

To Study The Role Of ARUNDO In Management Of Allergic Rhinitis In Children

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Abstract: Introduction: Allergic rhinitis is the most common chronic disease in children. About one in five children has symptoms by the age of 2 or 3 years. Allergy symptoms can have a profound effect on a child's health, behavior and ability to learn. Left untreated, allergic rhinitis also can lead to a host of other serious conditions, including asthma, recurrent middle-ear infections, sinusitis, sleep disorders and chronic cough. This study is a prospective, clinical, interventional study to evaluate the role of a rare remedy Arundo in management of Allergic Rhinitis among children. Method: Samples had been selected by simple randomized method from Swami Vivekananda homoeopathic medical college and hospital as well as my private OPD. Result: In this study it is observed that age group of 7-9 yrs has found more liable to get allergic rhinitis. Males are more prone to get allergy than females. Among other causative factors dust is found the most important causative factor. As far as miasms are concern more cases are found to have all the three miasm.(psora-sycotic-syphillis). Conclusion: Arundo although being a rare remedy has found to improved almost 93% of cases by means of reducing intensity, duration and frequency of cases of allergic rhinitis. [N Oza, Natl J Integr Res Med, 2018; 9(4):79-81]

Key Words: Allergic rhinitis, Homoeopathy, Arundo, children, psora- sycotic- syphilis

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Introduction: Rhinitis is described as inflammation of the nasal mucosa and includes common symptoms like nasal discharge, itching, sneezing, nasal blockage, or congestion. There are three types of rhinitis commonly seen in clinical practice: allergic, non-allergic, and infective.

Allergic rhinitis (AR) is an immunoglobulin E (IgE)-mediated immunologic response of the nasal mucosa to airborne allergens such as pollens, dust, or animal dander. Inhalation of allergens in individuals with a sensitized immune system produces degranulation of mast cells with the release of chemical mediators. These mediators are responsible for the symptoms of AR. AR is clinically defined by the presence of rhinorrhea, nasal obstruction, nasal itching, and sneezing which are reversible spontaneously or with treatment.

The incidence of allergic rhinitis has been increasing for the last few decades, in keeping with the rising incidence of atopy worldwide. Allergic rhinitis has a prevalence of up to 40% in children, although it frequently goes unrecognized and untreated. This can have enormous negative consequences, particularly in children, since it is associated with numerous complications and co morbidities that have a significant health impact on quality of life. In fact, allergic rhinitis is considered to be a risk factor for asthma.

Rhinitis affects quality of life, performance and attendance at school, and other curricular as well as extracurricular activities of children. It has significant impact on healthcare costs. This study is being done in order to study how homoeopathy can be helpful in allergic rhinitis. Through this study the role of a rare homoeopathic remedy Arundo in reducing intensity, duration and frequency of allergic rhinitis had been evaluated.

Objectives:

- To study the role of homoeopathy in management of allergic rhinitis in children.
- To study miasmatic background in cases of allergic rhinitis in children
- To study causative factors involved in allergic rhinitis in children.
- To study the efficacy of Arundo in reducing the intensity, duration & frequency of the Allergic Rhinitis in children.

Methods:

- Source of data – 30 cases from, swami vivekanand homoeopathic college and research centre OPD and my private OPD (vrushti homoeopathy clinic OPD)
- Type of study - Clinical ,prospective and interventional.
- Case Definition - Subjects from 0-12 years and of both the sexes irrespective of socioeconomic

status presenting with symptoms and signs of allergic rhinitis like sneezing, headache ,watery discharge from nose will be taken for the study.

- Inclusion Criteria - All the cases fulfilling standard case definition would be taken for the study .
- Exclusion criteria - Those cases which would not fulfill the case definition would be excluded along with, immunocompromised patient. Cases requiring surgical intervention and/or emergency medical management would be excluded.
- Criteria for assessment- Patients would be assessed on the intensity of symptoms and frequency of episodes. Also the general condition of the patients on both mental & physical level would be considered.
- An assessment tool has been made in order to evaluate the results which is as follows.

Table 1: Assessment tool

| No | Symptom | Mild | Moderate | Severe |
|----|------------------------|--------|-------------|------------|
| 1 | Sneezing | + | ++ | +++ |
| 2 | Nasal discharge | Mild + | Moderate ++ | Severe +++ |
| 3 | Cough | Mild + | Moderate ++ | Severe +++ |
| 4 | Itching of eyes | Mild + | Moderate ++ | Severe +++ |
| 5 | Itching of nostrils | Mild + | Moderate ++ | Severe +++ |
| 6 | Increased lachrymation | Mild + | Moderate ++ | Severe +++ |
| 7 | Mouth breathing | Mild + | Moderate ++ | Severe +++ |
| 8 | Nasal obstruction | Mild + | Moderate ++ | Severe +++ |

Observation and Analysis: A sample of thirty cases from patients attended the outpatient department of Swami Vivekanand homoeopathic college and research centre as well as in private opd (vrushti homoeopathic clinic) were taken for the study.

Table 2: Age Wise Distribution Of The Cases

| Age (In ears) | No. Of Patients | % |
|---------------|-----------------|-------|
| 0-3 | 7 | 23.3% |
| 4-6 | 8 | 26.7% |
| 7-9 | 10 | 33.3% |
| 10-12 | 5 | 16.7% |
| Total | 30 | 100% |

All the thirty cases were followed up for the period of one year. These cases were subjected to statistical study. The following tables reveal the observation and result of the study. Result are shown in Table 2 to 6

Table 2: Sex Wise Distribution of The Cases

| No | Sex | No. Of Patients | % |
|----|--------|-----------------|-------|
| 1 | Male | 19 | 63.3% |
| 2 | Female | 11 | 36.7% |
| | Total | 30 | 100% |

Table 3: Common Causative Factors

| No | Sex | No. Of Patients | % |
|----|---------------|-----------------|-------|
| 1 | Dust | 10 | 33.3% |
| 2 | Grass | 5 | 16.6% |
| 3 | Animal Dander | 7 | 23.4% |
| 4 | Pollen | 8 | 26.7% |

Table 4: Common Miasms

| No | Miasm Involved | No. Of Cases | % |
|----|------------------------|--------------|------|
| 1 | Psora | 9 | 30.1 |
| 2 | Psora-Sycosis | 5 | 16.6 |
| 3 | Sycotic-Syphilis | 4 | 13.1 |
| 4 | Psora-Sycotic-Syphilis | 12 | 40.2 |

Table 5 : Result Of Treatment

| No | Result | No. Of Patients | % |
|----|---------------|-----------------|-------|
| 1 | Improved | 28 | 93.33 |
| 2 | Poor Recovery | 02 | 6.67 |
| | Total | 30 | 100 |

Conclusion: The following valid conclusion can be drawn from the study. The maximum incidence of the patients suffering from allergic rhinitis is in the age group of 7-9 years in this study. Males were found to be more prone to allergic rhinitis compared to females in this study. More cases are seen having mixed miasmatic background(psora-sycotic-syphyllis). Dust, grass, animal dander ,pollen are found as causative factor / triggeres,although dust is seen as more profound causative factor. A rare remedy Arundo is able to annihilate the disease and helps to reduce the intensity and frequency of the episode of Allergic rhinitis. There is a better scope in Homoeopathic for the treatment of Allergic rhinitis, since the treatment is based on holistic and individualistic approach. Homoeopathic remedies not only annihilate the disease but also prevents the complications associated

with it. However further studies need to be carried out to understand the finer menaces of the disease.

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