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A Homoeopathic Perspective on Clinical Management of Recurrent Allergic Rhinitis by Nux vomica: A Case Report.

[1.]Dr. Beena Das TR, [2] Dr. Mansoor Ali KR, [3.] Dr. Arya B Prasad, [4.] Dr. Aghosh B Prasad.
[1.] Professor (CAP), Dept. of Materia Medica, Govt. Homoeopathic Medical College, Thiruvananthapuram.
[2.]Principal, Professor & HOD, Dept of Homoeopathic Repertory & Case Taking, Govt. Homoeopathic Medical College, Kozhikode
[3.] 2nd MD Scholar, Dept. of Psychiatry, National Homoeopathy Research Institute in Mental Health, Kottayam.
[4.] Junior Resident, White Memorial Homoeopathic Medical College, Attoor, Kulasekaram.
Email- drbeenadas@gmail.com

Abstract: ***Background:*** *Allergic rhinitis or hay fever is a common allergic condition that primarily affects the nose and nasal passages, characterized by inflammation of the nasal mucosa. It occurs when the immune system reacts to allergens in the environment, such as pollen, dust mites, pet dander, or mold spores, leading to a range of symptoms.* ***Objective:*** *This study evaluates the therapeutic impact of individualized Homoeopathic treatment on the clinical symptom score and the reduction of systemic inflammatory biomarkers in patients with chronic allergic rhinitis.* ***Methods:*** *This single-case observational study, conducted at the Materia Medica Department's outpatient clinic, evaluated the clinical impact of individualized Nux vomica supplemented by integrated supportive therapies over five months. Patient progress was monitored using the Total Nasal Symptom Score (TNSS) to quantify symptomatic relief, while the physiological and immunomodulatory effects were assessed through the longitudinal tracking of systemic biomarkers, specifically serum Immunoglobulin E (IgE) and Absolute Eosinophil Count (AEC).* ***Results:*** *Following the intervention, a rapid reduction in the clinical symptom burden was evidenced by improved Total Nasal Symptom Scores (TNSS) within the first six days. Long-term longitudinal analysis further demonstrated a substantial down-regulation of both serum IgE and AEC, with these physiological changes directly correlating to a marked decrease in the frequency of symptomatic recurrence.* ***Conclusion:*** *While constitutional prescribing often necessitates a more extended induction phase compared to the rapid action of acute remedies, it appears to exert a more substantive influence on the fundamental disease process. The significant reductions observed in both immunological biomarkers and symptomatic recurrence suggest a deep-seated therapeutic effect; however, the inherent constraints of a single-case design necessitate caution, as they preclude the definitive establishment of a direct causal relationship.*

Key Words: *Allergic Rhinitis; Nux vomica; Immunoglobulin E; Absolute Eosinophil Count.*

1. INTRODUCTION:

The World Health Organization identifies allergic disorders as among the most significant medical challenges of the 21st century, a sentiment echoed by the World Allergy Association, which classifies them as a global public health priority. Projections indicate that by 2050, the global prevalence of these conditions will escalate, potentially impacting approximately 4 billion individuals worldwide[(1)]. Allergic rhinitis significantly impairs health-related quality of life (HRQL) and serves as a major risk factor for various comorbid conditions in both paediatric and adult populations, which often exacerbates the overall decline in HRQL[(2)].

Conventional pharmacological management of allergic rhinitis typically involves the administration of antihistamines, intranasal corticosteroids, decongestants, leukotriene receptor antagonists (LTRAs), and anticholinergics. Among these, antihistamines, corticosteroids, and LTRAs represent the most frequently utilized therapeutic agents. For patients exhibiting resistance to standard pharmacotherapy, allergen-specific immunotherapy is often employed as an alternative clinical intervention [(3)]. Homoeopathy, as a therapeutic system, prioritizes the restoration of disordered vital processes within the living organism, which are expressed externally through a unique constellation of symptoms, irrespective of the initial etiological factor [(4)]. Constitutional medicine is selected based on

the comprehensive totality of symptoms—incorporating physical, emotional, and mental parameters—with its clinical efficacy evaluated through both symptomatic relief and the enhancement of the patient's overall well-being.

1.1. CASE PRESENTATION AND METHODS:

This single-case observational study was conducted within the Materia Medica outpatient department of a Government Homoeopathic Medical College in South India, involving a 11-year-old male child. The diagnosis of Allergic Rhinitis (AR) was established using ARIA clinical criteria—characterized by chronic paroxysmal sneezing, rhinorrhoea, and nasal congestion—and further validated by elevated baseline serum Immunoglobulin E (IgE) and Absolute Eosinophil Count (AEC) levels. Clinical efficacy was quantified through the Total Nasal Symptom Score (TNSS) across successive follow-ups, while objective physiological changes in serum IgE and AEC were assessed via standardized fasting morning blood draws at the study's inception and at the five-month conclusion. Notably, to isolate the therapeutic influence of the constitutional medicine and control for environmental confounding variables, no specific allergen-avoidance measures or lifestyle modifications were introduced during the observational period.

1.2. PRESENTING COMPLAINTS:

An 11-year-old male from Trivandrum presented on July 03, 2023, with a primary complaint of chronic allergic rhinitis symptoms, characterized by an intense itching in the nose followed by persistent sneezing from waking until noon. This is accompanied by profuse watery nasal discharge, nasal blockage, and significant lachrymation, with the nose and eyes becoming notably red and swollen. The patient also experiences itching of the throat, a loss of smell, and a dry sensation in the nose and mouth at night. Symptoms are severely aggravated by bathing, rainy or damp weather, smoke, dust, and the consumption of cold food or drinks. Additionally, he reports post-sneezing frontal headaches and abdominal pain after eating that is immediately followed by an urge to defecate.

1.3. HISTORY OF PRESENTING COMPLAINTS:

The patient’s allergic symptoms began a year ago as occasional sneezing but have significantly intensified over the last five to six months, now occurring almost daily. Although he is not currently on medication, the resulting nasal blockage and headaches have caused significant sleep disturbances and are frequently interrupting his studies. Regarding his medical history, he was hospitalized last year for a bout of gastritis, during which he was treated with a course of antibiotics.

1.4. FAMILY HISTORY:

The patient’s family history reveals a strong predisposition to respiratory sensitivities, as both his father and sister suffer from allergic rhinitis. Additionally, it is noted that his father has a history of alcohol use, while his mother has no significant health problems.

1.5. PERSONAL HISTORY AND PHYSICAL GENERALS:

Born in Trivandrum with normal developmental milestones, the patient is currently a fifth-standard student with a good vaccination history. His physical generals indicate a healthy appetite with a marked preference for pungent, oily, and spicy foods, alongside a high thirst for cold water. He experiences constipation and significant perspiration, particularly on his face. Additionally, his sleep is frequently disturbed due to chronic nasal blockage. Psychologically, the patient is characterized by an easily provoked anger and a strong preference for order, manifesting as a persistent desire to keep his surroundings neat and clean.

1.5. REGIONALS:

The patient experiences significant frontal headaches following bouts of sneezing and is forced to breathe through his mouth at night due to nasal obstruction. Additionally, he suffers from postprandial abdominal pain accompanied by a frequent and immediate tendency to defecate after eating.

1.6. PHYSICAL EXAMINATION

Physical examination revealed no signs of clubbing, anaemia, or lymphadenopathy, and the respiratory system was otherwise clear of additional symptoms. However, the examination of the nose showed significant congestion and swollen nasal turbinates.

1.7. PROVISIONAL DIAGNOSIS:

Allergic rhinitis

LAB INVESTIGATIONS: (03/07/2023)
IgE – 1466 IU/ml
AEC – 1000 Cells/cumm
TNSS - 12

FINAL DIAGNOSIS
Allergic rhinitis

TOTALITY OF SYMPTOMS:
Sneezing on awakening, bathing, rainy season, dampness, eating cold foods, smoke, dust
Head pain during sneezing, in the forehead
Prefer pungent food, oily, and spicy food
Thirst increased, like cold water
Constipated, tenesmus
Lachrymation, itching, watery coryza < morning
Sleep is disturbed due to nasal blockage, and dryness.
Angers easily, fastidious,
Mouth is open to take breath

REPERTORISED RESULT:
1. Nux.vom – 19/8
2. Sulph – 18/8
3. Lyco – 14/7
4. Nat.mur – 12/7
5. Nit.acm– 10/7
6. Puls–11/ 6
7. Ars – 10/6
8.Phos – 10/6

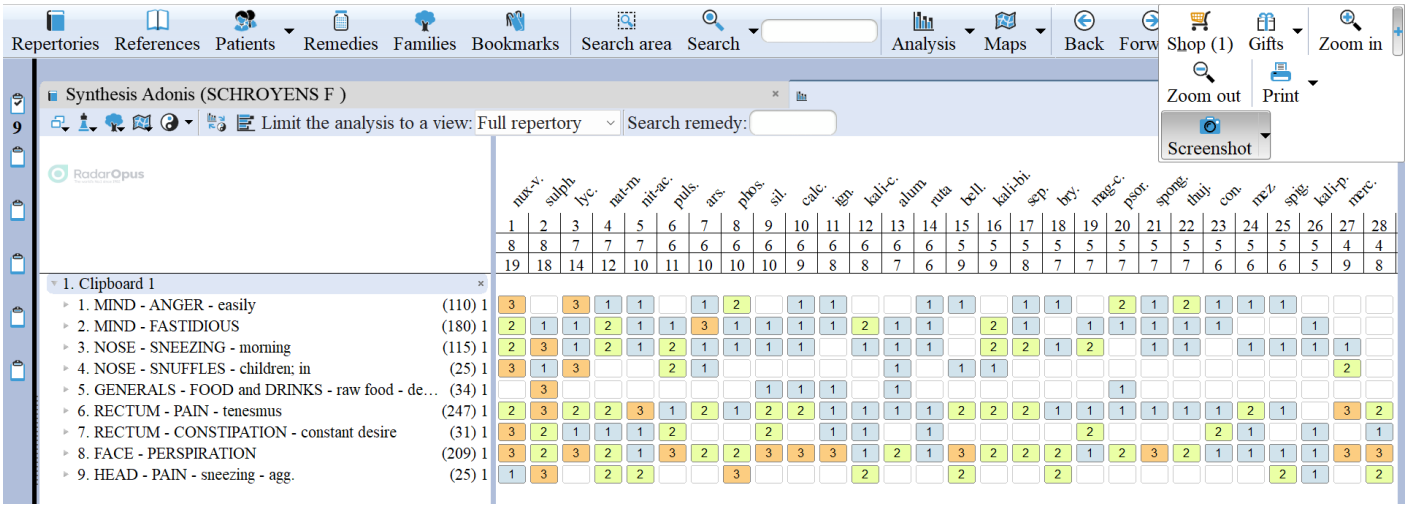
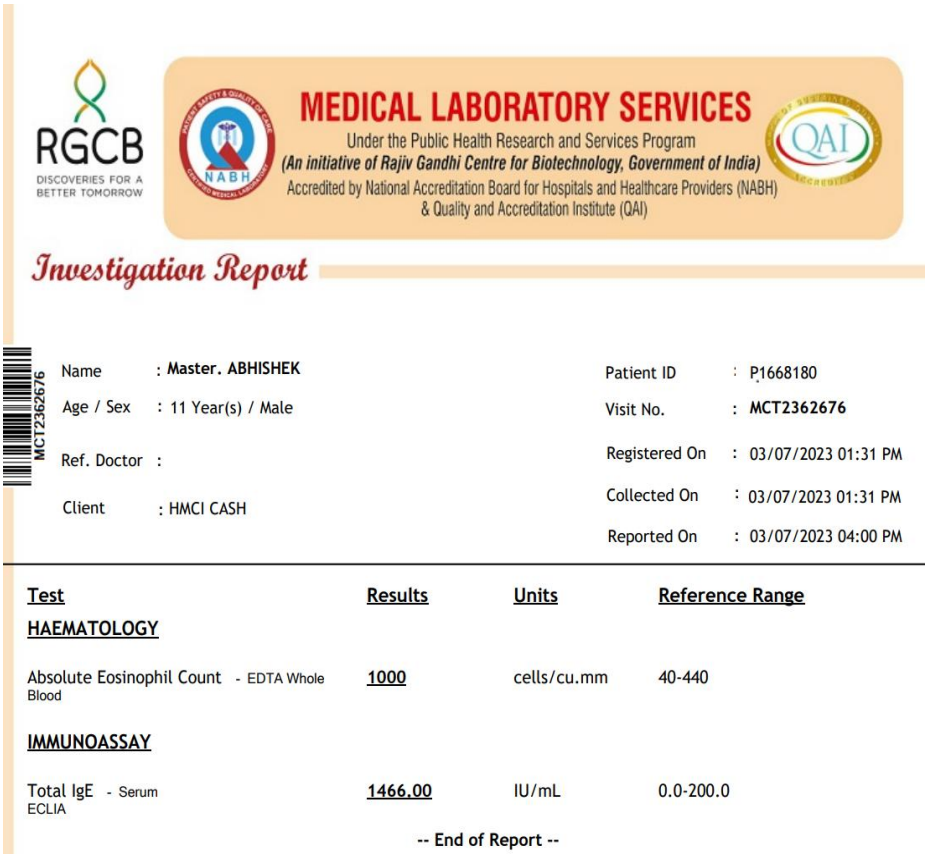


Figure (1) Repertorisation Chart

After repertorisation identified *Nux vom* as the leading remedy (Figure 1), it was administered for its specific indications of hay fever and sneezing with a fluent discharge. As a constitutional medicine, it addressed the patient's constitution, pungent cravings, intense thirst, and characteristic constipation where there is much tenusmus remarkably. This treatment successfully reduced the elevated immune biomarkers shown in Figure 2 to the lower, healthier levels observed in Figure 3.



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Investigation Report

MCT2362676

Name : Master. ABHISHEK
Age / Sex : 11 Year(s) / Male
Ref. Doctor :
Client : HMCI CASH

Patient ID : P1668180
Visit No. : MCT2362676
Registered On : 03/07/2023 01:31 PM
Collected On : 03/07/2023 01:31 PM
Reported On : 03/07/2023 04:00 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	1000	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	1466.00	IU/mL	0.0-200.0

-- End of Report --

Figure (2)- Blood value before treatment

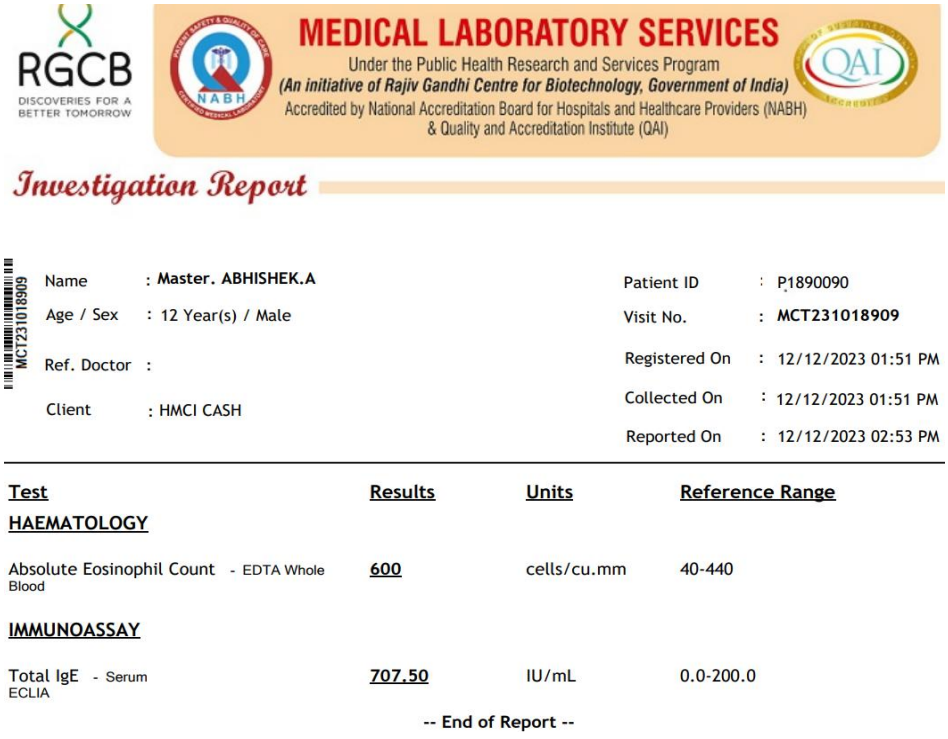
2. MEDICINES GIVEN:

Dates	Observation	Medicines Given
3/7/23	Sneezing,<-morning, Eyes- redness, lachrymation, Itching of nose, obstruction	Nux vom 30/2d (1-0-1) B T – 2d (1-0-1)
9/3/23	Sneezing >, lachrymation >, nose feels blocked, itching slight >	BT – 3d (1-1-1) Sac Lac – 2d (1-0-1)
15/4/23	Sneezing persists in morning, itching and lachrymation persists. Nose feels blocked	Nux vom 30/ 2d (1-0-1) BT – 3d (1-1-1)
29/5/23	Sneezing >, occasional sneezing only. nose – blocked	Sac Lac – 2d (1-0-1) BT – 3d
26/6/23	Sneezing and coryza +++ Severe nasal block+++	Nux vom 30/2d (1-0-1) BT – 2d (1-0-1)
17/7/23	Mild sneezing, lachrymation, Itching of the throat	Sac Lac – 2d (1-0-1) BT – 3d
26/9/23	Sneezing >, headache as had sun exposure. Only occasional irritation in nasal, no obstruction, no coryza	Nux vom1M /2d (1-0-1) BT /3d(1-1-1)
21/10/2023	Sneezing >, no headache Constipation>, tenusmus>	Sac lac 2d (1-0-1) BT 3d (1-1-1)
11/12/2023	Symptoms of allergic rhinitis >>	SL /2d (1-0-1) BT 3d (1-1-1)

3. BLOOD TEST AFTER 5 MONTHS (12/12/2023):

IgE – 707.5 IU/ml
AEC – 600 cells/cumm

TNSS – 1



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Investigation Report

MCT231018909

Name : Master. ABHISHEK.A
Age / Sex : 12 Year(s) / Male
Ref. Doctor :
Client : HMCI CASH

Patient ID : P1890090
Visit No. : MCT231018909
Registered On : 12/12/2023 01:51 PM
Collected On : 12/12/2023 01:51 PM
Reported On : 12/12/2023 02:53 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	600	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	707.50	IU/mL	0.0-200.0

-- End of Report --

Figure (3) – Blood values after treatment for 6 months

4. DISCUSSION:

Clinical severity was quantitatively assessed using the Total Nasal Symptom Score (TNSS), a validated diagnostic tool specifically designed to evaluate four primary parameters: rhinorrhoea, nasal congestion, nasal pruritus, and sneezing. Each clinical indicator is measured on a four-point Likert scale (ranging from 0 to 3), yielding a potential cumulative maximum score of 12[5].

The clinical and immunological outcomes observed in this study provide a significant perspective on the therapeutic management of Allergic Rhinitis (AR). Specifically, the substantial reduction in serum IgE (51.74%), AEC (40%), and TNSS (91.67%) over four-months represents a remarkable physiological shift. The marked decline in these biomarkers following a singular individualized constitutional intervention suggests a potent immunomodulatory response that warrants further exploration within the broader evidence base of allergic disease management.

Homoeopathy adopts an expansive environmental perspective on allergy, identifying a broad spectrum of potential triggers that extend far beyond conventional allergens such as dust or food. This therapeutic model emphasizes individualized susceptibility, tailoring remedies to the specific ways a patient interacts with their surroundings. Prescriptions are frequently guided by modalities—the unique environmental or physical factors that exacerbate a condition—including meteorological shifts, seasonal transitions, and variables such as posture, motion, or even the pressure of clothing. By addressing this holistic relationship, Homoeopathy aims to resolve the patient's hypersensitivity to diverse stimuli, ranging from sunlight and tobacco smoke to specific atmospheric conditions [6].

In *The Chronic Diseases*, Dr. Samuel Hahnemann characterizes Psora as the most primordial and destructive of the chronic miasms, identifying it as the foundational substrate for the vast majority of human pathologies. Despite its historical role in pervasive human suffering, Hahnemann observes that its "hydra-headed" nature—a metaphor for its multifaceted and intricate clinical manifestations—has left it largely misunderstood by traditional medicine. He concludes that this miasm is so profoundly integrated within the human vitality that even the most resilient constitutions are unable to achieve a true recovery without the intervention of specialized Antipsoric Homoeopathic treatment[7].

5. LIMITATION:

This is a single observational study and needs to confirm this symptomatic relief and reduction in lab findings in large groups.

6. CONCLUSION:

While acute treatments offer immediate relief for allergic rhinitis, constitutional therapies are emerging as a superior long-term strategy for sustainable symptom management. Although this holistic approach requires a longer duration to lower inflammatory blood markers, it is uniquely capable of producing permanent improvements in the body's allergic response.

7. INFORMED CONSENT AND ETHICAL APPROVAL:

Obtained Informed consent and ethical approval before conducting this study.

REFERENCES:

1. Manda S. Literature Review: Rising Allergy Rates Caused by Gut Dysbiosis. University of Toronto's Journal of Scientific Innovation. 2023 Dec 11;33–51.
2. Meltzer EO. Quality of life in adults and children with allergic rhinitis. Journal of Allergy and Clinical Immunology. 2001 Jul 1;108(1, Supplement):S45–53.
3. May JR, Dolen WK. Management of Allergic Rhinitis: A Review for the Community Pharmacist. Clinical Therapeutics. 2017 Dec 1;39(12):2410–9.
4. Close Stuart. The Genius of Homoeopathy. Lectures And Essays on Homoeopathic Philosophy. reprint edition 2004. B. JAIN PUBLISHERS PVT. LTD.; 37 p. (Chapter 1V).
5. Tamasauskiene L, Gasiuniene E, Sitkauskiene B. Translation, adaption and validation of the total nasal symptom score (TNSS) for Lithuanian population. Health Qual Life Outcomes. 2021 Feb 11;19:54.
6. Stephenson H Jamez. Helping Yourself with Homoeopathic Remedies. Fifth Impression 1982. Thorsons Publication Limited, Wellingborough, Northamptonshire; 92 p.
7. HAHNEMANN SAMUEL. The Chronic Diseases. Their Peculiar Nature and Their Homoeopathic Cure. 13th impression,. B Jain Publishers (P) Ltd, New Delhi; 9 p. (Nature of chronic Disease; vol. vol.1).