WEEK, how often did you AVOID any activity (for example, gardening, exercising, and visiting a house with a dog or cat) because of your nasal or other allergy symptoms?

Never	Rarely	Sometimes	Often	Extremely Often	Score
5	4	3	2	1	

Total score:

The higher the score, the better controlled you are with your nose and eye symptoms.

A score that is lower than 21 suggest that you are not well-controlled.

## ANNEXURE - IV

### CASE RECORDED - 1

#### PATIENT AS A WHOLE:

**Name** :Ms.X  
**Age/Sex** :25 years /Female  
**Religion** :Hindu  
**Occupation** :Clerk  
**Address** :Manlikarai  
**Date of Case taking** :20/01/2022  
**Op no** :3923

#### PRESENTING COMPLAINTS:

<b>Location and Duration</b>	<b>Sensation and Pathology</b>	<b>Modalities (&lt;,&gt; &amp;A/F</b>	<b>Concomitants and associated symptoms</b>
Sneezing since 3months to 5months	5-10 sneeze at a time Itching in nose Watery discharge from nose	< After Head bath < Dust , Air conditioner <Drinking water in morning >Medication >Steaming >Herbal Decoction	--

#### HISTORY OF PRESENTING COMPLAINTS:

Patient has complaints of sneezing with watery discharge from nose since 3-5 months. 5-10 sneeze at a time, if sneezing starts it will last whole day. Initially complaints start as itching in nose followed by watery discharge in nose then sneezing whole day and ends with fever next day. Sneezing aggravated from After Head bath, Dust, Air

conditioner, Drinking water in morning amelioration by taking Herbal Decoction, Allopathic Medication – T.Cipla and Steaming. Patient has recurrent attack of cold and tendency to catch cold.

**HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:**

History of frequent attack of cold fever in childhood

History of Eosinophilia took Allopathic treatment and relieved

History of Chickenpox in Childhood

**FAMILY HISTORY:**

Father has Diabetic Mellitus and had Pneumonia Once.

Mother had Eczema.

Elder sibling died 3days after birth.

**PERSONAL HISTORY:**

**A.LIFE SITUATION**

Place of Birth:Manalikai

Religion: Hindu

Dwellings: Terrace house with Rubber plant surrounding house

Education: Graduate

Economic Status: Middle class

Social status: Good

Nutritional status: Good

**B.DEVELOPMENTAL MILESTONES**

Birth: Fine term normal Delivery

No complications during birth

Birth Weight: 2.3kg

All milestones developed at normal age

**C.HABITS & HOBBIES**

Interested in artistic works and sewing works

**D.DOMESTIC RELATIONSHIP**

With family members: Good

With other relatives: Good

With neighbors /friends/colleagues : Good

## E.SEXUAL RELATIONS

Marital status: Single

## GENERAL FEATURES:

### PHYSICALS

Appetite: Normal

Thirst: Normal

Sleep: Normal sleep

Stool: Regular

Urine: Normal

Sweat: In palms with chilliness of palms

Menses:FMP-13 Years of age, regular cycles, lmp-15/1/2022, 3/28-30day cycle

### **REACTION TO:**

Desire: Covering

Desire: Fanning

Desire: Sweets

Intolerance to: Cold, Air conditioner

Aversion: Cold food, Cold drinks, Fish

### **MENTAL GENERAL:**

Anxiety about health

Friendly nature, Easy going

Studios nature

### **PHYSICAL APPEARANCE:**

Conscious

Healthy

Fair complexion

Tall, curly hair, Long eyelashes

### **PHYSICAL FINDINGS:**

Anaemia: Not Anaemic

Jaundice: Not Icteric

Clubbing: No Clubbing

Cyanosis: Not Cyanosed

Edema- No edema

Lymphadenopathy: No lymphadenopathy

Pulse: 72/min

Respiratory rate: 24/min

**SYSTEMIC EXAMINATION:**

**RESPIRATORY SYSTEM:**

INSPECTION: Nasal polyp in left side, hypertrophied turbinate with redness in right side

PALPATION: No tenderness

PERCUSSION: Normal Lung resonance heard

AUSCULTATION: Normal vesicular breath sound heard all over lung field

**CARDIOVASCULAR SYSTEM:**

First and second heart sounds are heard normally in all four Auscultatory areas

**PROVISIONAL DIAGNOSIS: ALLERGIC RHINITIS**

**ANALYSIS OF SYMPTOMS:**

COMMON SYMPTOM	UNCOMMON SYMPTOM
Sneezing with watery nasal discharge	Anxiety about health
Itching in nose	Friendly nature, Easy going
Sneezing aggravated by Head bath	Stidious nature
Sneezing aggravated by Dust,	Tendency to catch cold frequently
Sneezing aggravated by Air conditioner,	Desire to sweets
Sneezing aggravated in Early morning,	Aversion to Fish
Sneezing aggravated by Drinking water	Intolerance to Cold Air,Cold drinks,Air
in morning	conditioner
Sneezing Ameliorated by Steaming ,	Sweat in palms with chillness
herbal decoction and medication	

**EVALUATION OF SYMPTOMS:**

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
Anxiety about health Friendly nature Easy going Studious nature	Desire to sweets Aversion to Fish Intolerance to Cold Air,Cold drinks,Air conditioner Sweat in palms with chillness of hands Tendency to catch cold frequently	Sneezing with watery discharge Itching in nose Sneezing < Head bath Sneezing < Dust, Air conditioner, Early morning, Sneezing < Drinking water in morning Sneezing >Steaming , herbal decoction and medication

**MIASMATIC ANALYSIS:**

	PSORA	SYCOSIS	SYPHILIS
Family History	Pneumonia Diabetic Mellitus		
Past History	Eosinophilia		
Mental Generals	Anxiety about health Friendly nature Studious nature		
Physical Generals	Tendency to catch cold Desire Sweets Aversion-Fish Sweat in palms with Chilliness	Nasal polyp in both side	Tendency to catch cold Curly hair
Particular Symptoms	Sneezing with watery discharge Itching in nose Sneezing < Head bath Sneezing < Dust, Sneezing < Early morning,		

**MIASMATIC CHARACTERISTIC OF PATIENT:**

<b>MIASMATIC CHARACTERISTIC OF PATIENT</b>	<b>MIASM</b>
1. Anxiety about health	Psora
2. Friendly nature	Psora
3. Studious nature	Psora
4. Desire Sweets	Psora, Syphilis
5. Tendency to catch cold frequently	Psora, Syphilis
6. Nasal polyp in both side	Sycosis
7. Intolerance to Cold Air, Cold drinks	Psora
8. All Milestones developed at Normal age	Psora
9. Aversion to fish	Psora
10. Chilliness of hands	Psora
11. Sneezing with watery discharge	Psora
12. Itching in nose	Psora
13. Sneezing < Head bath	Psora
14. Sneezing < Dust, Air conditioner, Early morning,	Psora
15. Past History of eosinophilia	Psora
16. Curly hair	Psora, Syphilis

**HOMOEOPATHIC DIAGNOSIS:**

Fully Developed Chronic Miasmatic Disease-Predominantly Psora

**TOTALITY OF SYMPTOMS:**

Anxiety about health

Friendly nature

Easy going

Desire to sweets

Aversion to Fish

Intolerance to Cold Air, Cold drinks, Air conditioner

Sweat in palms with chillness of hands  
 Tendency to catch cold frequently  
 Sneezing with watery discharge  
 Itching in nose  
 Sneezing < Head bath  
 Sneezing < Dust,  
 Sneezing < Air conditioner,  
 Sneezing < Early morning,Drinking water in morning

**REPERTORIAL ANALYSIS:**

	phos.	lyc	sulph.	puls.	calc.	nux-v.	sep.	med.	merc.	nat-m.	
	1	2	3	4	5	6	7	8	9	10	1
	7	6	6	6	5	5	5	5	5	5	5
	12	12	12	10	10	10	10	9	8	8	8
Clipboard 4											
1. MIND - ANXIETY - health; about	(56)	1									
2. NOSE - SNEEZING - morning	(67)	1									
3. GENERALS - COLD - take cold; tendency to	(161)	1									
4. GENERALS - FOOD and DRINKS - fish - aversion	(35)	1									
5. GENERALS - FOOD and DRINKS - sweets - desire	(198)	1									
6. GENERALS - FOOD and DRINKS - cold food - aversion	(11)	1									
7. NOSE - POLYPUS	(66)	1									

**REPERTORIAL RESULTS:**

1.Phosphorus	2.Lycopodium	3.Sulphur	4.Pulsatilla	5.Calcarea carbonica
12/7	12/6	12/6	10/5	10/5

6.Nux-Vomica	7.Sepia officianlis	8.Medorrhinum	9.Mercurius	10.Natrum Muriaticum
10/5	10/5	9/5	8/5	8/5

**MEDICINE SELECTED: PHOSPHORUS**



**BASIS OF SELECTION:**

INDICATION FROM –LECTURES ON MATERIA MEDICA-BY J.T.KENT

Nose symptoms are very numerous, Inveterate catarrh

Phosphorus cures nasal catarrh and coryza

Constant sneezing and running nose, stoppage of nostrils

**MEDICAL MANAGEMENT:**

FIRST PRESCRIPTION:

Rx

1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose
2. SAC LAC 6D
3. B.PILLS (3 X TDS)
4. B.DISC (1 X BD)

MODE OF ADMINISTRATION OF MEDICINE: No.30 sized one medicated globule in one grain of sugar of milk given orally.

Dry dose::No.30 sized one medicated globule in one grain of sugar of milk laying alone upon tongue and giving nothing to drink.

**GENERAL MANAGEMENT:**

Avoid exposure to cold , Avoid exposure to dust

**RHINITIS CONTROL ASSESSMENT TEST (RCAT)**

PATIENT NAME: MS.XX

PLEASE CHECK THE CATEGORY THAT BEST ANSWERS THE QUESTION.

Write the score for each item in the column to the right.

1. During the past WEEK, how often did you have nasal congestion?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	2

2. During the past WEEK, how often did you sneeze?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	2

3. During the past WEEK, how often did you have watery eyes?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	2

4. During the past WEEK, to what extent did your nasal or other allergy symptoms interfere with your sleep?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	3

5. During the past WEEK, how often did you AVOID any activity (for example, gardening, exercising, and visiting a house with a dog or cat) because of your nasal or other allergy symptoms?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	2

The total score: The higher the score, the better controlled you are with your nose and eye symptoms.

A score that is lower than 21 suggest that you are not well-controlled

ON FIRST VISIT :( RACT ASSESSMENT)

DATE	CONDITION OF THE PATEINT					SCORE
	1	2	3	4	5	
20/01/2022	1	2	3	4	5	11
	2	2	2	3	2	

**FOLLOW UP:**

DATE	FOLLOW UP					PRESCRIPTION
27/1/2022	1	2	3	4	5	Rx 1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose 2. SAC LAC 6D 3. B.PILLS (3 X TDS) 4. B.DISC (1 X BD) <div style="text-align: right;">X 1 Week</div>
	3	4	3	3	2	
	1. Nasal congestion reduced 2. Sneezing reduced 3. Watery eyes reduced 4. Had Sound sleep last week without disturbance 5. Can able to do daily activities without much complaints Generals -Good					

DATE	FOLLOW UP					PRESCRIPTION
10/2/2022	1	2	3	4	5	Rx 1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose 2. SAC LAC 6D 3. B.PILLS (3 X TDS) 4. B.DISC (1 X BD) <div style="text-align: right;">X 2 Weeks</div>
	4	2	3	3	2	
	1. Nasal congestion reduced 2. Sneezing complaints since yesterday with Itching in nose present-slightly increased 3. Watery eyes reduced 4. Had Sound sleep last week without disturbance 5. Can able to do daily activities without much complaints Generals -Good					

DATE	FOLLOW UP					PRESCRIPTION
24/2/2022	1	2	3	4	5	Rx
	4	4	3	3	2	1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose 2. SAC LAC 6D 3. B.PILLS (3 X TDS) 4. B.DISC (1 X BD) X 1Week
	1. Nasal congestion reduced 2. Sneezing reduced in last week 3. Watery eyes reduced 4. Had Sound sleep last week without disturbance 5. Can able to do daily activities without much complaints Generals –Good					

DATE	FOLLOW UP					PRESCRIPTION
3/3/2022	1	2	3	4	5	Rx
	4	4	3	4	2	1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose 2. SAC LAC 6D 3. B.PILLS (3 X TDS) 4. B.DISC (1 X BD) X 2 Weeks
	1. Nasal congestion reduced 2. Sneezing reduced 3. Watery eyes reduced 4. Had Sound sleep last week without disturbance 5. Can able to do daily activities without much complaints Generals –Good					

DATE	FOLLOW UP					PRESCRIPTION
17/3/2022	1	2	3	4	5	Rx
	4	5	3	4	2	1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose 2. SAC LAC 6D 3. B.PILLS (3 X TDS) 4. B.DISC (1 X BD) X 1 Week
	<p>1. Nasal congestion reduced</p> <p>2. Sneezing reduced in last week Slight itching in nose present with watery discharge from nose</p> <p>3. Watery eyes reduced</p> <p>4. Had Sound sleep last week without disturbance</p> <p>5. Can able to do daily activities without much complaints</p> <p>Generals –Good</p>					

DATE	FOLLOW UP					PRESCRIPTION
24/3/2022	1	2	3	4	5	Rx
	4	5	4	4	4	1. PHOSPHORUS 200/1DOSE (M X 1Day) No.30 Sized 1 medicated globule in 1 grain of sugar of milk –Dry dose 2. SAC LAC 6D 3. B.PILLS (3 X TDS) 4. B.DISC (1 X BD) X 1 Week
	<p>1. Nasal congestion reduced</p> <p>2. Sneezing reduced in last week</p> <p>3. Watery eyes reduced</p> <p>4. Had Sound sleep last week without disturbance</p> <p>5. Can able to do daily activities without much complaints</p> <p>Generals –Good</p>					

TREATMENT SCORE	BEFORE	AFTER
	11	21
TREATMENTDURATION	3 months	
MEDICINE GIVEN	PHOSPHORUS	
POTENCY SELECTED	200	
NUMBER OF DOSES	09	

## CASE RECORDED - 2

PATIENT AS A WHOLE:

**Name** : Master.XX  
**Age/Sex** : 10years, Male child  
**Religion** : Christian  
**Occupation** : Student  
**Address** : Enayam  
**Date of Case taking** : 17/03/2022  
**Op no** : 3946

### PRESENTING COMPLAINTS:

Location and Duration	Sensation and Pathology	Modalities (<,>) &A/F	Concomitants and associated symptoms
Sneezing since 3-5years Increased since 6 months	Watery discharge from nose Obstruction of both Nostril alternatively Cough with scanty expectoration Want to hawk	<Exposure to Dust , < Exposure to cold air < Cold weather < Rainy weather < Early morning on waking , evening < Touching nose < Smell of cooking , talcum powder	Pain in left ear Redness of eyes with agglutination Itching in nose eyes

### HISTORY OF PRESENTING COMPLAINTS:

Patient complaints of cold started before 7 years. Initially complaints started as frequent attack of cold, fever. Complaints of sneezing with watery discharge from nose since 7 years. Complaints of few sneezing present only in morning and disappear by taking allopathic medication. Gradually complaints increase in frequency and intensity. Now patient has sneezing almost every day since 3 years and complaints are

not tolerable since 6 months. Sneezing with Watery discharge from nose, Obstruction of both Nostril alternatively .Cough with scanty expectoration, Want to hawk. With itching nose, ears.Redness of eyes, agglutination of eyes. Sneezing aggravated from Exposure to dust, cold air, cold weather, rainy wet weather, early morning on waking, evening,Smell of cooking, talcum powder, touching nose and sneezing ameliorated by Medication. Took allopathic occasionally

Patient has recurrent attack of cold and tendency to catch cold since 3 years of age.

**HISTORY OF PREVIOUS ILLNESS WITH TREATMENT ADOPTED:**

History of frequent attack of cold in childhood.

History of frequent attack of Diarrhoeaup to 1 year took allopathy and relieved

History of Eosinophilia took Allopathy for 3 months

History of frequent cervical lymphadenopathy Allopathy

History of skin disease took Allopathy at 7 years of age

**FAMILY HISTORY:**

Grandfather died from Cancer of mouth

Father has Eosinophilia,Allergic rhinitis, Diabetic Mellitus

Mother has Allergic Rhinitis and Sinusitis

**PERSONAL HISTORY:**

**A.LIFE SITUATION**

Place of Birth:Enayam

Religion: Christian

Dwellings: Clay Roof tiled house near sea shore.

Education: 5<sup>th</sup> standard

Economic Status: Middle class

Social status: Good

Nutritional status: Good

**B.DEVELOPMENTAL MILESTONES**

Birth: Mother was stressful during pregnancy, family issues in last trimester

Preterm cesarean delivery at 8<sup>th</sup>month due to low heart rate

Birth Weight: 2.9kg

Mile stones- All mile stones developed delayed



## C.HABITS & HOBBIES

Food: Mixed diet

## D.DOMESTIC RELATIONSHIP

With family members :( Parents separated- lives with mother)Anger easily

With other relatives: Calm and Good

With neighbors /friends/colleagues : Good

## E.SEXUAL RELATIONS

Marital status: Single

## GENERAL FEATURES:

### PHYSICALS

Appetite :Regular, very slow in eating

Thirst: Reduced, 1Litre/day

Sleep: Disturbed if has complaints, talks in sleep, screams in sleep.

Stool: Constipated, passes alternate days.

Urine: Normal

Sweat:Perspiration on scalp

### **REACTION TO:**

Desire: Sweets, Cold drinks, fish, Ice-cream, Fried food

Aversion: Vegetables, Milk

Intolerance to: Cold drinks, cold food

Season: Cold wet weather aggravation

Fanning: Desire

### **MENTAL GENERAL:**

Timid, quiet Obstinate

Do not follow rules and regulation

Laziness Slow in all work,

Concentration difficult, if he is asked to bring something he will bring something else

Weak memory, forgetful, makes mistakes in writing, omits lines while reading

**PHYSICAL APPEARANCE:**

Conscious, Healthy

Short stature, Stout, Dark complexion,

**PHYSICAL FINDINGS:**

Anaemia: Not Anaemic Jaundice: Not Icteric

Clubbing: No Clubbing Cyanosis: Not Cyanosed

Edema- No edema Lymphadenopathy: No lymphadenopathy

Pulse: 79/min Respiratory rate: 24/min

Blood Pressure: 110/80 mm of Hg

Weight: 45.2 Kg Height: 145cm BMI: 21.5kg/m<sup>2</sup>

**SYSTEMIC EXAMINATION:**

**RESPIRATORY SYSTEM:**

INSPECTION: Redness in both nostril

Right nostril: Hypertrophied turbinate in right nostril

Left nostril: Nasal polyp in left nostril,

PALPATION: No tenderness

PERCUSSION: Normal Lung resonance heard

AUSCULTATION: Normal vesicular breath sound heard all over lung field

Throat: Hypertrophy of both tonsils, no redness

**CARDIOVASCULAR SYSTEM:**

First and second heart sounds are heard normally in all four Auscultatory areas

**LABORATORY INVESTIGATION :**( 27/04/2022)

Haemoglobin – 13gm/dl

Total Leucocyte count – 7.8 k/ul

Differential count Neutrophil- 56%

Leucocyte- 36% Eosinophil-08%

Monocyte-0% Basophil-0%

ESR-15mm (1 hour)

Immunoglobulin E /IgE-651.5 IU/ml

Urine analysis – Pus cell: 2-3 /HPF, Epithelial Cells: 2-4/HPF

**PROVISIONAL DIAGNOSIS:** ALLERGIC RHINITIS

**ANALYSIS OF SYMPTOMS:**

COMMON SYMPTOM	UNCOMMON SYMPTOM
Sneezing with watery nasal discharge Obstruction of both nostril alternatively Cough with scanty expectoration ,Want to hawk Itching of eyes and nose , Pain in left ear Redness of eyes with agglutination Sneezing <Exposure to dust, Sneezing <Exposure to cold air Sneezing < in Cold, wet weather Sneezing < Early morning on waking, Sneezing <evening Sneezing < Smell of cooking, Sneezing < talcum powder Sneezing < Touching nose Disturbed sleep if has complaints	Timid, quiet Obstinate Laziness Slow in all work, Concentration difficult Weak memory, forgetful, makes mistakes in writing, omits lines while reading Reduced thirst, Perspiration on scalp increased Talks in sleep, screams in sleep. Constipated, passes alternate days Desire: Sweets, Cold drinks Aversion: Milk Intolerance to: Cold drinks, cold food Cannot tolerate Cold wet weather

**EVALUATION OF SYMPTOMS:**

MENTAL GENERALS	PHYSICAL GENERALS	PARTICULARS
Timid, quiet Obstinate Laziness Slow in all Concentration difficult Weak memory, forgetful, makes mistakes in writing, omits lines while reading Talks in sleep, screams in sleep	Reduced thirst, Constipated, passes alternate days Desire: Sweets, Cold drinks Aversion: Milk Intolerance to: Cold drinks, cold food Cannot tolerate Cold wet weather aggravation Perspiration on scalp	Sneeze-watery nasal discharge Obstruction of both nostril Cough with scanty expectoration Want to hawk Itching of eyes and nose Redness of eyes with agglutination Sneezing < Exposure to dust,cold Sneezing < in Cold, wet weather Sneezing < Early morning on waking, evening Sneezing < Smell of cooking , talcum powder

**MIASMATIC ANALYSIS:**

	PSORA	SYCOSIS	SYPHILIS
Family History	Cancer of mouth Eosinophilia, Allergic rhinitis, Sinusitis Diabetic Mellitus		
Past History	Recurrent attack of cold Eosinophilia,		
Mental generals	Anger easily Timid, quiet ,obstinate Laziness Slow in all Concentration difficult Weak memory, forgetful,	Makes mistakes in writing, omits lines while reading	Concentration difficult
Physical General	Desire to Sweets, cold food, cold drinks Aversion to milk Intolerance to Cold drinks , Reduced thirst		Desire for cold food Cold drinks
Particular Symptoms	1.Sneezing with watery nasal discharge 2.Obstruction of both nostril alternatively 3.Itching of eyes, ears 4.Cough ,Want to hawk Itching of eyes and nose 5.Redness of eyes with agglutination 6.Sneezing < Exposure to dust,cold air ,wet weather Sneezing <morning on waking, evening Sneezing < Smell of cooking talcum powder	1.Obstruction of both nostril alternatively	

**MIASMATIC CHARACTERISTIC OF PATIENT:**

<b>MIASMATIC CHARACTERISTIC OF PATIENT</b>	<b>MIASM</b>
Anger easily	Psora
Timid, quiet	Psora
Obstinate	Psora, Syphilis
Laziness	Psora
Concentration difficult	Psora,syphilis
Weak memory, forgetful,	Psora
Makes mistakes in writing, omits lines while reading	Sycosis
Slow in all work	Syphilis
Tendency to catch cold frequently	Psora, Syphilis
Intolerance to Cold weather, wet weather	Psora
Increased sweat in scalp	Psora
Desire for sweet	Psora, Syphilis
Aversion to milk	Psora, Syphilis
Sneezing with watery discharge	Psora
Obstruction of both nostril alternatively	Psora,sycosis
Itching and redness in both eyes	Psora
Sneezing < Exposure to dust, cold air	Psora
Sneezing < in Cold weather, wet weather	Psora
Sneezing< Rising from sleep in morning,night	Psora
Past History of Recurrent attack of cold	Psora
Obese child	Sycosis
Do not follow rules and regulation Disobedience	Sycosis

**HOMOEOPATHIC DIAGNOSIS:**

Fully developed chronic miasmatic disease –Psora-Syphilitic-sycotic

**TOTALITY OF SYMPTOMS:**

Timid, quiet Obstinate

Laziness Slow in all work,

Concentration difficult

Weak memory, forgetful,

Makes mistakes in writing, omits lines while reading

Reduced thirst,

Talks in sleep, screams in sleep.

Perspiration on scalp

Constipated, passes alternate days

Desire: Sweets, Cold drinks

Aversion: Milk

Intolerance to: Cold drinks, cold food

Cannot tolerate Cold wet weather aggravation

Sneezing with watery nasal discharge

Obstruction of both nostril alternatively

Cough with scanty expectoration, Want to hawk

Itching of eyes and nose, Pain in left ear

Redness of eyes with agglutination

Sneezing < Exposure to dust,

Sneezing < Exposure to cold air

Sneezing < in Cold, wet weather

Sneezing < Early morning on waking, Sneezing < evening

Sneezing < Smell of cooking,

Sneezing < talcum powder

Sneezing < Touching nose

## REPERTORIAL ANALYSIS:

	calc.	nux-v.	sil.	lyc.	chin.	graph.	bar-c.	phos.	puls.	kalirc.	r.
	1	2	3	4	5	6	7	8	9	10	11
13	11	10	10	10	10	9	9	9	9	9	9
27	18	21	19	17	17	20	20	20	17	17	17
2. Clipboard 2											
1. MIND - CONCENTRATION - difficult - children, in (22) 1	1	1	1	1	-	1	2	1	-	-	-
2. MIND - MISTAKES; making - reading, in (20) 1	1	-	1	1	1	-	1	-	-	-	1
3. MIND - OBSTINATE - children (32) 1	1	1	1	1	2	-	-	-	-	1	-
4. MIND - SLOWNESS (108) 1	2	1	-	1	2	2	3	3	3	-	1
5. MIND - TIMIDITY (158) 1	3	2	4	3	2	2	4	3	4	3	2
6. HEAD - PERSPIRATION of scalp (114) 1	3	1	3	2	3	2	1	3	3	2	3
7. NOSE - POLYPUS (66) 1	3	1	2	1	-	2	-	2	1	-	1
8. NOSE - SNEEZING - morning - waking, on (22) 1	1	3	-	-	1	1	-	-	-	1	-
9. GENERALS - COLD - air - agg. (194) 1	3	3	3	3	1	2	3	2	2	3	2
10. GENERALS - COLD - take cold; tendency to (161) 1	2	3	3	3	1	2	4	2	2	3	3
11. GENERALS - FOOD and DRINKS - milk - aversion (89) 1	2	1	2	-	1	-	-	2	2	1	1
12. GENERALS - FOOD and DRINKS - sweets - des... (198) 1	2	1	1	3	3	2	1	2	2	2	2
13. GENERALS - OBESITY - children, in (14) 1	3	-	-	-	-	1	1	-	1	1	-

## RUBRICS: SYNTHESIS REPERTORY

SNO	RUBRICS
1.	MIND - CONCENTRATION - difficult - children , in
2.	MIND - MISTAKES ; making - reading , in
3.	MIND - OBSTINATE - children
4.	MIND - SLOWNESS
5.	MIND - TIMIDITY
6.	HEAD - PERSPIRATION of scalp
7.	NOSE - POLYPUS
8.	NOSE - SNEEZING - morning - waking , on
9.	GENERALS - COLD - air – agg
10.	GENERALS - COLD - take cold ; tendency to
11.	GENERALS - FOOD and DRINKS - milk - aversion
12.	GENERALS - FOOD and DRINKS - sweets – desire
13.	GENERALS - OBESITY - children , in

## REPERTORIAL RESULTS:

1.Calcareostrearum	2.Nux- Vomica	3. Silicea Terra	4.Lycopodium	5.Cinchona officinalis
27/13	18/11	21/10	19/10	17/10

6.Graphities	7.Baryta carbonica	8.Phosporus	9.Pulsatilla	10. Kali Carbonica
17/10	20/9	20/9	20/9	17/9

**MEDICINE SELECTED: CALCAREA OSTREARUM**

**BASIS OF SELECTION:**

INDICATION FROM – THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA

Forgetfulness; vanishing of thoughts, want of memory

Misplaced words, tendency to express himself wrongly

Intellect dull; unable to progress in studies

Quiet, mild disposition, obstinacy

Children very fretful and restless

Child is very backward in learning to walk, or children seem to forget how to walk

Profuse sweat on head

Frequent sneezing without coryza or with dry coryza

Cold comes suddenly with discharge – chronic catarrh

At first stoppage of nose, then fluent coryza, with cough

Sneezing aggravation morning on waking.

Chronic cold; great liability to catarrh.

Appetite for Sweets and pastry, Aversion to milk

**MEDICAL MANAGEMENT:**

FIRST PRESCRIPTION:

Rx

1. CALCAREA OSTREARUM 200/1DOSE (M X 1Days) One Medicated 30 sized globule in 1 grain of sugar of milk –Dry dose

2. B.PILLS (3 X TDS) X 7Days

3. B.DISC (1 X BD) X 7Days

X 1 WEEK



MODE OF ADMINISTRATION OF MEDICINE:

One Medicated 30 sized globule in 1 grain of sugar of milk –Dry dose given orally.

**GENERAL MANAGEMENT:**

Avoid exposure to cold

Avoid exposure to dust

**RHINITIS CONTROL ASSESSMENT TEST (RCAT)**

PATIENT NAME: Master..XX

PLEASE CHECK THE CATEGORY THAT BEST ANSWERS THE QUESTION.

Write the score for each item in the column to the right.

1. During the past WEEK, how often did you have nasal congestion?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	1

2. During the past WEEK, how often did you sneeze?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	1

3. During the past WEEK, how often did you have watery eyes?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	3

4. During the past WEEK, to what extent did your nasal or other allergy symptoms interfere with your sleep?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	2

5. During the past WEEK, how often did you AVOID any activity (for example, gardening, exercising, and visiting a house with a dog or cat) because of your nasal or other allergy symptoms?

Never	Rarely	Sometimes	Often	Extremely Often	RE
5	4	3	2	1	2

The total score: The higher the score, the better controlled you are with your nose and eye symptoms.

A score that is lower than 21 suggest that you are not well-controlled

ON FIRST VISIT :( RACT ASSESSMENT)

DATE	CONDITION OF THE PATEINT					SCORE
	1	2	3	4	5	
17/03/2022	1	1	3	2	2	9
	1	1	3	2	2	

DATE	FOLLOW UP					PRESCRIPTION
24/03/2022	1	2	3	4	5	Rx
	1	1	2	2	2	
	1. Nasal congestion persist 2. Sneezing persist 3. Redness of eyes present Itching in nose present 4. Had disturbed sleep for last two days 5. Can able to do daily activities without much complaints  Post nasal dripping present  No new symptoms  Generals:  Appetite- Regular Thirst- Normal Sleep- Disturbed from complaints Stool- Passes in alternate days					1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 1 grain of sugar of milk –Dry dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days   X 2 WEEKS

DATE	FOLLOW UP					PRESCRPTION
07/04/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 1 grain of sugar of milk –Dry dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days <p style="text-align: right;">X 2 WEEKS</p>
	2	2	2	3	3	
	1. Nasal congestion present 2. Sneezing present 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities without much complaints  Generals: Normal					

DATE	FOLLOW UP					PRESCRPTION
21/04/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 1 grain of sugar of milk –Dry dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days <p style="text-align: right;">X 2 WEEKS</p>
	2	2	3	3	3	
	1. Nasal congestion present 2. Sneezing present 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities without much complaints  Generals: Normal					

DATE	FOLLOW UP					PRESCRPTION
05/05/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 10ml of water – Aqua dose 2. B.PILLS (3 X TDS) X 7Days
	2	2	4	4	3	
	1. Nasal congestion present 2. Sneezing present 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities					

	without much complaints No new symptoms Generals: Normal	3. B.DISC (1 X BD) X 7Days  X 2 WEEKS
--	--	---

DATE	FOLLOW UP					PRESCRPTION
19/05/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 10ml of water – Aqua dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days  X 2 WEEKS
	3	3	4	4	4	
	1. Nasal congestion reduced 2. Sneezing reduced 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities without much complaints  No new symptoms Generals: Normal					

DATE	FOLLOW UP					PRESCRPTION
02/06/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 10ml of water – Aqua dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days  X 2 WEEKS
	4	3	4	4	4	
	1. Nasal congestion reduced 2. Sneezing reduced 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities without much complaints  No new symptoms Generals: Normal					

DATE	FOLLOW UP					PRESCRPTION
16/06/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 10ml of water – Aqua dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days  X 2 WEEKS
	4	3	4	4	4	
	1. Nasal congestion reduced 2. Sneezing reduced 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities  Generals: Normal					

DATE	FOLLOW UP					PRESCRPTION
23/06/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 10ml of water – Aqua dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days  X 2 WEEKS
	4	4	5	5	4	
	1. Nasal congestion reduced 2. Sneezing reduced 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities  Generals: Normal					

DATE	FOLLOW UP					PRESCRPTION
07/07/2022	1	2	3	4	5	Rx 1. CALCAREA OSTREARUM 200/ 1 DOSE (M X 1Days) One Medicated 30 sized globule in 10ml of water – Aqua dose 2. B.PILLS (3 X TDS) X 7Days 3. B.DISC (1 X BD) X 7Days  X 2 WEEKS
	4	4	5	5	4	
	1. Nasal congestion reduced 2. Sneezing reduced 3. No watery eyes 4. Had Sound sleep 5. Can able to do daily activities  Generals: Normal					

TREATMENT SCORE	BEFORE	AFTER
	9	22
TREATMENT DURATION	5 months	
MEDICINE GIVEN	CALCAREA OSTREARUM	
POTENCY SELECTED	200C	
NUMBER OF DOSES	19	

**ANNEXURE - V**  
**MASTER CHART**

O N S	AGE	SEX	OCCUPATION	MIASMATIC CHARECTERISTICS			PAST HISTORY	FAMILY HISTORY	MIASM	MEDICINE & POTENCY	TREATMENT SCORE		IMPROVEMENT
				Physical Appearance	Mind	Intellect [Cognitive functions]					B T	A T	
1.	21	Female	Clerk	Tall Lean	Anxious	Studious	Recurrent Cold	Pneumonia	Psora	Phosphorus 200	11	21	Marked
2.	35	Male	Electrician work	Short Lean	Irritable	Dullness	CSOM	Asthma	Psora Syphilis	Natrum Muriaticum 200	09	21	Marked
3.	19	Male	Student	Tall Obese	Anger easily	Studious	Recurrent Cold	Hypo thyroid	Psora	Calcarea Ostrearium 0/3	09	20	Moderate
4.	23	Female	Unemploy ed	Short obese	Timid	Difficult Calculation	Meningitis Seizure	Allergic Rhinitis	Psora Syphilis	Calcarea Ostrearium 200	11	20	Moderate

5.	40	Female	Housewife	Short Obese	Anxious	Dullness Slowness	Asthma	Hypo-thyroid	Psora Syphilis	Calcarea Ostrearium 200	08	22	Marked
6.	45	Female	Textile Worker	Short Lean	Irritable	Dullness	Asthma	Alcholic sucide	Psora Syphilis	Natrum Muriaticum 0/3	07	21	Marked
7.	15	Male	Student	Tall Lean	Anxious	Slow Difficult Calculation	Seizure	Allergic Rhinitis	Psora	Sepia Officinalis 200	12	21	Marked
8.	10	Male child	Student	Short Obese	Obstinate	Slow Difficult Calculation	Recurrent Cold	Cancer	Psora Syphilis Sycosis	Calcarea Ostrearium 200	9	22	Marked
9.	47	Female	Teacher	Short Lean	Timid	Studious	Urticaria Asthma	Cardiac Disease	Psora Syphilis	Sepia Officinalis 200	10	20	Moderate
10.	16	Female	Student	Short Obese	Anxious	Difficult Calculation	Recurrent cold	Cancer	Psora Syphilis	Phosphorus 200	7	16	Mild
11.	36	Female	Bank Appraiser	Short Obese	Obstinate	Confused	Asthma Urticaria	Diabetic mellitus	Psora Syphilis	Calcarea Ostrearium 200	10	21	Marked
12.	16	Male	Student	Tall Lean	Timid	Studious	Recurrent Cold	Asthma	Psora	Phosphorus 200	11	23	Marked
13.	13	Male	Student	Tall Lean	Timid	Forgetful	Hypo pigment	Allergic Rhinitis	Psora	Phosphorus 200	10	22	Marked
14.	40	Female	House wife	Short Obese	Anger easily	Studious	Recurrent Cold	Cardiac diseases	Psora Sycosis	Calcarea Ostrearium 200	11	22	Marked



15.	22	Male	Student	Tall Lean	Timid	Studious	Urticaria	Allergic rhinitis	Psora	Phosphorus 200	11	20	Moderate
16.	37	Female	House wife	Short Obese	Fearful	Difficult Calculation	Urticaria Asthma	Alcoholic	Psora Syphilis	Sepia Officinalis 200	07	21	Marked
17.	16	Male	Student	Tall Lean	Timid	Forgetful	Recurrent cold	Alcoholic & Sucide Allergy	Psora Syphilis	Phosphorus 200	09	21	Marked
18.	24	Male	Student	Short Obese	Timid	Studious	Urticaria	Allergic Rhinitis	Psora Sycosis	Calcarea Ostrearum 200	11	18	Mild
19.	23	Female	House wife	Tall Lean	Fearful	Difficult Calculation	Anaemia	Cancer of Lung and mammas	Psora Syphilis	Natrum Muriaticum 200	09	20	Moderate
20.	15	Male	Student	Tall Lean	Anger easily	Difficult Calculation	Asthma	Asthma	Psora	Calcarea Ostrearum 200	08	20	Moderate
21.	42	Female	House Wife	Short Obese	Obstinate	Dullness	PCOD	Asthma	Psora sycosis Syphilis	Calcarea Ostrearum 200	12	21	Marked
22.	18	Female	Student	Short Obese	Anger easily	Difficult Calculation	Hypo pigmentati on	Allergic rhinitis	Psora Syphilis Sycosis	Calcarea Ostrearum 200	08	19	Mild
23.	24	Female	BPO	Tall Lean	Anxious	Difficult Calculation	Urticaria	Leukemia	Psora Syphilis	Calcarea Ostrearum	11	20	Moderate

										200			
24.	33	Female	House Wife	Tall Lean	Anxious	Difficult Calculation	Recurrent cold	Allergic Rhinitis	Psora Sycosis Syphilis	Phosphorus 200	12	20	Moderate
25.	50	Female	House Wife	Short Obese	Loquacity	Difficult Calculation	Whooping cough	Asthma	Psora Sycosis Syphilis	Calcarea Ostrearum 200	10	20	Moderate
26.	23	Male	Unemployed	Short Obese	Anger easily	Difficult Calculation	Recurrent Cold	Allergic Rhinitis Vitiligo	Psora Syphilis	Calcarea Ostrearum 200	09	21	Marked
27.	42	Female	House Wife	Tall Lean	Anger easily	Studious	Recurrent cold	Allergic rhinitis	Psora Syphilis	Phosphorus 200	11	21	Marked
28.	22	Female	House Wife	Short Obese	Timid	Difficult Calculation	Hypothyroid	Cardiac diseases	Psora Syphilis	Kali Carbonica 0/3	09	21	Marked
29.	19	Female	Student	Tall Lean	Irritable	Studious	Gastritis	Asthma	Psora	Sepia Officinalis 200	11	22	Marked
30.	36	Female	House Wife	Tall Obese	Obstinate	Forgetful	Recurrent cold	Mouth Cancer	Psora Syphilis	Calcarea Ostrearum 200	07	19	Mild

**FORM - 4**

**PART 1 OF 2**

**INFORMATION FOR PARTICIPANTS OF THE STUDY**

**The title of the project:** “A CLINICAL STUDY IN MIASMATIC BACKGROUND OF PATIENTS WITH ALLERGIC RHINITIS”

**Investigator:** DR.S.MANIMEGALAI, 34/20, Ambalathadi street ,Dharmapuri-636701, Tamil Nadu. Mobile no: 9655991933

**Guide:** Dr. MURUGAN. M MD (hom.), Professor & Head, Dept Of Organon Of Medicine & Homoeopathic Philosophy, Sarada Krishna Homoeopathic Medical College, Kulasekharam, Kanniyakumari Dist.

**The purpose of the study:**

1. To Assess the effect of Anti Miasmatic remedy in treating patients with Allergic rhinitis
2. To Find the Miasmatic Characteristics of Patient with Allergic Rhinitis.
3. To Understand the Miasmatic Totality and use miasmatic totality to find Antimiasmatic remedy for patient suffering from Allergic Rhinitis

**Procedure/ methods of the study:** Purposive sampling of 30 cases of patients with Allergic Rhinitis from the OPD, IPD and rural centers of Sarada Krishna Homoeopathic Medical College. The case details will be recorded in standardized and pre-structured case format of Sarada Krishna Homoeopathic Medical College and will be analyzed and the totality will be erected. Then the symptoms will be evaluated, based on the miasmatic totality of symptoms and of patient analyzed. Then the case will be repertorised (if needed) and a remedy will be prescribed. Selection of potency and repetition of doses will be selected based on the homoeopathic philosophy. Assessment is done in every 2 weeks and the changes are recorded.

**The expected duration of the subject participation:** six months to one year

**The benefits to be expected from the research to the participants or to others and the post trial responsibilities of the investigators:** The first step is to improve the patient's inability in performing daily activities without difficulty. Therefore by this study, will help them to overcome all these barriers and psychological effects, interferes with absenteeism from academic and work activity which have addressed especially in teenagers and young adults. The participants who take part in this study are contributing towards the care and treatment without any adverse effects who are suffering with Allergic Rhinitis. Through this the participants get the best quality of homoeopathic treatment for their complaints. Thus study is a benefit not only to the participant but also to the society as a whole.

**Maintenance of confidentiality of records:** The records are maintained highly confidential. Only the investigator has the access to the subject's medical records. Participants' identity will never be disclosed at any time, during or after the study period or during publication of the research. Securely store data documents in locked locations and encrypted identifiable computerized data. All information revealed by the patient will be kept as strictly confidential. Free treatment for research related injury is guaranteed. Compensation of the participants not only for disability or death resulting from such injury but also for unforeseeable risk is provided, in case situation arises. Future uses of the biological material and of data to be used for secondary purposes or will be shared with others only with your consent.

**Contact for trial related queries, rights of the subject and in the event of any injury:** There will not be any anticipated prorated payment to the subject for participating in the trial. The responsibilities to the participant in the trial are; they must disclose all about their complaints, participants must strictly stick on to the scheduled diet and regimen. The participation is voluntary, that the subject can withdraw from the study at any time and that refusal to participate will not involve any penalty or loss of benefits to which the subject is otherwise entitled.

Signature of investigator

**FORM – 4**

PART 2 OF 2

PARTICIPANT CONSENT FORM

**Informed Consent form to participate in a clinical trial Study Title: “A CLINICAL STUDY IN MIASMATIC BACKGROUND OF PATIENTS WITH ALLERGIC RHINITIS”**

Study Number:

Subject’s Initials:

Subject’s Name:

Date of birth/Age:

Please initial Box (Subject)

- i. I confirm that I have read and understood the information sheet dated [ ] \_\_\_\_\_ for the above study and have had the opportunity to ask question.
- ii. I understood that my participation in the study is voluntary and that I am free to withdraw at any time without giving any reason. Without my medical care or legal rights being affected. [ ]
- iii. I understand that the sponsor of the clinical trial, others working on the sponsor’s behalf the Ethics Committee and the regulatory authorities will not need my permission to look at my health records both in respect of the current study and any further research that may be conducted in relation to it, even if I withdraw from the trial. I agree to this access. However, I understand that my identity will not be revealed in any information released to third parties or published. [ ]
- iv. I agree not to restrict the use of any data or result that arises from this study provided such a use only for scientific purpose(s). [ ]
- v. I agree to take part in the above study. [ ]

Signature (or Thumb impression of the subject/legally acceptable  
Representative: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signatory's Name: \_\_\_\_\_

Signature of the Investigator: \_\_\_\_\_ Study Investigator's Name: Dr.S.Manimegalai.

Signature of the Witness \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of the Witness \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONSENT FORM (for participants less than 18 years of age)**

PART 2 of 2- Parent/Legally accepted representative (LAR)

Participant's name:

Address:

Parent/LAR's name:

**Title of the project:**

**“A CLINICAL STUDY IN MIASMATIC BACKGROUND OF PATIENTS WITH ALLERGIC RHINITIS”**

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my patient's participation in the study is voluntary and that I am free to withdraw my patient at any time, without giving any reason, without the medical care that will normally be provided by the hospital being affected. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I have been given an information sheet giving details of the study. I fully consent for the participation of my patient in the above study.

Assent of child/ward obtained (for participants 12 to 18 years of age)

Signature of the parent/ LAR: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of the investigator: \_\_\_\_\_ Date: \_\_\_\_\_