ALLERGIES*

Summary

Allergies are the most researched and most proven ailment that homeopathic medicines have been found to treat effectively. Numerous high quality randomized, double-blind, and placebo controlled trials have shown efficacy of using homeopathic medicines in the treatment of various respiratory allergies, including hay fever, allergic rhinitis, and asthma. Homeopathy should be the first choice of treatment due to its safety and efficacy. Primary care homeopathy can be an effective treatment, though professional homeopathic care should be considered to treat the underlying susceptible state to allergens.

NOTE: A review of clinical homeopathic research on respiratory allergies was published in a peer-review journal that also highlights which clinical trials have been deemed to be “high quality” trials, as determined by three leading meta-analyses of homeopathic clinical research (Ullman, Frass, 2010).

*Respiratory Allergies

Dana Ullman, 
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A small and forgotten footnote in medical history involves a homeopathic physician from Scotland, C.H. Blackley, who in 1871 first identified pollen as the cause of hayfever (Reilly, 1986). Another forgotten fact of history is that one of three founders of the American Academy of Allergy was a San Francisco homeopathic physician, Dr. Grant L. Selfridge (Cohen, 1979). Dr. Selfridge was also the first to conduct a botanical and pollen survey in the West.

Although homeopaths have often been at the forefront of medical research and discovery, it is particularly appropriate and even predictable that they would lead the way in the field of allergy. Because the primary principle of modern allergy treatment derives from the homeopathic principle of “treating like with like,” the spirit of homeopathy has lived on, despite the tendency of orthodox physicians to ignore it.

**Conventional Treatment of Allergies**

Conventional medical treatment for allergies usually consists of antihistamines, steroids, and desensitization shots. In obstinate cases, laser surgery may be utilized to vaporize mucus-forming nasal tissue. People with allergies know that these treatments don’t cure; at best, they provide temporary relief of symptoms, and at worst (and too frequently), they create side effects that can be worse than the allergy symptoms themselves.

One of the common drugs for allergies is Benadryl, which contains diphenhydramine, a chemical that is known for causing drowsiness as a side effect. The creativity of conventional drug manufacturers, however, is evidenced by their marketing this same drug ingredient as a treatment for insomnia. Ironically, what is called a "side effect" of a drug in one instance is considered its "primary effect" in another.

Perhaps the greatest misunderstanding about allergies is the assumption that the allergen (the cat dander, the pollen, the house dust mite, or whatever) is the problem. Actually, the allergen is simply the trigger, while the allergic person’s body is the loaded gun. Rather than just treating symptoms or avoiding the allergen, the best course is to take action to re-balance the body’s own immune and defense system. Natural therapies help to empty and clean out the loaded gun or simply make it shoot blanks.
Homeopathy and Allergies
In the near future when homeopathic medicines are more widely accepted by the majority of orthodox physicians, doctors will likely maintain that they have always been supporters of homeopathy and homeopathic principles. They will point to conventional allergy treatment as an example of this.

While it is partially true that conventional medical treatment of allergy uses small doses of a substance to which the person is actually allergic and even though this principle is the basis of homeopathy, homeopaths use considerably smaller doses than conventional allergy shots. Also, homeopaths generally find that using the same substance to which the person is allergic may relieve a person's symptoms, but it will not truly or deeply cure the person's allergic reactions.

Homeopaths instead prescribe a "constitutional medicine," a remedy that is individually chosen based on the constellation of physical and psychological symptoms that the person is experiencing, not just the allergy symptoms. Finding a person's constitutional medicine requires the highly individualized care of professional homeopath.

People can use homeopathic medicines to treat the acute phase of their allergy without having to become a homeopath. Laypeople can either learn which individual homeopathic medicine is indicated for their unique symptoms (some of which will be described later, along with a list of recommended books for further explanation), or they can take one of the many "homeopathic formula" products for allergy which are commonly available at health food stores and pharmacies.

Although self-treatment with homeopathic formulas and individual medicines will not usually "cure" a person's allergy, they will often provide effective temporary relief and will do so without side effects.

The Switzerland government conducted a review of basic sciences and clinical trials testing homeopathic medicines (Bornhöft, Wolf, von Ammon, 2006). Their report noted 29 clinical studies in the domain 'Upper Respiratory Tract Infections/Allergic Reactions' showed a positive overall result in favor of homeopathy. They also found that 6 out of 7 controlled studies were at least equivalent to conventional medical interventions. They also found 8 out of 16 placebo-controlled studies were significant in favor of homeopathy.

Research has proven the effectiveness of homeopathic medicines in hay fever. Dr. David Reilly, a professor and homeopath at the University of Glasgow in Scotland, published what is considered the best study of the homeopathic treatment of hay fever (Reilly, 1986). Published in the Lancet, this

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study showed that homeopathically prepared doses of 12 common flowers were very effective in reducing hay fever symptoms when compared with patients given a placebo. Patients given a placebo had six times more symptoms than those given a homeopathic medicine.

Another study of hay fever compared the effectiveness of a homeopathic medicine (Galphimia 6C) with a placebo. What was particularly interesting about this study is that the researchers also compared these two preparations with a dose of Galphimia that was diluted 1:100 six times without the common procedure of vigorously shaking the solution upon each dilution. This study showed that only the correctly manufactured homeopathic medicine that was both diluted 1:10 and shaken was found to be effective (Wiesenauer, 1996). This study was not long enough to compare the side effects from these two treatments, but one can easily assume that the homeopathic medicine will be a lot safer than the conventional drug. This team of researchers actually conducted seven studies with this medicine, and they have consistently found it to be effective (Wiesenauer, 1985).

Reilly note that his study used much more rigorous admission criteria, with a full re-diagnosis of asthma in every patient in a laboratory histamine provocation test before being accepted, and then again 4 weeks later. Secondly, the Reilly trial purposefully did not conduct their study at the peak of the house dust mite season (as compared with the Lewith trial which conducted their trial at the peak of the season). The Reilly team reasoned that isopathy (the use of the SAME medicine that might use the allergy symptoms, rather than the most SIMILAR medicine) is a weak form of homeopathy and tends to be less effectiveness when the body is being maximally challenged by the allergen.

Further, Reilly noted that his study evaluated patients during the same 4-week period for all subjects in the study and only used patients from specific geographical zone (west-central Scotland), while the Lewith trial treated patients over a 30-32 week period, and Lewith’s team never divulged from which geographical zones for his subjects.

Of additional significance, Reilly noted that all of the patients in his study were prescribed a (single-blind) placebo run-in as a way to reduce the placebo effect once the trial formally begins. The Lewith trial did not utilize this important feature.

Ultimately, because the Lewith trial sought to be a replication trial, there are simply too many differences between the two trials. Even with these differences, it is important, even vital, to note that there WERE statistically significant differences between the symptoms of the patients given a
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placebo and those given a homeopathic medicines, though these differences were not primary outcome measures.

This study of 202 asthma patients found that there was statistically significant improvements in the two primary outcome measures in subjects given House Dust Mite 30C as well as those given a placebo, but there were no statistically significant differences in those who were given the homeopathic medicine and those given a placebo. There were statistically significant differences between the treatment and the placebo groups in the secondary outcome measures, including the morning peak expiratory flow (P=0.025), asthma visual analogue scale (P=0.017), and the mood of the subjects (P=0.035). There was also reduced use of the conventional bronchodilator usage in the homeopathic patients, though this difference was not statistically significant.

A double-blind, randomized, placebo-controlled trial was conducted with 30 participants who had a positive test result for a cat allergy skin prick test (SPT) (Naidoo, Pellow, 2013). Participants took two tablets twice daily of Cat saliva 9cH and Histaminum 9cH for 4 weeks and attended a follow-up consultation at the end of weeks 2 and 4. The measurement tool used was the SPT, conducted at the beginning and at the end of the study.

Cat saliva 9cH and Histaminum 9cH produced a highly statistically significant reduction in the wheal diameter of the cat allergen SPT at the end of week 4. The placebo group showed no statistically significant change. The researchers concluded that homeopathic medicine reduced the sensitivity reaction of cat allergic adults to cat allergen, according to the SPT.

Although there have now been several trials showing efficacy of treatment by using homeopathic doses of an allergen, one study made from the pollen of birch trees (Betula) found no difference in symptoms as compared with those subjects given a placebo (Aabel, 2001).

A study in Norway of 200 patients suffering from hypersensitivity illnesses, including asthma, eczema, urticaria, hay fever and other allergies, showed that homeopathy was at least as effective as conventional medical treatment (Launsø, Kimby, Henningsen, 2006). The study was retrospective and comparative, and it evaluated everyday clinical practice of general practitioners and classical homeopaths. Most patients who were treated by conventional medical doctors experienced an aggravation of their symptoms when stopping conventional drugs, while only 1/3 of patients in the homeopathy group experienced such an aggravation (P = 0.002). Only one patient on conventional treatment experienced improvement of symptoms after stopping medication, compared to improvement in 2/3 of homeopathy patients. Patients in the homeopathic group also reported a larger improvement in their general state of health, with 57% improving, compared to 24% in the conventional group (P=0.004). Homeopathic patients also experienced substantially more positive change in their psychological state (P<0.0001). For quality of life 53% in the homeopathy group improved, compared to 15 % in the conventional group.

Two Israeli physicians reported on a retrospective analysis of patients with allergies who had received individually chosen homeopathic medicines (Frenkel and Hermoni, 2002). Their clinic’s
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database revealed that 27 of 31 patients who had used conventional drugs in the treatment of their allergies (antihistamines, steroids, and decongestants) showed a reduced usage of their drugs after given homeopathic treatment. Two patients experienced an increase in drug usage, and two patients showed no change. Of the 17 patients who did not use conventional drugs in the treatment of their allergies, 13 remained non-users and only four had these drugs prescribed within 3 months after receiving homeopathic treatment.

Although this study was not double-blind or placebo controlled, it provides a glimpse into real world health care and its results. These results suggest that the usage of homeopathic medicines for people suffering from allergies leads to reduced usage of conventional drugs, and based on the lower cost of homeopathic medicines, the authors of this report also suggest that there are also cost savings that result from homeopathic treatment.

A 4-week, double-blind clinical trial comparing homeopathic preparations with placebo was conducted in the Phoenix metropolitan area during the regional allergy season from February to May (Kim, Riedlinger, Baldwin, 2005). The treatment group was given a homeopathic preparation (6X) of common allergens in the Southwest region of the U.S. Participants included 40 men and women, 26-63 years of age, diagnosed with moderate to severe seasonal allergic rhinitis symptoms. Study outcomes included allergy-specific symptoms using the rhinoconjunctivitis quality-of-life questionnaire (RQLQ), functional quality of life using the Medical Outcomes Study Short Form-36 (MOS SF-36), and the work productivity and activity impairment (WPAI) questionnaire. The scales from the RQLQ, MOS SF-36, and WPAI questionnaire showed significant positive changes from baseline to 4 weeks in the homeopathic group compared with the placebo group (p < 0.05). Subjects reported no adverse effects during the intervention period. These preliminary findings indicate potential benefits of the homeopathic intervention in reducing symptoms and improving quality of life in patients with seasonal allergic rhinitis in the Southwestern US.

A survey was conducted with over 400 people in Mexico who experienced respiratory allergies (Felix Berumen, et al, 2004). The survey discovered that 34.4% of people used at least one type of alternative medicine in the treatment of their allergies. Of these people, homeopathic medicines were the most popular alternative treatment, with 78.2% of these people using homeopathy.

A prospective multicenter observational study was conducted by general practitioners specializing in homeopathy in nine Austrian test centers (Gründling, Schimetta, Frass, 2011). Personal data and symptoms of allergic patients diagnosed with allergic conjunctivitis, allergic rhinitis, bronchial asthma and neurodermatitis before and after homeopathic treatment were assessed by means of questionnaires (classification of patients' condition by using visual analogue scales/VAS). The aim of this study was to assess the real-life efficacy of classical homeopathic treatment and the potential to reduce conventional medication dosage.

40 out of 44 patients originally recruited for the trial were found to meet the eligibility criteria. All clinical symptoms were shown to improve substantially, in most cases quite markedly (p < 0.001). 21 patients undergoing conventional medication therapy at baseline (62%) were able to discontinue
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at least one medication, while the remaining patients (38%) reported a dose reduction in at least one medication. No side effects were reported during treatment.

The symptoms of patients undergoing homeopathic treatment were shown to improve substantially and conventional medication dosage could be substantially reduced. While the real-life effect assessed indicates that there is a potential for enhancing therapeutic measures and reducing healthcare cost, this one study does not allow to draw conclusions as to the efficacy of homeopathic treatment because it was not randomized and placebo controlled. However, this study adds to the overall evidence base for homeopathy in the treatment of allergies.

A large multi-center open observational clinical trial was conducted under the auspices of the government of India with a total of 784 children (408 males; 384 females) aged 6 months to 15 years, presenting symptoms of acute rhinitis (Nayak, Singh, Singh, et al., 2010). Symptoms were assessed using an acute rhinitis symptom score (ARSS). A total of 13 homeopathic medicines were shortlisted after repertorizing the nosological symptoms of acute rhinitis in children and the results were analyzed (these medicine included: Aconitum napellus, Belladonna, Calcarea carbonica, Carbo vegetabilis, Chamomilla, Dulcamara, Elaps corallinus, Hepar sulphur, Kalium bichromicum, Mercurius solubilis, Nux vomica, Pulsatilla nigricans, and Sulphur). The medicines were prescribed in dilution 6C (10^{-12}) and doses were repeated from few minutes to few hours as per the need of the case. Appearance of any change (improvement or worsening) was followed by placebo / change in dilution or change in medicine according to the response of the patient. The follow up period was up to the 7th day of illness.

Out of 784 children enrolled, 638 children were followed up and analyzed. A significant change in the score from the baseline (p<0.05) was observed. Twelve medicines were found to be useful in 638 children suffering from acute rhinitis and among them Nux-v (n=109), Merc (n=106) and Bell (n=88) were the most useful.

At the end of the study (seven days after initial treatment), the researchers observed that 81.3% (n=638) of the children had improved among the 784 children enrolled. As per outcome assessment of the 638 children who were analyzed, 74.5% (n=475) were cured, 17.7% (n=113) improved markedly, 6.9% (n=44) improved moderately and only 0.9% (n=6) improved mildly (Note: Because this study was not randomized or placebo controlled, it is impossible to determine what percentage of children would have improved without any treatment. Still, this study is interesting and worthy of attention due to the information on which drugs were most commonly indicated and which drugs may have led to the most dramatic clinical improvement.)

No complications were observed during the treatment. Adverse events in the form of hyperpyrexia were observed in 2 children only. This study concluded that there is usefulness of homeopathic medicines in the management of acute rhinitis of children.

In addition to these clinical trials there have also been several laboratory studies that have shown powerful effects of various homeopathic doses on biochemical markers related to respiratory
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allergies, specifically basophils. One such experiment showed that homeopathic doses of *Apis mellifica* (honey bee) and *Lung histamine* had degranulated basophils, which are a type of white blood cell related to allergy symptoms (Poitevin, 1988). *Apis* significantly inhibited basophil activation at the dilutions of 8c, 9c and 10c when the basophils were activated with high and low anti-IgE doses, and *Apis* caused significant inhibition at the dilutions of 5c, 7c, 13c and 20c when the basophils were activated with low anti-IgE doses. Significant inhibitions were observed at dilutions of *Lung histaminum* at 5c and at 15c (from 12c to 18c). In the case of basophils activated using small anti-IgE doses, *Apis* 10c and *Lung histaminum* 18c caused 100% inhibition.

Four independent laboratories, each associated with a university, conducted a series of experiments using dilutions of histamine beyond Avogadro’s number (the 15th through 19th centesimal dilution, that is $10^{-15}$ to $10^{-19}$) (Belon, Cumps, Ennis, Mannaioni, et al, 2004). The researchers found inhibitory effects of histamine dilutions on basophil degranulation triggered by anti-IgE. A total of 3,674 data points were collected from the four laboratories. The overall effects were highly significant ($p<0.0001$). The test solutions were made in independent laboratories, the participants were blinded to the content of the test solutions, and the data analysis was performed by a biostatistian who was not involved in any other part of the trial.

**REFERENCES:**


Cohen, SG, The American Academy of Allergy: a historical review, Journal of Allergy and Clinical Immunology, 1979, 64, 5: 333.


Frenkel M, Hermoni D. Effects of homeopathic intervention on medication consumption in atopic and allergic disorders, Alternative Therapies in Health and Medicine, 2002, 8,1:76-79.


Reilly, D, 2002, bmj.com (online letters to the editor for the March 2, 2002, issue)


