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Management of Case of Rhinitis with the Help of Kent Repertory

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Introduction:

Allergic rhinitis is a common inflammatory disorder of the nasal mucosa that occurs when a sensitized individual encounters an allergen and develops an IgE-mediated hypersensitivity response. It commonly affects the nose and may also involve the eyes and adjacent upper respiratory tract. Typical allergens include house-dust mites, pollens, moulds, animal dander and occupational allergens.

The condition may occur at any age and can significantly interfere with sleep, concentration, school or work performance, and overall quality of life. Allergic rhinitis is frequently associated with other allergic disorders, particularly bronchial asthma, atopic dermatitis and allergic conjunctivitis.

The symptoms develop because exposure to an allergen activates mast cells and other inflammatory cells, resulting in the release of mediators such as histamine and leukotrienes. These mediators produce nasal itching, sneezing, watery discharge and mucosal congestion.

Classification of Allergic Rhinitis

Allergic rhinitis can be classified in several ways:

A. According to duration

Intermittent allergic rhinitis – Symptoms occur for less than 4 days per week or for less than 4 consecutive weeks.

Persistent allergic rhinitis – Symptoms occur for more than 4 days per week and continue for more than 4 consecutive weeks.

B. According to severity

Mild allergic rhinitis – Symptoms are present but do not significantly disturb sleep or daily activities.

Moderate-to-severe allergic rhinitis – Symptoms interfere with sleep, routine activities, work, school or quality of life.

C. According to allergen exposure

Seasonal allergic rhinitis – Symptoms are predominantly associated with seasonal allergens such as pollens.

Perennial allergic rhinitis – Symptoms occur throughout the year, commonly due to allergens such as house-dust mites, moulds and animal dander.

Occupational allergic rhinitis – Symptoms are related to exposure to allergens or irritants in the workplace.

Common Symptoms

I. The characteristic symptoms of allergic rhinitis include:
II. Sneezing, often occurring repeatedly in bouts.
III. Nasal itching, which may involve the nose, palate or throat.
IV. Watery or clear nasal discharge.
V. Nasal obstruction or congestion, which may be unilateral or bilateral.
VI. Post-nasal drainage, with mucus passing from the nose towards the throat.
VII. Itchy and watery eyes, particularly when allergic conjunctivitis is associated.
VIII. Redness of the eyes and occasional eyelid swelling.
IX. Reduced sense of smell due to nasal mucosal swelling.
X. Throat irritation or itching.
XI. Cough, particularly when post-nasal drainage is prominent.
XII. Headache or facial pressure, especially when marked nasal congestion is present.
XIII. Fatigue and disturbed sleep when symptoms are persistent or severe.

Case presentation

Date: 03-07-2025
Name of the Patient : sajer khan pathan
Father's name/ Husband's name : soyeb khan pathan
Age / sex : 22
Religion : Muslim
Marital status : married
Family size : mother, father ,wife,younger sister
Education : 10 th pass
Occupation : driver
Veg/ Non-veg/ eggiterian : mixed
Socio – Economic status : average
Address : Rajkot
Diagnosis : Allergic rhinitis

PRESENT COMPLAINTS:

Paroxysms of violent sneezing with watery nasal discharge Intense itching and tickling inside nose and soft palate. Redness and watering of eyes with burning
Itching of soft palate, compelling patient to rub with tongue Head feels heavy after sneezing spells.
Aggravation: From odor of flowers, cold air, and during change of seasons (spring). Amelioration: From warmth, and while eating or drinking warm things.

PRESENTING COMPLAINTS IN DETAIL :

Complaint with duration	Location & extension	Sensation/character &pathology	Modalities /Ailments From	Concomitant/ Associated symptoms with duration
Violent sneezing since,10 days Watery discharge from nose,since 10 days	Nasal passages and eyes.	Paroxysms of violent sneezing with watery nasal discharge; intense itching and tickling inside nose and soft palate.	Aggravation: From odor of flowers, cold air, and during change of seasons (spring). Amelioration: From warmth, and while eating or drinking warm things.	Redness and watering of eyes with burning. Itching of soft palate, compelling patient to rub with tongue. Head feels heavy after sneezing spells.

HISTORY OF PRESENT ILLNESS:
Patient developed frequent sneezing, watery nasal discharge, and itching of nose after exposure to flower pollen during spring. Symptoms worse in cold air and morning hours, with burning and watering of eyes. Condition relieves slightly after taking warm tea.

FAMILY HISTORY: Parents are healthy

Past History
Recurrent attacks every spring since 3 years. No history of sinusitis or asthma.

GYNECOLOGICAL AND OBSTETRIC HISTORY:-

PERSONAL HISTORY:
Diet: mixed
Appetite: Normal,5 chapattis in a meal
Thirst: No thirst
Sleep: Disturbed due to repeated sneezing.
Bowels: Regular,1/0 ,d/n
Habits: Non-smoker, non-alcoholic
Prespiration :normal
Thermal :chilly

MENTAL SYMPTOMS:
Sensitive and nervous temperament. Irritable when disturbed.
Dislikes strong odors.

PHYSICAL EXAMINATION:
General Examinations
Conscious/unconscious – conscious
General appearance – wheatish
Intelligence and education level -10th pass
Height -5’8
Weight -70kg
Anaemia -NA
Jaundice -NA
Cyanosis -NA
Oedema -NA
Skin -dry
Nail – thickened
Lymphadenopathy -NA
Blood pressure -126/84mmhg
Pulse – 80bpm

Temperature -97f
Respiration rate -14pm
Others -NA

SYSTEMIC EXAMINATION
Respiratory system :B/L vesicular breathing
Cardiovascular system : s1 and s2 +ve
Nervous system :conscious and well oriented
Gastro-intestinal system : soft non tender

LABORATORY INVESTIGATION & FINDINGS
Cbc – mild eosinophilia

PROVISIONAL DIAGNOSIS
Allergic rhinitis

DATA PROCESSING ANALYSIS OF CASE

CLASSIFICATION OF SYMPTOMS
Mental –
Sensitive, irritable disposition Physical General –
< Cold air, > warmth
Particular – Violent sneezing, itching nose and palate, watery nasal discharge
Common – Watery eyes, nasal congestion
Characteristic – Paroxysmal sneezing with nasal itching, < cold air, > warmth

Evaluation of symptoms
1st Grade (Characteristic)
Paroxysmal sneezing, itching inside nose and palate, < cold air, > warmth
2nd Grade
Watery discharge, burning lachrymation
3rd Grade
Irritability, sensitive to odors

TOTALITY OF SYMPTOMS
Violent paroxysms of sneezing.
Itching and tickling inside nose and palate.
Watery discharge from nose and eyes.
Worse in cold air, better from warmth.
Sensitive to odors.

SELECTION OF MEDICINE (KENT REPERTRISATION)

Important Rubrics Selected:
Nose – Sneezing – paroxysmal
Nose – Itching – inside
Eye – Lachrymation – burning
Nose – Discharge – watery
Generalities – Warmth – ameliorates
Generalities – Cold air – aggravates
Sabadilla officinalis

No.	Rubric	Sabad.	Ars.	All-c.	Nux-v.
1	Sneezing – Violent	3	1	3	2
2	Nose – Itching	3	1	2	2
3	Palate – Tickling	3	0	1	1
4	Nose – Discharge – Watery	3	3	3	1
5	Eyes – Lachrymation – Watery	2	2	2	1
6	Cold air – Aggravates	3	3	1	2
7	Warmth – Ameliorates	2	3	1	2
8	Sensitive to odors	3	1	1	2
Total Marks		**22**	**14**	**14**	**13**

SELECTION OF POTENCY AND DOSAGE

Moderate potency and Infrequent repetition on the basis of age, susceptibility and Pathology

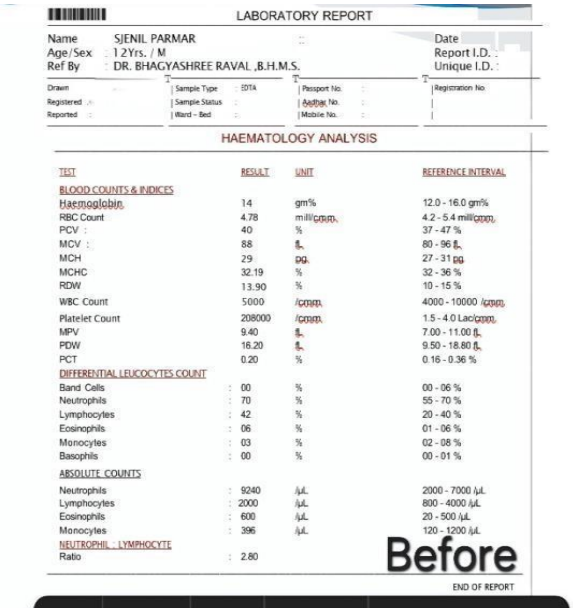
PRESCRIPTION

Sabadilla officinalis 200C, 4 globules every 6 hours for 3 days Sac.lac.4globules bd for 7 days
Auxiliary treatment: Avoid exposure to pollen, use mask outdoors, keep nasal passages clean with saline rinse.

FOLLOW UP

Date	Changes in symptomatology	Prescription
After 7 days	Sneezing frequency reduced; itching markedly less.	Sac.lac.for 10 days 4globules bd
After 10 days	5-6 sneez in a day with mild itching in nose and discharge	Sabadilla officinalis 1m 2 dose early morning empty stomach Sac.lac. for 15 days 4 globules bd
After 15 days	Relief in all symptoms ,no discharge.	Sac.lac ,4 globules bd for 15 days
After 15 days	recurrance of symptoms on and off	

ANALYSIS OF RESULT- mild improvement



LABORATORY REPORT

Name : SJENIL PARMAR
Age/Sex : 12Yrs. / M
Ref By : DR. BHAGYASHREE RAVAL ,B.H.M.S.
Date
Report I.D.
Unique I.D.

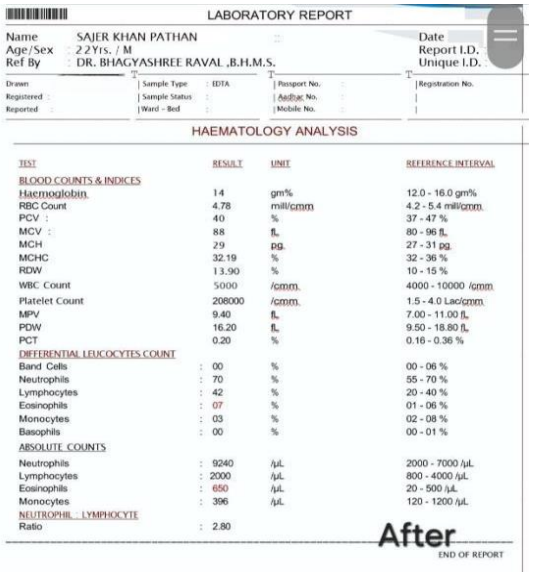
Drawn | Sample Type : EDTA | Passport No. | Registration No.
Registered | Sample Status | Aadhar No.
Reported | Ward - Bed | Mobile No.

HAEMATOLOGY ANALYSIS

TEST	RESULT	UNIT	REFERENCE INTERVAL
BLOOD COUNTS & INDICES			
Haemoglobin	14	gm%	12.0 - 16.0 gm%
RBC Count	4.78	mill/cmm	4.2 - 5.4 mill/cmm
PCV	40	%	37 - 47 %
MCV	88	fL	80 - 96 fL
MCH	29	pg	27 - 31 pg
MCHC	32.19	%	32 - 36 %
RDW	13.90	%	10 - 15 %
WBC Count	5000	/cmm	4000 - 10000 /cmm
Platelet Count	208000	/cmm	1.5 - 4.0 Lac/cmm
MPV	9.40	fL	7.00 - 11.00 fL
PDW	16.20	fL	9.50 - 18.80 fL
PCT	0.20	%	0.16 - 0.36 %
DIFFERENTIAL LEUCOCYTES COUNT			
Band Cells	: 00	%	00 - 06 %
Neutrophils	: 70	%	55 - 70 %
Lymphocytes	: 42	%	20 - 40 %
Eosinophils	: 06	%	01 - 06 %
Monocytes	: 03	%	02 - 08 %
Basophils	: 00	%	00 - 01 %
ABSOLUTE COUNTS			
Neutrophils	: 9240	/µL	2000 - 7000 /µL
Lymphocytes	: 2000	/µL	800 - 4000 /µL
Eosinophils	: 600	/µL	20 - 500 /µL
Monocytes	: 396	/µL	120 - 1200 /µL
NEUTROPHIL : LYMPHOCYTE Ratio	: 2.80		

Before

END OF REPORT



LABORATORY REPORT

Name : SAJER KHAN PATHAN
Age/Sex : 22Yrs. / M
Ref By : DR. BHAGYASHREE RAVAL ,B.H.M.S.
Date
Report I.D.
Unique I.D.

Drawn | Sample Type : EDTA | Passport No. | Registration No.
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Lymphocytes	: 42	%	20 - 40 %
Eosinophils	: 07	%	01 - 06 %
Monocytes	: 03	%	02 - 08 %
Basophils	: 00	%	00 - 01 %
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NEUTROPHIL : LYMPHOCYTE Ratio	: 2.80		

After

END OF REPORT