

# Self-help section

## Homoeopathic remedies for hay fever

Once again the hay fever season is upon us. About one person in five who reads this magazine is likely to suffer from mild to severe discomfort because they are allergic to pollens.

In 1873, Dr. Charles Blackley, a homoeopathic doctor from Manchester — with an enquiring mind and an engineering background — became the first researcher to prove that pollen grains were the cause of hay fever.

He established the characteristics of a wide variety of pollens by collecting samples of pollen from heights of 1000 to 2000 feet, using kites and clockwork mechanism to expose sticky collecting plates for a limited period of time. Hay fever was rare at the time, but nowadays it is becoming increasingly prevalent.

The commonest cause is allergy to grass pollen. Symptoms of sneezing, itchy eyes, blocked nose, sinusitis, skin rashes and even asthma occur from May to mid-August.

Tree pollens, usually birch, plane, ash and pine, can also cause symptoms from April to the end of May. Symptoms due to mould spores may begin in May and continue well into October.

Skin testing can reveal the main source of the allergy. But noting the time of onset will give a good clue to the likely cause of the problem. When patients came to the clinic which I ran some years ago, we asked about their particular symptoms.

Time of year would indicate whether the main culprit was grass pollen, tree pollen or mould spores, or even a mixture of all three. Some patients said they had symptoms all year round with an increase in inten-

**Annually millions of people wheeze and sneeze their way through Spring and Summer due to hay fever. Here, Robin G. Gibson, MB, FRCP, DCH, FFHom, tells how a homoeopathic doctor was the first to establish the link between pollen grains and hay fever, and offers some practical advice to sufferers.**

sity in summer, indicating a possible underlying house dust and/or food allergy as well.

After identifying the main cause by history and skin and blood tests, where necessary, we asked a few extra questions to discover the individual reactions to the allergen. Questions could include:

Do you have uncontrollable bouts of sneezing?

Does your nose run, or does it bleed?

Are the discharges acrid or bland? The questions relating to the patient's reaction as a whole would be asked to try and identify the most suitable remedy.

### Treatment

In our clinic the problem was tackled on three levels:

- 1) Specific desensitisation by oral agents.
- 2) Treatment of local symptoms by appropriate remedies.
- 3) Constitutional prescribing.

Initial therapy was given in an attempt to desensitise the patient to the main allergens, and in most cases grass pollen was the main sensitising agent. The course of desensitisation was to be started as soon

as symptoms were experienced, and stopped should improvement occur.

If the symptoms returned, the course was re-started. Over a study period of seven years, about 80% of hay fever sufferers were significantly helped by this approach.

If, at follow up, there had been no improvement, then the constitutional remedy or the more specific local remedy was given (see indication for local remedies at the end of the article).

Should a mould allergy be suspected, as when symptoms start in May and extend to September or October, then one dose of MAP 30 (*Mucor Aspergillus Penicillium*) or one dose of mixed mould 30 was given at three weekly intervals, while an early peak of symptoms occurring in April or May indicated possible tree pollens as the offending agents. In this case, specific skin testing was needed with administration of the specific pollen antigen in the 30th potency.

A history of sneezing throughout the year with peaking in the summer usually indicates house dust mite sensitisation and one dose of HD 200 followed by the pollen desensitizing schedule is more effective than pollen alone.

During an acute exposure to grass pollen, the challenge can be reduced by smearing a little vaseline around the nostrils every 2-3 hours. Pollen grains will not burst and discharge their contents unless they land on a watery surface. Judicious use of vaseline and gentle blowing of the nose to expel the trapped pollen grains before they burst can reduce exposure considerably.

For a very sensitive patient a  
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**T**here are a number of useful remedies which can help hay fever sufferers through difficult times, such as when there is a very high pollen count. In treating the local symptoms, we need to match the remedy to them.

The appropriate remedy should be taken on recognising the earliest symptom, which may be sneezing or irritation of the eyes. Frequently, it may stop the attack altogether, or lessen its severity. If necessary, repeat the remedy every two to four hours — not oftener than six doses over 24 hours.

### **Allium Cepa**

The eyes and nose sting and run. The tears do not sting but the discharge from the nose irritates.

This is associated with sneezing, especially when the patient comes into a warm house out of the cold.

### **Arsenicum Album**

When sneezing is constant. Although the nasal discharge is thin and acrid, the nose feels blocked.

The eyes feel burning and hot with tears that often sting the cheeks and there may be puffiness around the eyes. This remedy is especially useful if there is a tendency towards asthma.

### **Euphrasia**

Another widely used remedy. As usual there is a lot of sneezing with streaming eyes and nose, but the tears in this case are acrid and the

nasal discharges bland — the opposite of *Allium Cepa*. Frequently the *Euphrasia* patient tends to be worse in the evening.

### **Ambrosia**

Where there is unbearable itching of the iris.

### **Arundo**

A remedy infrequently used but often indicated where there is itching in the roof of the mouth as well as the eyes and nostrils, the former being a fairly uncommon symptom.

### **Apis**

Helpful when there is noticeable swelling around the eyes. Though this remedy does not have a marked effect on the hay fever, it can frequently reduce the unsightly swelling. Should this fail, a combination of *Euphrasia*, *Natrum Mur* and *Sabadilla* taken in sequence, two hours apart, may help a number of sufferers.

### **Sabadilla**

Useful where the sneezing occurs in bouts, the eyelids feel hot and are frequently red. The tears and nasal discharge are bland.

### **Naphthaline**

A coal tar derivative which can be useful for the sufferer who becomes wheezy and fails to respond to the remedy he is already taking.

### **Arsenicum Iodatum**

Use when the watery discharge makes small, red, raw channels down the nostrils to the lips, in a tidy, nervous type of person.

### **Wyethia**

Useful when the throat gets dry and sore, or there is itching deep in the nose.

### **Teucrium Marum Verum**

A botanical relative of *Ambrosia* useful when there are polypi present in the nose and smarting in the inner corner of the eyes.

### **Arum Triphyllum**

Use when the sneezing is worse

at night with much pricking in the nose with a desire to bore into the nostrils or pinch the nose. The nose is stuffed, particularly on the left side, or runs profusely, making the nostril raw and sore. The throat may also be involved but eye symptoms are not severe.

### **Dulcamara**

When there is a constant sneezing with nose stuffed up and nose and eyes streaming, which causes the eyes to swell and water, the nose to run and the eyes to water again. Often, worse in open air, in damp for being chilled when warm, or for coming into contact with newly cut hay.

### **Gelsemium**

When there is violent sneezing, the nose streams in the morning and the discharge is irritating, the eyes feel hot and heavy with much tingling in the nose, the throat is dry and burning and swallowing causes pain in the ears. The face is hot, there is aching all over and the limbs feel heavy.

### **Nux Vomica**

When there are prolonged, distressing spells of sneezing with tendency for the nose to be stuffed up at night with marked irritation in the nose, eyes and face and itching extending to the larynx and trachea. The face often feels as if it is close to a hot iron plate and the patient feels chilly and irritable.

If there is no improvement after six doses of the apparently indicated remedy, then you should change to another appropriate homoeopathic medicine.

In acute conditions, it is often necessary to switch remedies according to the change in symptoms, which may occur over a period of 24 hours, particularly when you are attempting self-treatment.

For those with marked irritation of the eyes, a lukewarm eye-bath with two drops of *Euphrasia* tincture may help. Use at one to two-hourly intervals. These external measures usually bring only temporary local relief.

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place of refuge may be constructed during the pollen season by making a filter of fine mesh material and cotton wool to cover the window openings in the bedroom. This traps the pollen grains. The door and any other opening should be sealed with draught excluding material.

Using the desensitisation programme described here for grass pollen, the majority of hay fever sufferers seen at our clinic expressed a relief of symptoms, and a large proportion of the remainder was helped by the other approaches mentioned in this article.