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Exploring the Role of Homoeopathic Bowel Nosode in Allergic Rhinitis: A Case Series on *Dysenteriae Compound*

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ABSTRACT:

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 their management. Only very few studies exist for allergic rhinitis management with medicines prepared from Bowel nosodes. This study evaluates the clinical effectiveness of *Homoeopathic* Bowel nosode Dysenteriae compound (Dysenteriae co) in patients with allergic rhinitis. A total of ninety participants diagnosed with allergic rhinitis were selected, and Dysenteriae co was administered in different potencies. The 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), which were performed at baseline and the 6th month. TNSS were also monitored on the 2nd, 5th, and 7th day after giving medicines. The average time to get relief for symptoms in TNSS was around 3.5-4 days. Bowel nosode Dysenteriae compound, had a significant effect in reducing the symptoms of allergic rhinitis.

Key Words: Allergic Rhinitis, Bowel nosode, Dysenteriae compound.

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INTRODUCTION:

According to the World Health Organisation, allergic disorders are major diseases of the 21st century. The prevalence of these disorders is estimated to affect approximately 4 billion people worldwide by 2050 [1]. Allergic rhinitis or hay fever is a spontaneous reaction that occurs if a sensitive person comes in contact with certain allergens like dust, pollen, animal dander, mould, or other substances [2].

Background of the study

Globally, the average risk of allergic rhinitis has now exceeded 20%, and the proportion of children affected may be higher than that of adults. Most of the patients show symptoms before the age of 20 years, and nearly half of them develop symptoms around the age of 5–6 years. [3].

Mast cells and basophils are the primary immune cells that produce the biogenic amine histamine. [4] Eosinophil accumulation in the nasal mucosa and Th1/Th2 immune imbalance are hallmark features of allergic rhinitis, which release cytokines like IL-4, IL-5, and IL-13, and cause local damage and allergic symptoms [5]. Treatment options in conventional treatment include antihistamines, decongestants, corticosteroids, leukotriene receptor antagonists (LTRAs), and anticholinergics. For patients unresponsive to pharmacotherapy, immunotherapy is an alternative. The most commonly used pharmacologic treatments are antihistamines, intranasal corticosteroids, and LTRAs[6].

Overview of Homoeopathy: principles and approach

Homoeopathy, as a therapeutic approach, focuses primarily on the disordered vital processes within the living organism, which are outwardly manifested as symptoms, regardless of their underlying cause. [7].

Introduction to Bowel Nosodes

Bowel nosodes are medicines prepared by attenuating the cultures of non-lactose-fermenting bacilli of intestinal flora [8]. Dysentery Co. (Bach) consists of Bacillus dysenteriae or Shigella dysenteriae, a Gram-negative, non-motile bacterium from the Enterobacteriaceae family. These bacteria ferment glucose and carbohydrates, producing acid, with slow lactose fermentation. Dr. John Paterson identified the Arsenicum album as the primary *Homoeopathic* remedy for Dysentery Co., with Argentum nitricum and Kalmia latifolia also associated [8]

The need and significance of the Study.

Allergic rhinitis (AR) is a rapidly growing health concern, affecting a large number of individuals across the world in all age groups. Its symptoms, such as nasal congestion, sneezing, itching, rhinorrhoea, and nasal obstruction, affect the quality of life and productivity. In children, it affects several factors, including poor nutrition, lack of physical activity, and environmental exposure, which lead to weak immunity. Allergic rhinitis affects sleep and study patterns,

resulting in psychosocial stressors like anxiety and depression, interfering with health-related quality of life (HRQL) and also predisposing children and adults to different comorbid conditions. [9]

Adults also face health challenges because of the high intake of processed foods, sugar, unhealthy fats, and low-fibre content foods that contribute to allergic diseases. Western diets are rich in calorie-dense ultra-processed foods, and they are low in fibre [10]. Long-term exposure to pollutants or occupational hazards, can lead to respiratory and allergic diseases. It may even result in reduced participation in social activities due to discomfort from constant sneezing or a runny nose. In some individuals, even depression may result due to persistent symptoms affecting quality of life [9]. Sleep disturbances and fatigue can lead to mood swings, irritability, and impaired decision-making.

Aim

To study the clinical effectiveness of *Homoeopathic* Bowel Nosode "Dysenteriae compound" in improving Allergic rhinitis symptoms in patients aged 10 - 45 years.

Objectives

To measure the clinical effectiveness of *Homoeopathic* Bowel Nosode "Dysenteriae compound" as time taken for symptomatic relief, and in terms of reduction in the Immunoglobulin E level (IgE), Absolute Eosinophil Count (AEC) & Total Nasal Symptom Score (TNSS) in patients with Allergic rhinitis.

METHODOLOGY

Research Approach

This study adopts a quantitative and qualitative, experimental approach to evaluate the effectiveness of the Bowel nosode Dysenteriae compound, in persons having allergic rhinitis (AR).

Research design

Single-arm, prospective clinical trial with a 6-month follow-up period for each patient. The Single-blinding method was followed.

Intervention period

Medicines were administered for an initial 7-day intervention period, with follow-up assessments conducted on days 2, 5, and 7. If symptoms persisted, medication was continued until relief was obtained. The total study duration was 18 months.

Study settings

The study was conducted in the Outpatient clinic under the Department of Materia Medica, Government *Homoeopathic* Medical College, Thiruvananthapuram, Kerala. The study population was 90 patients with Allergic rhinitis in the age group of 10 to 45 years. The total study duration was 18 months. The enrolment of cases was done for one year - 6th January 2023 to 5th January 2024.

Sample size

Based on the results from the pilot study, Bowel nosode Dysenteriae compound was found clinically effective in the early relief of symptoms. The sample size calculated was 90,

accommodating the loss of follow-up, the sample size was finalised to n = 100.

Diagnostic criteria

1. Serum Ig-E levels above 100 IU/mL[11]
2. Absolute Eosinophil Count above 440 cells/cu.mm[12]
3. Total Nasal Symptom score more than one [13]
4. Presence of one or more of the signs and symptoms of Allergic rhinitis, such as sneezing, rhinorrhoea, nasal obstruction, itching of eyes, ears, and throat, lachrymation, redness of eyes or loss of smell and taste, pain in the ear, headache[14].

1. Inclusion Criteria

- Patients of both genders who met the diagnostic criteria.
- Age group from 10 to 45 years.
- Cases with Absolute Eosinophil count 440 cells/cu.mm and above.
- Cases with Serum Ig-E level 100 IU/mL and above.
- Patients who expressed willingness to participate in the study.

2. Exclusion Criteria:

- Cases with life-threatening complications and comorbidity.
- Helminthic infestations, and other chronic respiratory diseases.
- Under immunosuppressants, corticosteroids, and other treatments.

Tools and techniques

- **Case record** - Standardised case records were used, and *Homoeopathic* case-taking format was followed
- **Assessment criteria** – Total nasal symptom Score[15].
- **Informed consent form** – in English and Malayalam.
- **Blood reports** - to assess improvement in serum AEC and IgE levels.
- **Medicines** - The medicines were collected from a GMP-Certified company.
- **Lab tests** - Blood values were tested from NABL-accredited labs

Description of the tool

Case record – for proper documentation of all basic data and those related to allergic rhinitis based on *Homoeopathic* principles and case-taking format. Follow-ups for a period of six months were maintained in this case record.

Total nasal symptom score [15] **-** This is a validated clinical tool used to assess the severity of allergic rhinitis (AR) symptoms. It evaluates four primary nasal symptoms. They are nasal obstruction, rhinorrhoea (runny nose), nasal itching, and sneezing. Each symptom is rated on a four-point scale ranging from 0 to 3, where 0 for no symptoms, 1 for mild symptoms, 2 for moderate symptoms, and 3 for severe symptoms. The total score ranges from 0 to 12, with higher scores indicating more severe nasal symptoms. Based on the total score, severity is categorised as

follows: mild from 1-4, moderate from 5-8, and severe from 9-12.

Serum IgE level - Blood Marker in Allergic Rhinitis. The normal range is typically < 100 IU/mL, but values can vary based on age, geographic location, other factors, and laboratory standards

Absolute eosinophilic count- it is a type of white blood cell involved in allergic and inflammatory responses. Normal Range is 40-440 cells/cu.mm

Data Collection Process

Baseline assessment

At the participant's first visit, a comprehensive baseline assessment was conducted, followed by the collection of the following data: Total Nasal Symptom Score (TNSS) was obtained through a patient questionnaire.

Blood samples were drawn for laboratory analysis of serum IgE and Absolute Eosinophil Count (AEC) levels.

Intervention phase

The potency of the medicine (12C, 30C, 200C, or 1M) was selected according to *Homoeopathic* principles and the patient's symptom severity, as determined by the Total Nasal Symptom Score (TNSS). The initial treatment duration was one week. Follow-up assessments to evaluate treatment response were conducted on days 2, 5, and 7 after the start of medication**.**

Follow-up schedule

The follow-up schedule consisted of two phases:

- **Initial Treatment Response:** Follow-up assessments were conducted on days 2, 5, and 7 after the start of medication to evaluate the immediate response to treatment.
- **Long-Term Follow-up**: Participants were followed for a maximum of six months after the initial treatment.

Ethical Considerations

- Before commencing the study, had obtained ethical clearance from the Institutional Ethical Committee, Govt. *Homoeopathic* Medical College, TVPM. The Ethical clearance number is 4202/C3/2021/GHMCT (2)/30 dated 17/12/2021.
- Obtained CTR-I registration before the study. Registration Number is 2022/08/044753.
- Also, obtained written informed consent from the patients for their willingness to participate in the study

Descriptive Statistics:

- **Distribution of gender -** out of 90 participants, 53 (58.9%) were females, and 37 (41.1%) were males.
- **Distribution of Age -** 27 individuals were in the 10–19 age group, 23 in the 20–29 group, 28 in the 30–39 group, and 12 in the 40–45 group
- **Distribution of potency -** 52 persons (57.8 %) had received 12 C potency, 23 persons (25.6 %) had 30 C potency, and 15 persons (16.7 %) had 200 C potency.

- **Recurrence of disease -** out of 38 cases of recurrence, 31(34.4%) participants had a single recurrence, 7 (7.8%) had twice, and none had a third episode of recurrence. 52 persons hadn't any recurrence.

IgE level before and after treatment

For comparing pre- and post-medication, the statistical test called the paired t-test was used.

Table 1: IgE level before and after medicine

Medicine	Mean IgE	SD	Mean Difference	t-value	p-value
Bowel Nosode					
Before Treatment	1270.24	1114.02	131.91	2.54	.013
After Treatment	1138.33	1024.73			

As detailed in Table 1, there was a significant change in patient IgE levels following treatment with the Bowel Nosode, which is corroborated by the laboratory report presented in Figures 1 and 2.

Table 2: AEC level before and after medicine

Medicine	Mean AEC	SD	Mean Difference	t-value	p-value
Bowel Nosode					
Before Treatment	560.77	287.08	33.91	1.20	.235
After Treatment	526.86	298.61			

As indicated in the Table 2 above, changes in the Absolute Eosinophil Count (AEC) following the administration of the Bowel Nosode were not statistically significant, which is consistent with the laboratory report in Figures 3 and 4.

Table 3: TNSS before and after medicine:

Medicine	Mean TNSS	SD	Mean Difference	t-value	p-value
Bowel Nosode					
Before Treatment	2.43	0.67	1.92	23.08	.001*
After Treatment	0.51	0.56			

Table 3 presents the Total Nasal Symptom Score (TNSS) pre- and post-treatment, demonstrating that the administration of the Bowel nosode produced a statistically significant improvement in clinical symptoms.

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Investigation Report

Name : Ms. ATHIRA
Age / Sex : 12 Year(s) / Female
Ref. Doctor :
Client : HMCI CASH
Patient ID : P1428334
Visit No. : MCT221191768
Registered On : 31/12/2022 12:57 PM
Collected On : 31/12/2022 12:57 PM
Reported On : 31/12/2022 03:22 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	700	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum	493.20	IU/mL	0.0-200.0

-- End of Report --

Figure 1: IgE level before treatment

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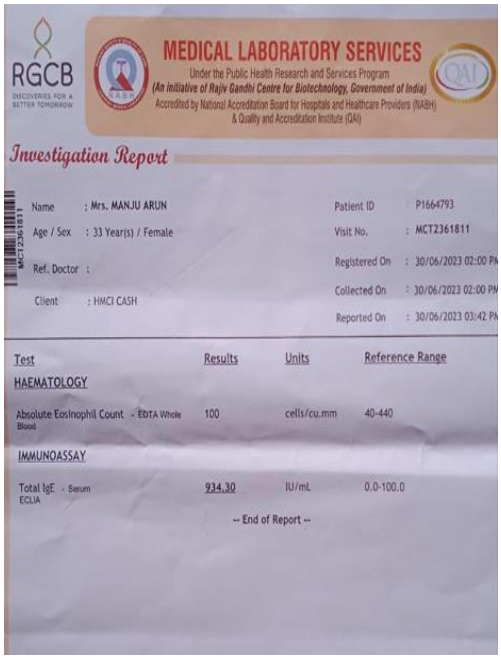
Investigation Report

Name : ATHIRA V
Age / Sex : 12 Year(s) / Female
Ref. Doctor :
Client : HMCI CASH
Patient ID : P1753834
Visit No. : MCT2385405
Registered On : 09/09/2023 12:25 PM
Collected On : 09/09/2023 12:25 PM
Reported On : 09/09/2023 03:13 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	300	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	459.30	IU/mL	0.0-200.0

-- End of Report --

Figure 2: IgE level after treatment



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Investigation Report

Name : Mrs. MANJU ARUN
Age / Sex : 33 Year(s) / Female
Ref. Doctor :
Client : HMCI CASH
Patient ID : P1664793
Visit No. : MCT2361811
Registered On : 30/06/2023 02:00 PM
Collected On : 30/06/2023 02:00 PM
Reported On : 30/06/2023 03:42 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	100	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	934.30	IU/mL	0.0-100.0

-- End of Report --

Figure 3: AEC level before treatment

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Investigation Report

Name : Mrs. MANJU ARUN
Age / Sex : 33 Year(s) / Female
Ref. Doctor :
Client : HMCI CASH
Patient ID : P1875235
Visit No. : MCT231015291
Registered On : 02/12/2023 01:41 PM
Collected On : 02/12/2023 01:41 PM
Reported On : 02/12/2023 03:29 PM

Test	Results	Units	Reference Range
HAEMATOLOGY			
Absolute Eosinophil Count - EDTA Whole Blood	700	cells/cu.mm	40-440
IMMUNOASSAY			
Total IgE - Serum ECLIA	698.70	IU/mL	0.0-100.0

-- End of Report --

Figure 4: AEC level before treatment

RESULTS AND DISCUSSION

In this study, the gender distribution showed a female predominance of allergic rhinitis. Similarly, allergic rhinitis was more commonly seen among children below 19 years. In this Bowel Nosode group, 52 persons had taken 12C (57.8%) potency, followed by 30C in 23 (25.6%) cases and 200C for 15 (16.7%) participants. Here, 31

persons had a single recurrence of symptoms of allergic rhinitis, only 7 persons had a second recurrence, and none had a third. A statistically significant reduction in IgE levels was observed. Wilcoxon Signed Rank Test, Z = -2.889, p = 0.004. A non-significant reduction in AEC was observed. Wilcoxon Signed Rank Test, Z = -1.090, p = 0.276. A statistically significant reduction in TNSS was observed Wilcoxon Signed Rank Test, Z = -8.020, p < 0.001. The average time to symptomatic relief in the Bowel nosode group was 3.93 days.

The faster symptom relief observed with Bowel Nosode shows the *Homoeopathic* principle of using remedies that directly affect the acute symptoms of the disease. Bowel nosodes, derived from intestinal flora, are related to underlying gut dysbiosis, which is increasingly recognised as a factor in allergic diseases.

Targeted Approaches – Dysenteriae compound represent a more targeted approach, focusing on specific aspects of the allergic response. The Constitutional approach in previous studies demonstrates significant symptom reduction, supporting its long-term efficacy. The targeted approaches, while not showing statistically superior immunological changes overall, offered significantly faster symptom relief. This suggests that they could be valuable:

- As first-line treatments: For patients seeking rapid relief from acute symptoms.
- As adjuncts to constitutional treatment: To provide faster initial relief while the constitutional remedy takes effect.
- In cases where a clear constitutional remedy is difficult to identify. Providing a more targeted approach based on specific aspects of the presentation.

True cure goes beyond mere symptom removal, as symptoms can reappear. A genuine cure always follows a specific "law of direction," observable in both acute and chronic conditions. This law dictates that healing progresses from the innermost cause to the outward effects. If the underlying disorder is truly corrected, the cure is permanent because this internal order will naturally extend outwards, restoring proper bodily function and eliminating the root cause of the symptoms [16]

Hay fever is understood as a surface symptom of a deeper chronic imbalance 'psora', requiring anti-psoric constitutional remedies for a lasting cure. Treating the underlying constitution is difficult during acute hay fever flare-ups, as these episodes resemble acute diseases despite their chronic origin. Consequently, the optimal time for constitutional treatment for hay fever is after an acute episode resolves and before the subsequent season begins [17]. Exposure to cold was the major trigger for allergic rhinitis recurrences, followed by rainy season, exposure to dust or wind and bathing in cold water.

CONCLUSION

The results of this study suggest that the Bowel nosode Dysenteriae compound may offer more rapid symptom relief in patients with allergic rhinitis. The Bowel nosode also showed a statistically significant improvement in nasal symptoms, as measured by the TNSS. In clinical practice, it provides evidence to support the use of Dysenteriae compound in the management of allergic rhinitis, particularly for achieving rapid symptom relief. It encourages clinicians to consider these remedies as part of their therapeutic armamentarium.

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Consent of patient:

Written informed consent was obtained from all patients prior to the initiation of treatment and for the publication of their anonymised clinical data.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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