ORIGINAL PAPER

Hay fever & homeopathy: a case series evaluation



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Background: Seasonal allergic rhinitis (hay fever) is common and can considerably reduce the quality of life of sufferers. Despite the wide everyday application and promising results with homeopathy, scientific evidence of its effectiveness for most ailments is scarce.

Aim: The assessment of the clinical effectiveness of homeopathic remedies in the alleviation of hay fever symptoms in a typical clinical setting.

Methods: We performed a clinical observational study of eight patients in the treatment of hay fever symptoms over a two-year period (2012 and 2013) using Measure Yourself Medical Outcome Profile (MYMOP) self-evaluation questionnaires at baseline and again after two weeks and four weeks of homeopathic treatment. The individualized prescription — either a single remedy or multiple remedies — was based on the totality of each patient's symptoms.

Results: The average MYMOP scores for the eyes, nose, activity and wellbeing had improved significantly after two and four weeks of homeopathic treatment. The overall average MYMOP profile score at baseline was 3.83 (standard deviation, SD, 0.78). After 14 and 28 days of treatment the average score had fallen to 1.14 (SD, 0.36; P < 0.001) and 1.06 (SD, 0.25; P < 0.001) respectively.

Conclusions: Individualized homeopathic treatment was associated with significant alleviation of hay fever symptoms, enabling the reduction in use of conventional treatment. The results presented in this study can be considered as a step towards a pilot pragmatic study that would use more robust outcome measures and include a larger number of patients prescribed a single or a multiple homeopathic prescription on an individualized basis. Homeopathy (2016) 105, 202–208.

Keywords: Hay fever; Homeopathy; MYMOP questionnaires

Introduction

Seasonal allergic rhinitis (hay fever) is common and is known to affect up to 30% of adults and 40% of children at some time in their lives. This causes significant health burden to the individuals as well as the impairment of quality of life. It is reported that the economic burden posed by allergic rhinitis has almost doubled since 2000. For most sufferers, the hay fever season starts in the early spring

with the arrival of grass and tree pollen and finishes with moulds in October.²

The symptoms range from sneezing, rhinorrhoea, obstruction of the nasal passages to conjunctival and pharyngeal itching, and lachrymation. These symptoms may lead to loss of sleep and reduced ability to concentrate. The use of antihistamines and steroidal nasal spray in giving symptomatic relief is useful; unfortunately long term use has potential side effects and may not be beneficial to everyone. The use of antihistamines may reduce rhinorrhoea and sneezing but may cause sedation and drowsiness. Common side effects of steroidal nasal spray include nose/throat dryness, crusting and bleeding of the nose, increased thirst/urination. Prolonged use of this medication in higher doses may cause further side effects such as extreme tiredness, headaches, vision problems.

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Furthermore, in a general practice setting these measures were reported to be only partially effective in more than 40% of patients.⁵

Considering the side effects associated with conventional treatment and for the patients who fail to respond to these measures, there is a demand for an alternative therapy that would alleviate hay fever symptoms, with fewer side effects.⁶

Homeopathy is a form of holistic medicine based on the principle of 'like cures like', in which a substance given in small doses will cure the same symptoms of illness they are known to cause in high doses. The context of hay-fever, homeopathic treatment can be divided into at least five types, depending on the way of prescribing. Before the principle of the pr

Isopathic prescription uses a known allergen in homeopathic dilution to treat the symptoms of allergy.⁹

Clinical prescription aims at treating the disorder using symptoms of the ailment. ¹⁰ For example, local symptoms of allergy are looked at and a remedy is prescribed. ⁶

Constitutional prescription aims to bolster the entire constitution of the patient. A detailed description of the patient's physical, mental and emotional symptoms are taken into account and a specific single remedy is prescribed. As a result different people receive different prescriptions for the same ailment, as their constitution is different.⁸

Miasmatic prescription targets the inherited or acquired weakness which in turn causes a predisposition towards a pattern of illness. This method involves prescribing a nosode (remedies from the product of diseases or diseased tissue) or a specific remedy that is known for its affinity towards a particular miasm (for example, mercury and nitric acid are well known anti-syphilitic remedies). The treatment is hence directed towards the underlying miasm in order to cure a chronic disease.

Complex prescription uses two or more remedies simultaneously, either in alteration or as a combined formula. This method may encompass the use of isopathic, therapeutic, constitutional and miasmatic remedies simultaneously in one prescription as one remedy may not cover all the symptoms of the disorder in a patient. The more the prescription was tailored to suit the individual patient, better results were obtained, as reported by Ellis Barker and J.H. Clarke. While constitutional prescription uses a single remedy, complex prescription involves using two or more remedies. 10

Reilly *et al.* reported evidence showing improvement with homeopathy over placebo in patients with hay fever, asthma and perennial rhinitis, using principal inhalant allergen (isopathy). Taylor *et al.* conducted an overview and pooled analysis of the four trials and showed clear benefit with the homeopathic intervention as compared to the placebo. The study was carried out for a month, and each day the recruited patients measured their nasal air flow and recorded symptoms such as blocked, runny or itchy nose, sneezing or eye irritation. On average, over the last two weeks after randomization, patients who received homoeopathy had a 28% improvement in nasal inspiratory peak flow as compared with 3% among those in the placebo group. Although isopathy has the advantage

of being easily prescribed and trialled clinically, it is unclear whether a more traditional, individualized approach might achieve better results.

Another group, Lüdtke & Wiesenauer 1997, assessed the efficacy of a single remedy *Galphimia glauca* in the treatment of pollinosis. This meta-analysis reviewed seven randomized double-blind placebo controlled trials and four non-placebo-controlled trials. They found that the overall rate of improved eye symptoms was about 1.25 times higher in the verum group than in the placebo group. Similar results for soothing of nasal symptoms were reported in most trials.

Another approach to treat pollinosis using a homeopathic combination remedy was tested by Wiesenauer and Heidl 1999. This study group found that during an average treatment of 61 days, 23 of 35 patients experienced improvement in the severity of symptoms. The combination remedy used in this study was *Apis mellifica* D6 + *Acidum formicicum* D6 + *Thryallis glauca* D6 + *Cardiospermum halicacabum* D4. 14

A non-comparative pilot study was carried out by Goossens *et al.*, 2009 to evaluate the effect of individualized homeopathic prescription in the treatment of hay fever. In this study, the patients completed the Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) in the treatment of hay fever. The mean RQLQ score at baseline was 3.40 (SD, 0.98). After three and four weeks of homeopathic treatment the scores had fallen significantly to 1.97 (SD, 1.32) and 1.6 (SD, 1.28) respectively.

We performed a clinical observational study of all eight patients, presenting with hay fever symptoms, who visited Health Zone Clinic, Wimbledon, London over a two-year period (2012 and 2013) using Measure Yourself Medical Outcome Profile (MYMOP) self-evaluation questionnaires. The prescription was tailored to the totality of each patient's symptoms and either a single remedy or a multiple prescription was prepared on an individualized basis.

Materials and methods

Participants

In all, eight consecutive patients visited Health Zone Clinic, Wimbledon (2012, 2013) with hay fever symptoms. The same patients visited the clinic in 2013 as well. These patients came to the clinic because their symptoms were highly bothersome and not completely relieved by the use of antihistamines and the steroidal nasal sprays. The symptoms of hay fever affected their level of concentration and wellbeing. These patients were looking for an alternative treatment to bring some relief to their suffering.

The study was carried out from the first week of May and the hay fever clinic was run one day of every week. At the start of study each patient's history and hay fever symptoms were recorded (baseline assessment).

Evaluation and outcomes

All patients who visited the hay fever clinic were asked to complete the MYMOP. The MYMOP is a patient

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