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Case Study

Effect of Homoeopathic Constitutional Medicine *Natrum Mur* in Reducing Allergic Biomarkers of Allergic Rhinitis: A Case Study

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I N F O

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A B S T R A C T

Background: Allergic rhinitis (AR) is a prevalent inflammatory condition affecting the upper respiratory tract, often associated with immune dysregulation. Homoeopathic interventions like constitutional medicines are generally used in its management.

Objective: This case study evaluates the potential clinical effectiveness of the Constitutional Homoeopathic medicine *Natrum muriaticum* in managing the symptoms of AR, and its association with allergic immunomarkers in the blood.

Methods: The case study was selected from the Outpatient wing of the Materia Medica Department of Govt. Homoeopathic Medical College. The patient was given the Constitutional medicine *Natrum muriaticum*, and repetition was done based on Homoeopathic principles. Primary outcome measures included symptom relief, assessed by the time taken for improvement by measuring the Total Nasal Symptom Score (TNSS), and changes in immune markers like serum Immunoglobulin E (IgE) and Absolute Eosinophil Count (AEC).

Results: The average time to achieve immediate symptomatic relief based on TNSS was approximately 6 days.

Conclusion: The study suggests that while constitutional medicines may take time to alleviate immediate symptoms, they are potentially associated with a reduction in the recurrence of allergic symptoms and a modest decrease in immune markers (IgE and AEC) over a 6-month period. These findings are preliminary and require validation in larger, controlled trials.

Keywords: Allergic Rhinitis (AR), Constitutional Medicine, Immunoglobulin E (IgE), Absolute Eosinophil Count (AEC), Total Nasal Symptom Score (TNSS)

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Introduction

The World Health Organization and the World Allergy Association now recognize allergic disorders as a defining global health crisis of the 21st century. Due to their rapid escalation, experts warn that the prevalence of these conditions is on a trajectory to impact nearly 4 billion people by 2050, solidifying their status as a primary public health challenge for the modern era.[1] Allergic rhinitis (AR) is a widespread and diverse condition defined by a variety of symptoms, including sneezing, nasal blockage, itching, and a runny nose.[2] Rhinitis refers to nasal inflammation and mucosal dysfunction. While acute infectious rhinitis typically manifests as a viral cold or flu, the condition is primarily categorised into two phenotypes: allergic rhinitis (AR) and nonallergic rhinitis (NAR). In AR, symptoms are driven by an IgE-mediated immune response to allergens, whereas NAR occurs in the absence of allergic sensitisation.[3] Allergic rhinitis notably diminishes an individual's quality of life by introducing a range of secondary health issues in both adults and children. These associated comorbidities frequently worsen the overall burden of the condition, leading to a more profound decline in general well-being.[4]

Background of the study

Allergic rhinitis currently impacts more than 20% of the global population, appearing more frequently in children than in adults. Most individuals begin experiencing symptoms before the age of 20, and nearly half of all cases are established in early childhood, typically by age 5 or 6.[5] Histamine, a key biogenic amine, is primarily synthesised and released by two types of immune cells: mast cells and basophils.[6] These cells are central to both inflammation and immediate allergic reactions, releasing a suite of inflammatory mediators including histamine, proteases, cytokines, chemotactic factors, and metabolites of arachidonic acid. Beyond its role in toxin defence, histamine is released during physical injury to trigger vasodilation, thereby increasing blood supply to the damaged site. Unlike other immune cells, mast cells are fixed within connective tissues and do not travel through the circulatory system.[7] The secretory granules within mast cells house essential mediators, such as histamine, which function as central drivers in both standard immune reactions and the development of allergic conditions.[8]

Homoeopathy and its treatment approaches

The core objective of homoeopathy is to treat the whole person by matching their unique clinical presentation with a remedy whose known pharmacological profile most closely resembles their symptoms.[9] For a medical discipline to be truly comprehensive, it must grasp the underlying connection between health, illness, and recovery. In homoeopathy, this relationship is anchored by the "vital force," an internal energy that regulates the body's overall state across all three stages.[10] Dr. James Tyler Kent suggested a hierarchical structure for every cell, consisting of will, understanding, and physical matter. He believed that illness begins at the innermost level and only later expresses itself through external physical symptoms; consequently, he argued that effective treatment requires potentized remedies designed to heal in a direction that mirrors this internal-to-external path.[11]

Even with treatment, symptoms like nasal congestion, sneezing, rhinorrhoea, and itching often reappear unless allergen exposure is minimised or the immune response is modulated. Environmental changes, weather shifts, and lifestyle factors can further exacerbate the recurrence, resulting in significant morbidity and reduced overall well-being. Untreated or poorly managed AR can lead to complications, such as sinusitis, asthma exacerbation, and chronic fatigue. Here comes the importance of constitutional homoeopathic medicines to improve allergic status.

Case Presentation

Name: XXX

Age :17years, Female

Address: Trivandrum

DOE: 10/05/2023

Presenting complaints

- Sneezing- on the morning after waking. Sneezes till noon. Watery nasal discharge thereafter +++, with nasal irritation and blockage. Nose and eyes become swollen and red. Itching of the nose +++, eyes and throat. Lachrymation+++. < bathing, rainy season, eating cold food and cold drinks, smoke and dust. Eyes become red and swollen.
- Pain in the head after sneezing. < lying. < if expose to sun ++
- Loss of smell.

History of Presenting Complaints

Allergic symptoms started last year as occasional sneezing. But now sneezing is aggravated, and she sneezes almost every day. She doesn't have any medication, but sneezing worsened 5/6 months. Due to the nasal blockage and headache, she cannot sleep properly and also interrupted her studies.

History of Previous illness

Had a fall last March, and a hairline fracture of the left wrist occurred. Cured by allopathic treatment.

Family History

Father – Allergic rhinitis, alcoholic

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Mother - NP

Sister – allergic rhinitis

Personal History

Born at – Trivandrum

Milestones - Normal

Educational status – +2

Vaccination status – good

Physical Generals

Appetite – good, prefer salty food, oily and spicy food

Thirst- ++, like cold water

Bowel – constipated

Sweat - ++, on face

Sleep – disturbed due to nasal blockage.

Psychic features

Prefers to be alone, becomes sad, weeps easy

Regionals

Head - Headache after sneezing. < sun

Mouth – mouth opening to take breath at night

Physical Examination

No Clubbing, no anaemia, no lymphadenopathy

Examination of nose

Congested, nasal turbinates are swollen

No other respiratory symptoms

Provisional Diagnosis

Allergic rhinitis

Lab investigations

10/05/2023

IgE – 695.10IU/ml

AEC – 700 Cells/cumm

TNSS - 12

Final diagnosis

Allergic rhinitis

Totality of symptoms

Sneezing on awakening, bathing, rainy season, eating cold foods, smoke, dust

Head pain during sneezing, < sun.

prefer salty food, oily and spicy food

Thirst increased, like cold water

constipated,

Lachrymation, itching, coryza

Sweat more on the face

Sleep is disturbed due to nasal blockage, and snoring

Prefers to be alone, and sadness, weeps

Mouth is open to take breath

Repertorised result

1. Nat.mur – 9/22
2. Puls – 9/20
3. Cal.carb – 8/17
4. Carb.veg – 8/17
5. Chin– 8/16
6. Ignetia – 8/ 16
7. Phos – 7/ 15
8. Nat.c – 7/15

After repertorization identified *Natrum mur* as the leading remedy (Figure 1), it was administered for its specific indications of hay fever and sneezing with a "white of egg" discharge. As a constitutional medicine, it addressed the patient's sun headaches, salt cravings, intense thirst, and characteristic constipation where the stool crumbles at the verge of the anus; remarkably, this treatment successfully reduced the elevated immune biomarkers shown in Figure 2 to the lower, healthier levels observed in Figure 3.

Blood test after 6 months (11/11/2023)

IgE – 677 IU/ml

AEC – 400 cells/cumm

TNSS – 1

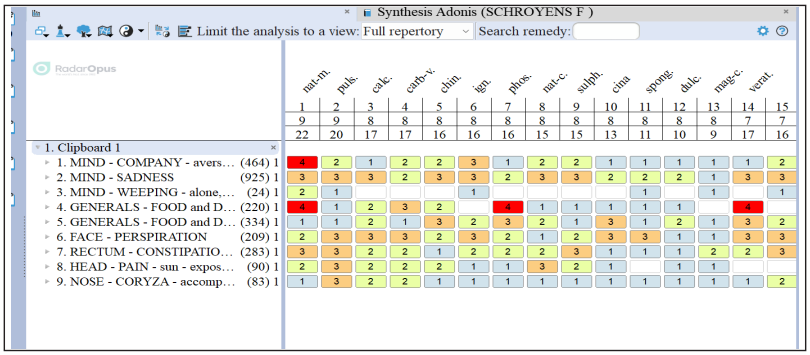
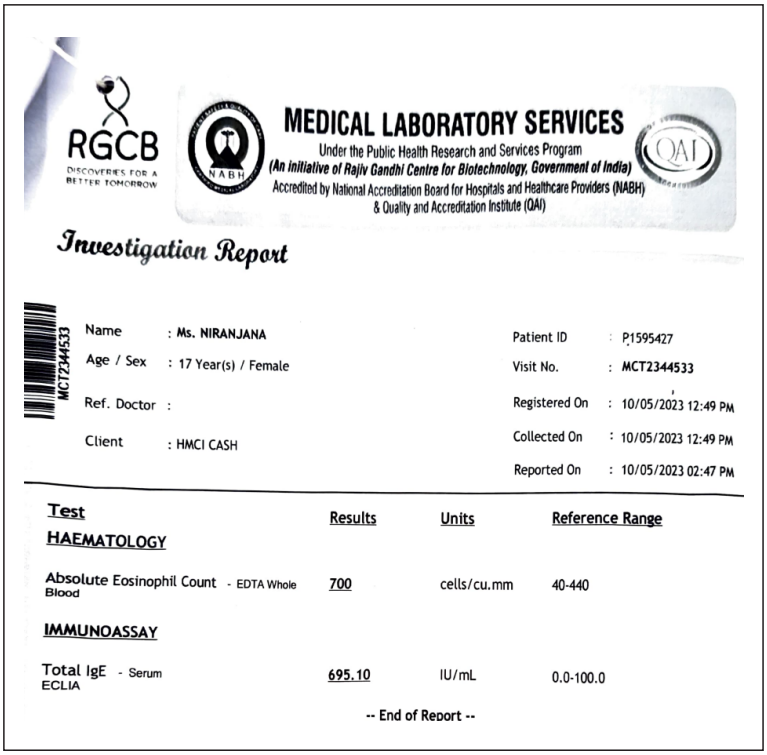


Figure 1.Repertorisation Chart

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Investigation Report

MCT2344533

Name : Ms. NIRANJANA
Age / Sex : 17 Year(s) / Female
Ref. Doctor :
Client : HMCI CASH

Patient ID : P1595427
Visit No. : MCT2344533
Registered On : 10/05/2023 12:49 PM
Collected On : 10/05/2023 12:49 PM
Reported On : 10/05/2023 02:47 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	700	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	695.10	IU/mL	0.0-100.0

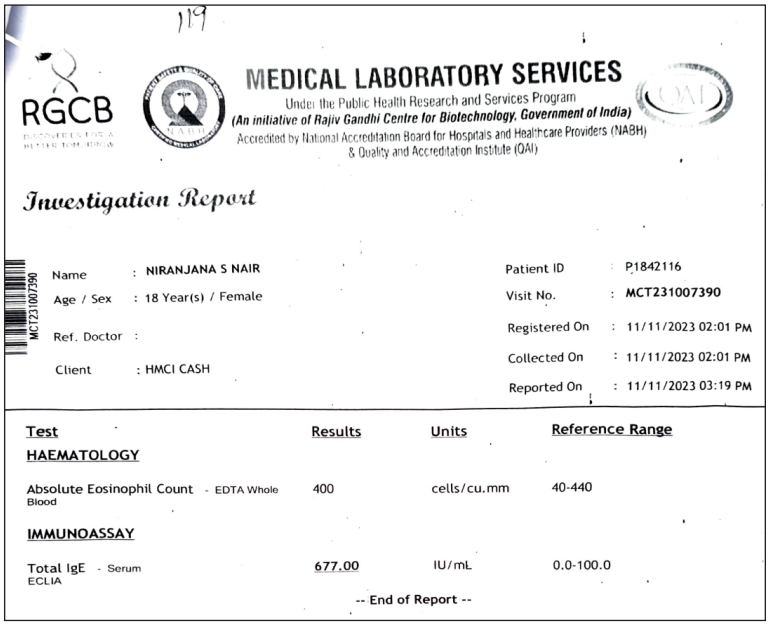
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Figure 2.Blood value before treatment

Table 1.Medicines Given

Dates	Observation	Medicines Given
10/5/23	Sneezing, <-morning, Eyes- redness, lachrymation, Itching of nose, obstruction	Natrum mur 30/2d (1-0-1) B T – 2d (1-0-1)
16/5/23	Sneezing >, lachrymation >, nose feels blocked, itching slight >	BT – 3d Sac Lac – 2d (1-0-1)
15/6/23	Sneezing persists in morning, itching and lachrymation persists. Nose feels blocked	Nat.mur 30/ 2d (1-0-1) BT – 3d
19/7/23	Sneezing >, occasional sneezing only. nose - blocked	Sac Lac – 2d (1-0-1) BT – 3d
26/8/23	Sneezing and coryza +++ Severe nasal block+++	Nat.mur 30/2d BT – 2d (1-0-1)
17/9/23	Mild sneezing, lachrymation, Itching of the throat	Sac Lac – 2d (1-0-1) BT – 3d
26/10/23	Sneezing >, headache as had sun exposure. Only occasional irritation in nasal, no obstruction, no coryza	Nat.mur 1M /2d (1-0-1) BT /3d(1-1-1)
1/11/2023	Sneezing >, no headache	Sac lac 2d (1-0-1) BT 3d (1-1-1)
11/11/2023	Symptoms of allergic rhinitis >>	SL /2d (1-0-1) BT 3d (1-1-1)

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Investigation Report

Name	: NIRANJANA S NAIR	Patient ID	: P1842116
Age / Sex	: 18 Year(s) / Female	Visit No.	: MCT231007390
Ref. Doctor	:	Registered On	: 11/11/2023 02:01 PM
Client	: HMCI CASH	Collected On	: 11/11/2023 02:01 PM
		Reported On	: 11/11/2023 03:19 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	400	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	677.00	IU/mL	0.0-100.0

-- End of Report --

Figure 3.Blood values after treatment for 6 months

Discussion

The likelihood of a causal relationship between the administration of *Natrum muriaticum* and the patient's clinical improvement was evaluated using the MONARCH (Modified Naranjo Criteria for Homoeopathy) inventory. The case achieved a MONARCH score of +9 (out of a possible +13).

Summary of the MONARCH Scoring of +9:

- **Symptomatic improvement (+2)**: Clear reduction in TNSS.
- **Temporal relationship (+1)**: Improvement followed the remedy.
- **Initial aggravation (0)**: The patient got briefly worse first.
- **Effect on physical generals (+2)**: Improvement in sweating and constipation.
- **Effect on well-being (+1)**: Improved sleep and school attendance.
- **Direction of cure (Hering's Law) (+1)**: Symptoms moving from within outward.
- **No other interventions (+2)**: No antihistamines or conventional lifestyle changes prescribed.
- **Previous recurrence (0)**: Symptoms used to return quickly; now they haven't.
- While the MONARCH score of +9 is supportive, it must be explicitly acknowledged that a single-case design inherently limits definitive causal claims. The criteria suggest a likely association but cannot establish strict causality between the remedy and the clinical response.
- The clinical and immunological results observed in this case offer a noteworthy perspective on the management of AR. Over the six-month treatment period, Serum IgE decreased from 695.10 IU/mL to 677 IU/mL (an approximately 2.6% reduction), and AEC decreased from 700 cells/cumm to 400 cells/cumm (a 42.9% reduction). The observed decline in these biomarkers following the constitutional homoeopathic intervention suggests a potential association that warrants further investigation, rather than proving a direct mechanistic modulation of immunity.
- Furthermore, it is important to consider confounding factors inherent in an outpatient setting. Variables such as seasonal variations, environmental changes, unnoticed allergen avoidance, or dietary modifications were not strictly controlled. These external factors could independently influence the severity of the patient's symptoms and the fluctuation of allergic biomarkers (IgE and AEC).
- Homoeopathy approaches conditions like AR by addressing the individual's unique susceptibility rather than merely targeting the local symptoms. By evaluating the "totality of symptoms"—which includes physical triggers, general physical traits, and psychological features—the practitioner seeks to resolve the patient's underlying reactive sensitivity to their environment.[12,13] In this instance, Natrum muriaticum was selected because it mirrored the patient's holistic profile, allowing for a comprehensive approach to her condition rather than mechanical suppression of the localized respiratory irritation.[14,15,16]

Conclusion

While acute treatments offer immediate relief for allergic rhinitis (AR), constitutional therapies represent a potential

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holistic strategy for broader symptom management. In this reported case, constitutional treatment with *Natrum muriaticum* was associated with sustained symptomatic relief and a modest reduction in inflammatory blood markers over six months. However, these findings are preliminary. Because this is a single case report with inherent limitations regarding confounding variables, it cannot definitively establish permanent improvements or direct causality. Further confirmation through larger, well-controlled clinical studies is required to validate the role of constitutional homoeopathy in modulating allergic responses.

Informed consent and ethical approval: Obtained Informed consent and ethical approval before conducting this study.

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