International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Influence of Dominant Miasm in the Evolution of Chronic Allergic Rhinitis in Young Adults Assessed by Rhinitis Control Assessment Test (RCAT): A Case Series

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Abstract

Background: Chronic allergic rhinitis is a persistent inflammatory disorder of the nasal mucosa caused by hypersensitivity to environmental allergens. It is characterized by sneezing, nasal obstruction, watery nasal discharge, itching of the nose and postnasal drip, and it disturbs sleep, concentration, academic performance and quality of life. It is increasingly seen in young adults. Conventional treatment mainly gives symptomatic relief and often does not address the underlying susceptibility. In homoeopathy, chronic diseases are understood through the fundamental miasms, and identification of the dominant miasm helps in understanding constitutional predisposition, susceptibility and the selection of a suitable constitutional medicine. Case presentation: This case series describes two young adult females, aged 20 and 18 years, with chronic allergic rhinitis. In each case a detailed case record was taken, symptom and family-history miasmatic analysis was done, and the medicine was selected on the prescribing totality with repertorization (Kent's Repertory, cross-checked with Synthesis Repertory 9.1). Pseudo-psora was identified as the dominant miasm in both cases. Natrum muriaticum 200 was prescribed in Case 1 and Nux vomica 200 in Case 2, and outcome was followed with the Rhinitis Control Assessment Test (RCAT; score range 6 to 30). Outcome: At the 8-month follow-up the RCAT score rose from 13 to 25 in Case 1 and from 10 to 27 in Case 2, with marked clinical improvement and reduced susceptibility to relapse. Conclusion: Miasmatic assessment was a useful aid to case analysis and prescribing in these cases, but the series is small and uncontrolled, and larger controlled studies are needed.

Index Terms: Chronic allergic rhinitis; Dominant miasm; Pseudo-psora; Homoeopathy; Young adults; Case series; Repertorization; RCAT

I. INTRODUCTION

Chronic allergic rhinitis is a persistent inflammatory disorder of the nasal mucosa caused by hypersensitivity to environmental allergens such as dust, pollen, mites, mold, smoke, climatic changes, and animal dander. It is characterized by repeated episodes of sneezing, nasal obstruction, watery nasal discharge, itching of the nose, and postnasal drip. Although it is not considered a life-threatening disease, chronic allergic rhinitis significantly affects the physical, psychological, and social well-being of affected

individuals. Continuous symptoms often lead to sleep disturbances, fatigue, poor concentration, irritability, reduced academic performance, and impaired quality of life.

In recent years, the increasing prevalence of allergic rhinitis has emerged as a major global health concern, especially among young adults who are frequently exposed to environmental pollution, stress, sedentary lifestyle, and changing dietary habits.

According to recent epidemiological studies, allergic rhinitis affects nearly 10–40% of the global population, making it one of the most common chronic allergic disorders worldwide. Studies have shown that its prevalence is continuously increasing among adolescents and young adults due to rapid urbanization, industrialization, increased exposure to allergens, and altered immune responses. In India, allergic rhinitis affects approximately 20–30% of the population, and a considerable number of these patients later develop bronchial asthma. Young adults are particularly vulnerable because this age group experiences maximum exposure to occupational allergens, psychological stress, irregular lifestyle patterns, and environmental pollutants, all of which may aggravate allergic susceptibility and chronicity of the disease.

Despite its high prevalence, chronic allergic rhinitis often remains underdiagnosed and inadequately managed. Conventional treatment mainly focuses on symptomatic relief through antihistamines, corticosteroids, decongestants, and immunotherapy. Though these therapies may temporarily reduce symptoms, they frequently fail to address the underlying susceptibility responsible for chronic allergic manifestations. Long-term use of conventional medicines may also produce undesirable effects such as drowsiness, dryness of mucous membranes, hormonal disturbances, reduced immunity, and recurrence of symptoms after discontinuation of treatment. This highlights the necessity for a holistic therapeutic approach that not only relieves symptoms but also modifies the patient's inherent susceptibility toward allergic disorders.

Homoeopathy offers an individualized and holistic system of medicine based on the principle of "Similia Similibus Curentur" or "like cures like." It considers disease as a dynamic disturbance of the vital force and emphasizes treatment of the patient as a whole rather than merely suppressing local symptoms. According to Dr. Samuel Hahnemann, chronic diseases originate from deep-seated miasmatic influences that predispose an individual to long-standing pathological conditions. In Aphorism 78 of the Organon of Medicine [1], Hahnemann explains that chronic diseases arise from fundamental miasms which, if left untreated, continue to progress gradually throughout life.

Among chronic diseases, allergic disorders such as chronic allergic rhinitis are believed to have a strong miasmatic background. The concept of dominant miasm plays a crucial role in homoeopathic understanding of disease evolution, susceptibility, and progression. Psora is commonly associated with hypersensitivity, functional disturbances, itching, and exaggerated reactions to external stimuli, whereas sycosis is linked with chronic catarrhal conditions, overproduction of mucus, obstruction, and chronic inflammatory changes. In some advanced or neglected cases, syphilitic manifestations such as tissue destruction and structural pathology may also be observed. The dominance of a particular miasm influences the expression, severity, chronicity, and recurrence of allergic symptoms.

Evaluation of the dominant miasm in chronic allergic rhinitis helps in understanding the constitutional predisposition and disease susceptibility of the patient.

Identification of the underlying miasmatic state enables the physician to select a more appropriate constitutional remedy, thereby improving the effectiveness of treatment and reducing recurrence. Young adults often demonstrate mixed miasmatic tendencies due to genetic predisposition, lifestyle

modifications, stress, environmental exposure, and suppression of acute illnesses. Therefore, studying the influence of dominant miasm in this age group becomes clinically significant for understanding the evolution and management of chronic allergic rhinitis.

Homoeopathic case analysis involves detailed evaluation of mental generals, physical generals, constitutional traits, family history, causative factors, and characteristic symptoms to identify the underlying miasmatic predominance. Miasmatic assessment not only helps in remedy selection but also assists in evaluating prognosis, susceptibility, and chronic progression of disease. The study of dominant miasm in allergic rhinitis may provide deeper insight into the relationship between chronic allergic manifestations and constitutional tendencies in young adults.

Although several clinical studies have been conducted on allergic rhinitis, limited research is available regarding the role of dominant miasm in the evolution and clinical presentation of chronic allergic rhinitis among young adults. Most previous studies have focused mainly on symptomatic management and efficacy of individual remedies, while the miasmatic aspect of allergic disorders has received comparatively less scientific attention. Hence, there is a need for systematic research to evaluate the influence of dominant miasm in chronic allergic rhinitis and its relevance in homoeopathic management.

The present study is undertaken to evaluate the influence of dominant miasm in the evolution of chronic allergic rhinitis in young adults. The study aims to analyze the miasmatic predominance associated with chronic allergic rhinitis cases and to understand the relationship between miasmatic background, symptom expression, and disease progression. It also seeks to assess the importance of miasmatic evaluation in individualized homoeopathic treatment and its role in improving long-term management outcomes.

This study holds significance in the field of Homoeopathy because it attempts to establish a deeper understanding of chronic allergic rhinitis from a miasmatic perspective. By correlating clinical manifestations with dominant miasmatic influences, the study may help homoeopathic physicians improve constitutional prescribing and achieve better therapeutic results. Furthermore, it may contribute toward strengthening the scientific and clinical application of miasmatic theory in chronic allergic disorders.

The findings of this research may also provide valuable insights into the importance of individualized homoeopathic management in young adults suffering from chronic allergic rhinitis. Since this age group represents a productive and socially active section of the population, effective long-term management of allergic rhinitis can significantly improve overall health, academic performance, work efficiency, and quality of life. By addressing the underlying miasmatic susceptibility rather than merely suppressing symptoms, Homoeopathy may offer a safer, holistic, and sustainable approach for the management of chronic allergic rhinitis

II. CASE SERIES

Case 1

Patient information: XYZ, 20-year-old female, Hindu, unmarried, final-year college student, from Kalol. First visit: 19/03/2025.

Presenting complaints: Location: nose, eyes and frontal region of head. Sensation: dryness of the nasal mucosa alternating with a profuse, watery, egg-white-like discharge; itching in the nose and eyes; violent throbbing headache in the forehead, as if a nail were being driven in. Modality: aggravated by exposure to sun/heat, physical exertion, and from consolation/sympathy (emotionally); ameliorated in open air, when left alone/undisturbed and in cool surroundings. Concomitants: loss of smell during the blocked

phase; photophobia with the headache; dryness and cracking of lips with recurrent cold sores at the corners of the mouth.

History of presenting complaints: The patient has been suffering from nasal allergy for about 6 years, with a marked increase in symptoms over the past 1½ years after shifting to a college hostel. The complaints further worsened following an emotional disappointment about a year ago. She experiences alternating nasal dryness and blockage with reduced sense of smell, followed by profuse, thin, watery nasal discharge. Symptoms are aggravated by exposure to sunlight and physical exertion. During nasal blockage, she develops severe throbbing frontal headache with photophobia. She previously used antihistamines for a few months, which gave partial relief but caused drowsiness and affected her studies. Due to persistent and increasing complaints, she sought homoeopathic treatment.

Past history: Recurrent migraine-type headache at 12 to 15 years (1 to 2 days each episode; symptomatic analgesics); recurrent cold sores (herpes labialis) from 16 years onward, recurring with stress and sun exposure (topical application); mild iron-deficiency anaemia at 17 years, for about 6 months (oral iron supplementation).

Family history: Mother: hypothyroidism (46 years, alive); father: migraine headache (50 years, alive); younger sister: allergic conjunctivitis (16 years, alive); paternal grandfather: renal calculi (68 years, alive).

Gynaecological history: Menarche at 12 years; cycle irregular, delayed by 5 to 7 days since starting hostel life; moderate flow for 4 to 5 days with dysmenorrhoea on the first day; no abnormal vaginal discharge.

Physical generals: Diet vegetarian, fond of salty/pickled food; appetite reduced during stress/exam periods, otherwise normal; thirst increased, large quantities at long intervals; tongue dry with occasional mapped/patchy coating; taste normal, occasionally salty on waking; desire for salty food and aversion to rich/fatty food; intolerance of sun exposure, physical exertion and consolation/sympathy (emotionally); urine normal; stool with a tendency to constipation alternating with normal stool; difficulty falling asleep, ruminating over a past personal disappointment; nasal discharge alternates between profuse watery on some days and dry and blocked on others; skin dry, with cracked lips and recurrent cold sores at the corners of the mouth; slim built and reserved, keeps her study space in order despite being unwell; perspiration normal and non-offensive; prefers cool water for bathing and avoids prolonged sun exposure; covering moderate, avoids overheating; thermal reaction generally chilly but distinctly aggravated by sun/heat exposure.

Mental symptoms: She is a quiet and reserved person and usually prefers to keep her personal problems to herself. When family members try to console or question her about her problems, she tends to withdraw and sometimes cries alone rather than sharing her feelings. She still thinks about a past personal disappointment and finds it difficult to completely move on from it. Despite having nasal complaints and headaches, she continues with her studies and tries not to let them interfere with her academic work. She is concerned about her studies and worries that the nasal complaints may recur. At times, she finds it difficult to fall asleep because she keeps thinking about the past incident.

General and systemic examination: Slim build; height 160 cm, weight 48 kg, BMI 18.7 (low–normal); pulse 76/min, regular; blood pressure 108/68 mmHg; respiratory rate 16/min; afebrile (98.2 °F); mild pallor; no icterus, cyanosis, clubbing, oedema or lymphadenopathy; tongue dry with patchy coating; skin dry; nails normal. Dry, cracked lip margins with a healing cold sore; nasal mucosa pale and boggy at the time of examination. No sinus tenderness; chest resonant bilaterally; bilateral air entry equal with no added sounds; cardiovascular and abdominal systems within normal limits.

Investigations: Absolute eosinophil count mildly raised (410 cells/µL); serum total IgE mildly elevated; nasal smear for eosinophils positive; serum TSH within normal limits (screened in view of the family history of hypothyroidism).
Diagnosis: Provisional diagnosis: allergic rhinitis (perennial, with situational exacerbation linked to heat/sun exposure and emotional stress). Differential diagnosis: vasomotor rhinitis, chronic sinusitis and migraine-associated autonomic rhinitis. Final diagnosis: chronic allergic rhinitis.

Miasmatic analysis (Case 1)

Symptom / sign	**Psora**	**Sycosis**	**Syphilis**
Recurrent since childhood; hereditary allergic diathesis	✓		
Alternation between profuse discharge and dry, blocked state		✓	
Reserved, introverted; keeps feelings and problems to herself	✓		
Recurrent cold sores (herpes labialis), an eroding lip lesion, at times of stress			✓
Violent, throbbing headache as if a nail were driven in			✓
Aggravation from sun/heat exposure (functional hypersensitivity)	✓		
Photophobia accompanying headache	✓		
Loss of smell during the blocked phase (destruction of sensory function)			✓
Aggravation of complaints from consolation/sympathy	✓		
Constipation, a functional irregularity of the bowel	✓		
TOTAL	**6**	**1**	**3**

Dominant miasm: The picture shows a psoric functional-hypersensitivity base (hereditary allergic tendency, sun aggravation, photophobia, consolation-sensitivity, reserved temperament) with a clear secondary syphilitic component. The violent, boring headache, the eroding recurrent cold sores and the actual loss of a sensory function (smell) all reflect the destructive/intensive character of syphilis rather than mere sycotic excess. The sycotic element (the alternation of discharge and dryness) is present but minor. Since pseudo-psora represents an intensified, tubercular-tending psoric state built on an underlying psora-syphilis combination rather than a psora-sycosis mixture, this dominant psora with a definite secondary syphilitic influence and negligible sycosis supports the miasmatic diagnosis of pseudo-psora in this case.

Fundamental miasm (family history analysis): Psora 3 (mother: hypothyroidism, a functional endocrine deficiency; father: functional recurrent migraine; younger sister: allergic conjunctivitis, an allergic diathesis); sycosis 0; syphilis 1 (paternal grandfather: renal calculi, degenerative stone formation with tissue damage).

Evaluation of susceptibility: General susceptibility was moderate to high, owing to recent hostel life away from home, an unresolved personal disappointment and a hereditary allergic/endocrine diathesis. At the tissue level there was high mucous-membrane and mucocutaneous reactivity: the nasal mucosa was hyperreactive to sun/heat and exertion, and recurrent cold sores at the lip margins indicated mucocutaneous sensitivity.

Prescribing totality of symptoms (Case 1)

Symptom	**Classification**
Alternation between profuse, watery, egg-white-like discharge and a dry, blocked nose with loss of smell	Uncommon physical particular
Aggravation from sun exposure and physical exertion	Uncommon physical general with modality
Violent frontal headache, as if a nail were driven in, with the blocked phase	Uncommon physical particular with concomitant
Reserved, introverted nature; avoids discussing her problems	Mental general
Aggravation of complaints from consolation/sympathy, causing her to withdraw and weep alone	Mental general
Persistent dwelling on a past emotional disappointment	Mental general
Craving for salty food with increased thirst for large quantities at long intervals	Common physical general

Repertorization: Kent's Repertory of the Homoeopathic Materia Medica (Mind, Head, Nose and Generalities chapters) [2], cross-checked with Synthesis Repertory 9.1 [3].

Repertorial totality (Case 1)

Rubric	**Nat-m**	**Sil**	**Sep**	**Ars**	**Puls**
Mind; Reserved, taciturn	3	2	3	1	1
Mind; Ailments from / agg. from consolation	3	1	2	1	0
Nose; Dryness; alternating with fluent coryza	3	2	2	1	1
Head; Pain; as if a nail were driven in (clavus)	3	2	1	1	1
Generalities; Sun; exposure to, agg.	3	1	1	1	1
Generalities; Food and drinks; salt; desire	3	1	1	1	0

Rubric	Nat-m	Sil	Sep	Ars	Puls
Nose; Smell; loss of, with coryza	2	3	2	1	1
TOTAL MARKS	20	12	12	7	5
RUBRICS COVERED	7/7	7/7	7/7	7/7	5/7

Selection of medicine: Natrum muriaticum closely matched the case, particularly the reserved nature, aggravation from consolation, dwelling on a past emotional disappointment, alternating watery discharge and nasal blockage, nail-like frontal headache, and aggravation from sun and exertion. The overall symptom picture and the gradual improvement on follow-up support the selection of this remedy. Differentiation: Sepia is reserved and averse to consolation but lacks the grief-dwelling, thirst and salt craving of the case. Silicea is reserved with nasal obstruction and loss of smell, but lacks the emotional picture and is typically worse from cold. Arsenicum album is anxious and restless but usually worse after midnight and does not match the grief-based mental symptoms. Pulsatilla is weepy and seeks consolation, the opposite of this patient, and its discharge and modalities do not match.
Prescription: Natrum muriaticum 200, single dose, followed by Saccharum lactis (placebo) twice daily; report SOS in case of aggravation.
General management: Avoid prolonged sun/heat exposure and unaccustomed exertion; encourage healthy emotional expression, with gentle counselling support regarding the past disappointment, without forcing discussion.
Follow-up: The follow-up record is given in Table I and the RCAT outcome in Table II.

Table I. Follow-up (Case 1)

Date & visit	Condition of the patient	RCAT	Observation and interpretation	Second prescription
19/03/2025 (1st visit)	Acute; frequent headache, alternating nasal discharge/blockage	13/30	Baseline totality taken; picture matches Natrum muriaticum	Natrum muriaticum 200, single dose + SL
26/03/2025	~20% improvement only; response slow so far	15/30	Deep-acting remedy in a reserved constitution; gradual onset of action expected; totality unchanged	SL, wait and watch
19/04/2025	~40% improvement; headache frequency reduced	18/30	Steady, deepening response	SL
12/05/2025	Mild relapse during semester exams/hostel stress	16/30	Stress-linked flare; totality still matches remedy picture	Natrum muriaticum 200 repeated (SOS)
01/06/2025	~55% improvement	20/30	Sustained improvement	SL

Date & visit	Condition of the patient	RCAT	Observation and interpretation	Second prescription
19/07/2025	~65% improvement; mild alternation of discharge persists occasionally	21/30	Reactivity reducing gradually	SL
10/08/2025	Mild seasonal flare with change of weather	20/30	Minor flare; totality similar, remedy still covering	Natrum muriaticum 1M, single dose
18/10/2025	~75% improvement	22/30	Continued amelioration after potency increase	SL
16/11/2025 (8-month follow-up)	~92% improvement; rare episodes, improved sleep, headache infrequent	25/30	Marked, sustained improvement; susceptibility reducing	SL; continue lifestyle measures

Table II. Outcome assessment by RCAT (Case 1)

RCAT item	Baseline	Final
1. Nasal congestion	2	4
2. Sneezing	2	4
3. Watery eyes	3	4
4. Sleep interference	2	5
5. Activity avoidance	2	4
6. Overall symptom control (5 = well controlled)	2	4
TOTAL RCAT SCORE (6–30)	13 (poor control)	25 (well controlled)
Improvement (%)	—	92.3%

Case 2

Patient information: XYZ, 18-year-old female, Hindu, unmarried, first-year college student, from Kalol. First visit: 25/03/2025.

Presenting complaints: Location: nose (bilateral nasal mucosa) and eyes. Sensation: itching and tickling of nose and palate; burning around the nostrils and upper lip from the discharge; itching and burning of the eyes. Modality: aggravated in the early morning on waking (5 to 8 a.m.), by exposure to dust, sweeping, old books and cupboards, strong smells, change of weather, lying down and at night; ameliorated by warm covering or wrapping up. Concomitants: dull frontal headache after sneezing bouts; watering of eyes; mouth breathing with dry throat; loose stools with nervousness before examinations.

History of presenting complaints: The patient has been suffering from sneezing, watery nasal discharge and blocked nose for the past 3 years. The complaints were initially occasional and seasonal but gradually became more frequent and are now almost daily. Symptoms are mainly triggered by dust, cleaning old books and cupboards, and changes in weather. She has frequent bouts of sneezing, followed by watery nasal discharge, itching of the nose and eyes, and watering of the eyes. The complaints are worse in the

early morning, at night and while lying down. She gets some temporary relief from antihistamines and nasal sprays, but the symptoms return after stopping them.

Past history: Recurrent common cold/coryza at 6 to 10 years (few days each episode; symptomatic antipyretics/antihistamines); infantile eczema at 2 to 4 years, for about 2 years (topical steroid application); tonsillitis, two episodes at 8 and 10 years, 5 to 7 days each (antibiotics).

Family history: Father: hypertension (48 years, alive); mother: migraine headache (44 years, alive); elder brother: bronchial asthma (22 years, alive); paternal grandfather: chronic bronchitis (died naturally at 70 years).

Gynaecological history: Menarche at 13 years; cycle regular, 28 to 30 days; moderate flow for 4 to 5 days, no clots, mild cramping on the first day; no abnormal vaginal discharge.

Physical generals: Diet mixed, vegetarian-dominant, with irregular meal timings due to studies; appetite reduced during acute nasal episodes, otherwise normal; thirst normal, about 6 to 7 glasses per day; tongue clean, mildly coated white on acute mornings; taste normal, bitter on waking during episodes; desire for sweets, no marked food aversion; intolerance of dust, strong perfumes/odours and cold drafts; urine normal; stool normally formed but loose before examinations, with nervousness; sleep disturbed during acute episodes (mouth breathing), with occasional dreams of examinations or being late; profuse, watery nasal discharge during episodes; skin dry, with mild itching in winter and a history of infantile eczema; thin built, indifferent to personal appearance and untidy surroundings when absorbed in study; perspiration normal and non-offensive; prefers warm water for bathing; desires warm covering, especially during nasal episodes; chilly patient.

Mental symptoms: She is irritable when disturbed while studying, especially when repeatedly asked to do household work. She prefers reading and intellectual activities and has little interest in physical or household work. When deeply involved in studies, she tends to neglect her personal appearance and keeps her surroundings untidy. She often postpones household responsibilities. She experiences nervousness and anxiety before examinations, with worry about her future career and recurrence of her nasal complaints. She is generally reserved, prefers studying alone, and becomes snappish when interrupted.

General and systemic examination: Thin/average build; height 158 cm, weight 46 kg, BMI 18.4 (low–normal); pulse 78/min, regular; blood pressure 110/70 mmHg; respiratory rate 18/min; afebrile (98.4 °F); no pallor, icterus, cyanosis, clubbing, oedema or lymphadenopathy; tongue moist and clean; skin dry with no active lesions; nails normal. Bilateral nasal mucosal congestion, mouth breathing and allergic shiners (dark circles) under the eyes. No sinus tenderness; chest resonant bilaterally; bilateral air entry equal with no added sounds; cardiovascular and abdominal systems within normal limits.

Investigations: Absolute eosinophil count mildly raised (450 cells/μL); serum total IgE mildly elevated; nasal smear for eosinophils positive; skin prick test advised but not performed (patient declined).

Diagnosis: Provisional diagnosis: allergic rhinitis (perennial, with seasonal exacerbation). Differential diagnosis: vasomotor rhinitis and chronic sinusitis. Final diagnosis: chronic allergic rhinitis.

Miasmatic analysis (Case 2)

Symptom / sign	**Psora**	**Sycosis**	**Syphilis**
Functional hypersensitivity of nasal mucosa without structural damage	✓		
Alternating nasal obstruction from side to side		✓	

Symptom / sign	Psora	Sycosis	Syphilis
Recurrent since childhood; hereditary allergic tendency	✓		
Profuse, excessive nasal discharge		✓	
Burning sensation of discharge around nostrils/lip			✓
Restlessness, anxiety, hurried mental state	✓		
Aggravation from dust and change of weather (functional)	✓		
Violent, paroxysmal, recurring sneezing bouts		✓	
Dry skin, itching without eruption (history of infantile eczema)	✓		
Anticipatory/examination anxiety (functional over-reactivity)	✓		
TOTAL	**6**	**3**	**1**

Dominant miasm: Psora dominates numerically, but the picture is one of intensified, recurring functional hyper-reactivity of the mucous membranes with a strong hereditary allergic/atopic background (family history of asthma and migraine) rather than pure simple psora. This intensified, mixed but still functional (non-destructive) pattern is classically described as pseudo-psora, the dominant miasm in this case.
Fundamental miasm (family history analysis): Psora 3 (father: hypertension, functional vascular reactivity; mother: functional recurrent migraine; elder brother: bronchial asthma, allergic/tubercular diathesis); sycosis 0; syphilis 1 (paternal grandfather: chronic bronchitis, chronic tissue change).
Evaluation of susceptibility: General susceptibility was moderate to high, with recurrent exacerbations under academic stress, young age and a hereditary allergic diathesis. At the tissue level there was high respiratory mucous-membrane reactivity: the nasal mucosa was hyperreactive to dust and weather, and the past history of childhood catarrh and eczema indicated mucocutaneous reactivity.

Prescribing totality of symptoms (Case 2)

Symptom	Classification
Explosive, repetitive sneezing fits of 5 to 15 in a row	Uncommon physical particular
Nasal blockage alternating from one side to the other	Uncommon physical particular
Symptoms characteristically worst within an hour of waking, between 5 and 8 a.m.	Uncommon physical general with modality
Thin, watery, excoriating discharge that burns the nostril margins and upper lip	Uncommon physical particular with modality
Irritability and impatience when interrupted while studying or asked to do household work	Mental general

Symptom	Classification
Marked inclination for books/study with reluctance for physical or domestic work	Mental general
Aggravation from dust, sweeping, old books/cupboards and change of weather	Uncommon physical particular with modality

Repertorization: Kent's Repertory of the Homoeopathic Materia Medica (Mind, Generalities and Nose chapters) [2], cross-checked with Synthesis Repertory 9.1 [3].

Repertorial totality (Case 2)

Rubric	Nux-v	Ars	Sabad	Ars-i	All-c
Mind; Irritability; interruption, from being disturbed	3	2	1	—	—
Mind; Anxiety; about the future / career	2	3	—	1	—
Generalities; Morning; on waking, agg.	3	2	1	1	—
Nose; Obstruction; alternating sides	3	1	—	1	1
Nose; Sneezing; violent	2	1	4	1	3
Nose; Discharge; watery, acrid / burning	1	3	2	3	3
Generalities; Dust; agg.	2	1	2	1	1
TOTAL MARKS	16	13	10	8	8
RUBRICS COVERED	7/7	7/7	5/7	6/7	5/7

Selection of medicine: Nux vomica covered the totality most completely. The irritable, ambitious, intellectually inclined temperament that is worse from interruption, the marked aggravation on waking in the early morning, the alternating nasal obstruction from side to side, the violent paroxysmal sneezing, and the aggravation from dust and change of weather, together with the chilly thermal reaction and desire for warm covering, are all classical keynotes of Nux vomica. The mental picture of irritability with intolerance of interruption while engaged in intellectual work, combined with anxiety about examinations and career, strongly supports its constitutional similarity in this pseudo-psoric (tubercular-tending) picture.

Differentiation: Arsenicum album is chilly, anxious, restless and has a burning discharge, but is typically worse after midnight (1 to 3 a.m.) and does not match the 5 to 8 a.m. aggravation. Sabadilla has violent sneezing and watery eyes but lacks the irritability and alternating nasal obstruction. Allium cepa has an acrid nasal discharge with bland tears, the opposite of this case, and is worse in a warm room. Arsenicum iodatum has a profuse, excoriating discharge with marked weakness but does not fit the mental symptoms.

Prescription: Nux vomica 200, single dose, followed by Saccharum lactis (placebo) twice daily; report SOS in case of aggravation.

General management: Wear a mask around dust, ensure good ventilation, avoid sudden temperature drops and use steam inhalation during acute episodes; maintain a nutritious diet, adequate sleep and stress management, especially during exam periods, with counselling or reassurance for academic and career-related anxiety.

Follow-up: The follow-up record is given in Table III and the RCAT outcome in Table IV.

Table III. Follow-up (Case 2)

Date & visit	Condition of the patient	RCAT	Observation and interpretation	Second prescription
25/03/2025 (1st visit)	Acute; frequent sneezing bouts, blocked nose, disturbed sleep	10/30	Baseline totality taken; picture matches Nux vomica	Nux vomica 200, single dose + SL
12/04/2025	~60% improvement; occasional sneezing, better sleep	16/30	Good initial response; no aggravation reported	SL, continue observation
22/05/2025	~70% improvement; mild relapse with exam stress	20/30	Stress-linked flare; totality unchanged	Nux vomica 200 repeated (SOS)
16/06/2025	Relapse during examination period	17/30	Recurrence coincides with mental exertion/anxiety	Nux vomica 200 repeated
30/07/2025	~75% improvement; infrequent episodes	22/30	Steady response maintained	SL
15/08/2025	Sustained improvement; sneezing only on dust exposure	24/30	Reactivity reducing; avoid known triggers advised	SL
10/09/2025	Mild seasonal flare (monsoon–winter transition)	23/30	Minor flare; totality similar, remedy still covering	Nux vomica 1M, single dose
30/10/2025	~85% improvement; rare, mild episodes	25/30	Continued amelioration after potency increase	SL
21/11/2025 (8-month follow-up)	~90% improvement; only occasional mild sneezing on heavy dust exposure	27/30	Marked, sustained improvement; susceptibility reducing	SL; continue preventive measures

Table IV. Outcome assessment by RCAT (Case 2)

RCAT item	Baseline	Final
1. Nasal congestion	2	4
2. Sneezing	1	4
3. Watery eyes	2	5
4. Sleep interference	2	5
5. Activity avoidance	2	5
6. Overall symptom control (high score = good control)	1	4
TOTAL RCAT SCORE (6–30)	10	27
Improvement (%)	—	87.5%

III. DISCUSSION

Both patients were young adult females with chronic allergic rhinitis supported by raised eosinophils, raised total IgE and a positive nasal smear for eosinophils. Both had a hereditary allergic or atopic background and symptoms that flared with stress, which is the setting in which the homoeopathic concept of a dominant miasm is applied.

Miasmatic assessment.

In Case 1 the symptom analysis gave psora 6, sycosis 1 and syphilis 3, and in Case 2 psora 6, sycosis 3 and syphilis 1. In both cases psora was the numerically dominant miasm, with a secondary syphilitic influence in Case 1 (destructive headache, eroding cold sores, loss of smell) and a secondary sycotic influence in Case 2 (alternating obstruction, profuse discharge, paroxysmal sneezing). The family-history analysis was the same in both (psora 3, sycosis 0, syphilis 1). Because the pattern was an intensified but still largely functional hyper-reactivity, pseudo-psora was taken as the dominant miasm in both cases. Susceptibility was judged moderate to high, with high mucous-membrane reactivity.

Rationale for prescriptions.

The medicines were selected on the prescribing totality, giving weight to mental generals, physical generals with modalities and characteristic particulars, and the choice was supported by repertorization. In Case 1, Natrum muriaticum led with 20 marks and full coverage of the seven rubrics, ahead of Sepia and Silicea (12 each), and it was favoured by the reserved nature, aggravation from consolation, dwelling on past grief and the nail-like headache. In Case 2, Nux vomica led with 16 marks and full coverage, ahead of Arsenicum album (13), and it was favoured by the irritability on interruption, aggravation on waking in the early morning, alternating nasal obstruction and violent sneezing. Each nearest alternative was excluded on specific grounds, as set out under selection of medicine.

Outcome.

The RCAT score rose from 13 to 25 in Case 1 and from 10 to 27 in Case 2, moving both patients from poor control to well-controlled disease, with every RCAT item improving. The course was not linear. Both patients had stress-linked relapses during examination periods, which were managed with a repeat of the same medicine, and a mild seasonal flare was followed by a single dose of a higher potency (1M), after which improvement continued. By the 8-month follow-up, episodes were rare and mild, sleep had improved and the clinical improvement was estimated at about 92% in Case 1 and about 90% in Case 2.

Limitations.

This is a series of two cases without a control group or blinding, and one clinician carried out the case taking, the miasmatic scoring and the follow-up. The assignment of symptoms to miasms depends on the interpretation of the physician. The RCAT is patient-reported, and the effects of the medicine, the general measures advised, the natural course of a relapsing and seasonal condition and the placebo response cannot be separated. The skin prick test was advised but not performed in Case 2. The improvement therefore cannot be attributed to the medicines or to the miasmatic approach, and the findings are descriptive.

IV. CONCLUSION

In two young adults with chronic allergic rhinitis, pseudo-psora was identified as the dominant miasm, and individualized prescribing on the totality (Natrum muriaticum 200 and Nux vomica 200) was followed by a marked rise in RCAT scores, from 13 to 25 and from 10 to 27, with reduced reactivity and fewer relapses over 8 months. Miasmatic evaluation helped in understanding susceptibility and in organizing the

case analysis. Because the series is small and uncontrolled, larger controlled studies are needed to test the role of dominant miasm in the evolution and management of chronic allergic rhinitis.

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