

Homoeopathic Management of Allergic Rhinitis using Pulsatilla Nigricans –A Case report

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DOI: 10.63001/tbs.2025.v20.i04.pp1389-1395

KEYWORDS

Allergic Rhinitis, case report, Homoeopathic Treatment, Pulsatilla Nigricans

Received on:

08-07-2025

Accepted on:

16-10-2025

Published on:

26-11-2025

ABSTRACT

A 36-year-old woman presented to the outpatient department on 12/04/2024 with complaints of recurrent rhinorrhea and occasional cough of allergic origin. She was diagnosed with allergic rhinitis by the physician. The patient was treated with homoeopathic management for six months and showed considerable improvement. Improvement was also observed on the **Japanese Rhinoconjunctivitis Quality of Life Questionnaire (JRQLQ)**.

Introduction

Rhinitis is characterized by sneezing, rhinorrhea, nasal obstruction, conjunctival, nasal, and pharyngeal itching, and lacrimation, and it may be classified as allergic or non-allergic. A clinical history of rhinitis symptoms occurring in temporal relation to allergen exposure, along with documentation of sensitization to an environmental allergen, is required for the diagnosis of allergic rhinitis.⁽¹⁾ Allergic rhinitis may be perennial in individuals with chronic exposure to house dust mites, animal dander, or insect (cockroach) allergens. The overall prevalence in North America has increased over the past 20 years and ranges from 10% to 30%, with a peak prevalence exceeding 30% in the fifth decade of life. Allergic rhinitis (AR) is also a significant global health concern, affecting approximately 400 million people worldwide. Its prevalence has risen steadily over time, a trend closely associated with increasing urbanization and greater exposure to environmental pollutants, which are considered major contributing factors.⁽²⁾

Allergens/Triggeres

- grass pollen/ tree pollen ,dust mites ,animal dander, which is old skin ,cat saliva ,mold

During certain times of the year, pollen can be especially problematic. Tree and flower pollens are more common in the spring. Grasses and weeds produce more pollen in the summer and fall.

Pathophysiology

Upon exposure to an allergen, atopic individuals produce allergen-specific immunoglobulin E (IgE). These IgE antibodies bind to IgE receptors on mast cells in the respiratory mucosa and to basophils in the peripheral blood. Upon subsequent inhalation of the same allergen, cross-linking of IgE antibodies occurs on the cell surface, leading to cellular activation. Activated mast cells in the nasal tissues release preformed and granule-associated chemical mediators that produce the symptoms of allergic rhinitis. During degranulation, histamine is released in large amounts and plays a central role in the pathophysiology of allergic rhinitis.⁽³⁾

Genetic factor

The IgE response appears to be controlled by immune response genes located within the major histocompatibility complex (MHC) on chromosome 6⁽¹⁾

Common clinical features-

- Sneezing
- Running nose
- Itchy eyes,, nose and throat
- Lachrymator
- Headache
- Stuffy nose
- Coughing sometimes
- Stuffy nose
- Sometimes there may be hives
- May associate with dermatitis⁽⁴⁾.

Apart from hypersensitivity response psychological factors can also be triggered allergic Rhinitis. Stress , relation issue can also cause Allergic Rhinitis. ⁽⁵⁾

Constitutional Medicine in Homoeopathy can be useful for Treatment of Allergic Rhinitis. ⁽⁶⁾ Medicine Like pulsatilla , Arsenicum Album, Lycopodium, Silicea, Calcarea Carboniucum can be use for treatment according to totality. ⁽⁷⁾ Medicine like Histaminum Hydrochlorinum , Allium cepa is also useful when it indicated on symptom similarity basis ⁽⁸⁾. Pulsatilla Nigricans is indicated in Allergic Rhinitis with stoppage of nose and having discharge of Greenish Yellowish Mucus ⁽⁷⁾. Japanese Rhino-conjunctivitis quality of life Questionnaire (JRQLQ) is useful in case of Allergic Rhinitis to determined improvement in symptoms as well as in quality of life of the Patient. ⁽⁹⁾

Material and Methodology

The study was carried out with the approval of Institutional Ethical Committee(IEC). And Patient's consent Has been Taken prior to enroll in the study. The study Aimed to Analyzed effect of constitutional Homoeopathic treatment and Histaminum Hydrochlorinum in two different group.

Case report

36 years old women comes in OPD with the complain of recurrent running nose and sometimes coughing . she had diagnosed as Allergic Rhinitis by physician.

History of presenting complain -Since 3- 4 years Patient has developed Allergic Rhinitis .it is pre diagnosed case .she had took allopathic treatment without much relive.

Chief complain – she is having running nose having greenish yellowish discharge from the nose since 4 to 5 days . The complain are trigger by dust, soap fumes . with coryza there is also partial blockage of nose and sneezing for 10-12 times at a time. Her complain is aggravated by cold weather and by taking cold food .

Life space investigation-

She is working as a teacher in private school. She is Having calm Nature. Having one male child having same complain of Allergy. Her husband is a business Man. She is staying in join family with Mother in Low and Fathe in Low. She is mild in Nature and often worried about health of a child. She is taking anxiety about work . she is having sympathy for others in work place as well as in house. She weeps easily with in small Matter . she take tension very easily.

Past history-

H/o tonsillitis - before 5 years- operated for same.

FAMILY HISTORY:-

Mother died –HT

Father –DM

Son-Allergic Rhinitis

General Examination- Patient was conscious, cooperative & oriented with time, place and person during the case evaluation

Vital Data:

PR – 70 beats/ min

Temp – Afebrile at the time of examination

BP- 126/84 mm Hg

RR-16 /min Body

Weight: 65 kgs

Eyes Conjunctiva – pink

Sclera – clear Ears- no discharge

Nose- no DNS/ Polyps, Nasal Mucus Membrane is inflamed on examination. Discharge from Nose

Throat-Inflammation, redness

Mouth: - Buccal mucosa- Pink.

Teeth – hygiene maintained

Tongue – pink Gums – Non bleeding

Neck – no lymphadenopathy

Nails- healthy No pallor, clubbing, cyanosis, icterus & pedal oedema

Menstrual History- Delayed and scanty menses since 4 years

SYSTEMIC EXAMINATION: CNS, CVS, RS, GIT, GUT: NAD

Physical general-

Thermal hot, thirst-6-7 glasses /day

Totality

-MILDNESS

WEEPING DISPOSITION

ANXIETY ABOUT HOUSEHOLD WORK

SYMPATHETIC

THIRSTLESS

MENSES LATE AND SCANTY

DISCHARGE FROM NOSE –GREENISH YELLOWISH

<COLD IN GENERAL

HOT PATIENT

Diagnosis-Allergic Rhinitis

Pulsatilla- 25/10, phosphorus-18/8, Causticum-15/8, sepia- 15/7, Natrum Mur-13/7

Prescription –Pulsatilla Nigricans200 as a constitutional medicine.

Sr.no	DATE	SYMPTOMS	PRESCRIPTION
1	12/4/24	Rhinitis once a week severity of attack become less 8-10 sneezing at time Coryza for one day Menses for 5 days	Phytum TDS for 15 days
2	26/4/24	Rhinitis once a 15 days Severity as above Severity as before Physical general normal	Pulsatilla 200 4 pills(1Dose) Phytum TDS for 15 days
3	16/5/24	No rhinitis Menses at time and for 5 days	Phytum TDS for 15 days
4	15/6/24	Severe rhinitis since 3 days After inhalation of fume .menses normal	Pulsatilla 200 4 pills(3Dose) Phytum TDS for 7 days
5	4/7/24	Rhinitis twice a 15 days for 3 days with less intensity Menses regular	Pulsatilla 200 4 pill (1 Dose) orally Phytum tdsfor 15 days
6	10/8/24	No complain Physical general normal	Phytum tds for 15 days
7	5/9/24	No complain	Phytum tds for 15 days
pre score JRQLQ		12	
Post Score JRQLQ		0	

Discussion

Patient is evaluated as low of Homoeopathy. Here Pulsatilla nigricans 200 is given as constitutional medicine whenever it is needed in case. pre sore was done when Patient comes 1st time in visit and after 6 month post score JRQLQ is taken. That shows marked improvement in Patient.

Conclusion

In hypersensitivity response like Allergic Rhinitis Homoeopathic Treatment can be beneficial if the treatment is given carefully. Thus homoeopathy has potential to restore the person in healthy state and can be useful in treatment of Allergic Rhinitis. Previous study shows utility of JRQLQ in measurement of effect of treatment in allergic Rhinitis.

Abbreviation

JRQLQ- Japanese Rhino-conjunctivitis quality of life Questionnaire

Acknowledgements: The author acknowledges and expresses sincere gratitude to patient for their consent, trust and kind cooperation throughout the study. The author expresses gratitude to Ankit Dubey sir for his guidance, encouragement and support. The author also forwards gratitude to Parul University for this research. The informed consent has been provided for the publication of this report by the patient.

Statement of patient consent: The author has obtained all necessary patient consent forms. The patient understands that his identity will not be disclosed, although complete anonymity is not assured.
Financial support: No financial support was given for the study.

Conflicts of interest: The authors declare that they have no conflicts of interest.

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