

VASOMOTOR RHINITIS

An Analysis of Fifty Successful Cases

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This study is strictly limited to vasomotor rhinitis of presumably allergic origin. All other kinds of rhinitis have been eliminated, as has hay fever which is also allergic in origin. The study commenced in September 1973, and was closed in July 1975, when fifty cases had been collected. The writing of this article began in July 1976, in order to give a little time for the returns on the last cases.

The majority of cases were sent to us by an Ear Nose and Throat Specialist. The reports of the specialist are all identical: vasomotor rhinitis of allergic origin: pallor of the nasal mucosa; nostrils repeatedly cauterised. Some patients had undergone desensitization, without success. For the others the specialist preferred to begin with homoeopathic treatment which gives very good results.

Before reviewing the remedies used, we will begin by trying to draw some conclusions from this retrospective study. This type of study is very profitable. To analyse retrospectively fifty cases of a condition, or of one remedy, will teach you more than treating two hundred cases of this condition in succession.

The first conclusion was that 22 remedies had been used to cure 50 cases of vasomotor rhinitis. When I informed one of my friends of this result, my work ceased to interest him! 50 cases are not nearly sufficient, it would be necessary to have 300, that is to say years of clinical trials, unless several workers collaborated in a multi-centre trial.

In fact we used only 18 remedies, the remainder being minor remedies like Ambrosia, Arundo, etc., remedies which gave very good results but always had to be complemented with a more deep-acting remedy.

On the other hand, 9 remedies covered 69 per cent of the cases. I should not express myself in percentages since there are only two to six cases for each remedy, but I find that percentages demonstrate well the relative value of the different remedies.

Here then is the list of remedies used, in order of frequency:

Remedy	No. of cases	Percentage of cases	Remedy	No. of cases	Percentage of cases
Sulphur	6	12	Medorrhinum	2	4
Nux vomica	6	12	Natrum mur.	2	4
Ars. alb.	3	6	Thyroidinum	2	4
Thuya	3	6	Sepia	1	2

Remedy	No. of cases	Percentage of cases	Remedy	No. of cases	Percentage of cases
Lachesis	3	6	Arundo	1	2
Calc. carb.	3	6	Lycopodium	1	2
Lac caninum	3	6	Natrum sulph.	1	2
Kali iod.	3	6	Sycotic co.	1	2
Hepar sulph.	3	6	Calc. sulph.	1	2
Ambrosia	3	6	Dulcamara	1	2
Kali bich.	2	4	Sanguinaria nitrica	1	2

The second conclusion relates to the rapidity of action. In one very acute case treated with Lachesis, the effect was almost instantaneous. But in many cases one may have to wait for four months to obtain total relief of nasal obstruction at night. There is no question of repeating the remedy at all during this whole period.

The third conclusion relates to the small number of doses required, and to the length of the interval between doses. Of the 50 cases, 23 were cured once and for all with a single dose. Relapses were very rare, except with Lachesis where they are the rule.

It is impossible to cure such a condition by prescribing on local symptoms only. Sometimes the local symptoms indicate Ambrosia (intense ocular pruritus), Arundo (pruritus of the palate), or Dulcamara (symptoms aggravated by humidity), but it was necessary each time to complement the remedy with one of deeper action. Beware of Dulcamara. This remedy often gives brilliant results, but the spectacular amelioration will not last for more than two or three months. It is always necessary to take into account the totality of the symptoms, the peculiar symptoms, the mental and general symptoms and the concomitants. Practitioners who rely on the single remedy excel in this kind of exercise, and I will therefore not go into the indications for the individual remedies. I shall limit myself to certain observations in reviewing these remedies.

Sulphur certainly heads the list and that should surprise no one. Of the six sulphur cases, four were cured with a single dose. The other two received two doses only, prescribed at an interval of six months and one year respectively.

Nux vomica comes in second place, even though it equals sulphur, which sometimes complements it. A medical student, almost cured with one dose of *Nux vomica*, relapsed six months later, following a BCG (obligatory in medical schools). A second dose of *Nux vomica* was without effect. We sorted him out with Sulphur, which had to be repeated once, after six months. I saw this young student again very recently. Two months after taking the Sulphur he had had to submit to another intracutaneous reaction

test. His nostrils were again blocked up, but less severely so than previously. No further prescription was given. Eight days later everything cleared up spontaneously. This case was included under Sulphur.

Sleepiness after the midday meal is the most general, constant and best characteristic of Nux. It is a characteristic which I enquire into systematically in any case of vasomotor rhinitis. The presence of this characteristic must make one think of Nux as a possibility, and this can save much time.

Four patients were cured with one single dose of Nux. In two cases Nux had to be repeated three months later. One case was complemented with Sulphur. One patient reacted particularly slowly. A definite amelioration was noted at the subsequent examination, one month later. Amelioration was estimated at around 50 per cent by the patient two months after administration of the dose. Complete disappearance of symptoms was achieved only four months after the dose. One must indeed know how to wait, and it is important not to repeat too soon and risk spoiling the case.

Arsenicum album. Two patients were cured with a single dose of Arsenicum alb., and one with a total of two doses, at an 8-month interval. Twice Ars. alb. had to be complemented with Thuya. These two cases have not been included, and that is why there are only three cases of Arsenicum alb.

In practice, when one finds oneself confronted with a typical Arsenicum patient, wholly fastidious, and if this patient feels the humidity and cannot digest either onion or garlic, Thuya is the remedy of choice and not Arsenicum. Thuya should be added to the rubric FASTIDIOUS in Kent's *Repertory*. This is certainly the best and most constant mental symptom of Arsenicum album, but it is not always easy to find evidence of it, especially if the patient comes to consult you alone. Often the Arsenicum patient does not consider himself fastidious at all, it seems to natural to him that this is how things should be. On the other hand, the Arsenicum patient is so exacting that he considers himself rather disorderly; owing to lack of time things are not always exactly in their place. Beginners have a tendency to take the mental symptom 'fastidious' as an eliminating symptom. This is one of the principal sources of error.

Another very good characteristic of Arsenicum is that she cannot raise her arms in the air. She cannot set her own hair, and even less polish a tall old-fashioned cupboard. To elicit a symptom one should never put a direct question. The patient will not understand the question. It is necessary to put the patient in a certain situation. For example you find yourself faced with a case of cervicalgia. The three most important remedies are Nux vomica, Silica and Rhus tox. Nux is aggravated by draughts, Silica by the cold. Everyone knows the modalities of Rhus tox. Let us suppose that you wish to know the effect of a draught on your patient. If you ask him: "Are you afraid of draughts?" or "How do you react to draughts?" there is every chance that an invaluable characteristic will escape you. Nor will you be

able to put your finger on the right remedy by asking more questions. In homoeopathic practice it is essential to discover the truly salient characteristic and to confirm this peculiar symptom. The question should be put in the following way:

"If you are riding in a car, and you lower the window, what happens?" One must be intentionally vague to make the patient talk. Invariably he will tell you at once that he would suffer from torticollis the next day. It only remains for you to prescribe one dose of Nux 12 and success is guaranteed.

In the case of cervicalgia one must not use too high a potency, not even a 30, when the remedy is Nux vomica. An aggravation is the rule and it can be very intense, lasting 4 or 5 days, which may very much upset the patient if you have not forewarned him. I have seen reactions which lasted for three weeks; I think the 12th is the potency of choice and a single dose is sufficient to cure the patient. We do not have this kind of trouble with other remedies.

On the other hand, in cases of lumbar pain, reactions are much less common, and you may use a higher potency.

Since I am speaking of reactions and aggravations, I would like to stress particularly the delayed secondary reaction described by Boenninghausen. This begins on about the twentieth day after administration of the single dose. In fact, the patient is concerned only with the present moment. It happens that when you see the patient a month after administration of the remedy, he tells you that he is not at all well. On closely questioning him you learn that he had felt much better up to a certain date, and after that nothing went well. It is important to establish the precise date. If it falls on the twentieth day after the medicine was given, this is a case of a delayed secondary reaction which must be respected. We have studied this delayed secondary reaction very closely and we definitely confirm Boenninghausen.

Lachesis cases are the most dramatic because *Lachesis* sleeps into an aggravation, and in a case of vasomotor rhinitis the obstruction of the nostrils is most pronounced at night. It is nearly always in a young woman, very nervous, who tells you that she cannot go on, because she does not know how to breathe through her mouth. This struck me particularly in the following case. It was that of a young woman of 33 years of age who had been suffering from vasomotor rhinitis for seven years. She had already undergone cauterisation of the nasal passages. She came to consult me in a state of desperation. For the last three days the nasal obstruction had been constant, she absolutely could not sleep, she could not breathe through her mouth. She could take no rest and could not go on. Against the wishes of her G.P. father, she was in the habit of clearing the nasal blockage with Aturgyl (fenoxazoline) which is a nasal decongestant, or with Deturgylone (prednozoline). A single spray treatment usually sufficed. For the past three days spray after spray had had no effect, and the patient found herself in a state of extreme exhaustion. She presented the characteristics of *Lachesis*

which was prescribed and immediately had a magical effect. The patient was able to sleep that very night, with the aid of an Aturgyl atomizer. Her progress was rapid thereafter, but another three or four months had to pass before she could do without the Aturgyl. She had a relapse one year later.

I have another identical case of Lachesis. A young woman, very nervous, not knowing how to breathe through her mouth. She responded very well to the single dose of Lachesis that I gave her. She also had a relapse a year later.

Calcarea carbonica. Adults were cured with a single dose. In the case of a child it was necessary to use three doses at monthly intervals, which bears out the remark made by Dr. Borland in *Children's Types*. Calc. must be repeated more often in children than in adults.

With Hepar sulph. we obtained spectacular results. The effect of the first dose can last several months. But when the patient relapses, repetition of Hepar sulph. is not effective. It is a remedy that must be complemented by a more deep-acting remedy. I have prescribed Hepar sulph. on local indications, particularly *aggravation from the least draught*. By contrast, in cases of purulent sinusitis, even if chronic, Hepar is capable of curing the patient completely with a single dose. We often see patients with the label 'dry sinusitis'. When there is no nasal discharge and a draught causes facial pain in the region of the sinus, Nux vomica is the remedy.

In Lac caninum the nostrils are alternately blocked up, in a pendulum fashion. The nostrils are never both blocked at the same time. The effect of this remedy is generally long lasting. A single dose was used in each of the three cases. Since closing the count two more patients have been cured with Lac caninum. It is a remedy which seems to me important.

Thuja—3 cases. One case was cured with one dose and the other two with two doses at an interval of a year. We have already spoken of Thuja in relation to Arsenicum album. We remind you that if you find yourself faced with an Arsenicum subject, try to find out if he is sensitive to humidity and if he is unable to digest onions and garlic. In that case one would prescribe Thuja rather than Arsenicum album. Thuja is, by the way, the complementary of Arsenicum.

Natrum mur.—2 cases. One case was cured with a single dose. This was a typical Natrum mur.: lanky, not at all sociable, shut in. Questioning was impossible. This is often the case with Natrum mur. subjects. The other case is that of a child who had four doses of Natrum mur. at yearly intervals. In this child, the nostrils did not begin to be unblocked until three weeks after the first dose of Natrum mur. was given.

Sepia—one case in a subject who presented the typical symptom complex of Sepia. The nostrils were unblocked after physical effort or exertion. He had three doses in one year for various complaints. This patient presented a very rich symptomatology.

Kali bich. This is a very good and certain remedy. Kali bich. feels

blocked above all at the root of the nose. One case was cured in 48 hours with this remedy. The second case received 3 doses at monthly intervals. It is not necessary to complement this remedy. When a patient presents with catarrhal symptoms of the upper respiratory passages and complains of a heaviness in the frontal region and at the root of the nose one must not forget *Sticta pulmonaria*. It is a curious remedy which has agreeably surprised us more than once. A young woman who did not dare to go out alone in the street for fear of being overcome with vertigo was permanently cured with *Sticta*. She presented with this peculiar symptom: "legs feel as if floating in the air".

Medorrhinum gives permanent results. It never needs to be repeated. A particularly interesting *medorrhinum* case is that of the son of a colleague who was referred to me by an Ear Nose and Throat Specialist with the diagnosis of vasomotor rhinitis. I prescribed a single dose of *Medorrhinum* 200. Immediately after taking the dose the child went away to the seaside for a few days' holiday. As the child was habitually better each time he went to the seaside, I had thought that the fact of going to the coast just after taking the dose of *Medorrhinum* might perhaps channel any reaction there would be. Well! The lad waited until his return before having his aggravation 25 days after taking the medicine, as if the reaction were obligatory and impossible to canalize or divert. After that he was permanently cured and this now goes back three years.

Thyroidinum is a particularly interesting remedy. It was developed by Dr. Ghosh of Calcutta at the same time as other hormones. Dr. Ghosh himself uses *Thyroidinum* in cases of vasomotor rhinitis. It acts essentially on the autonomic system and on the vascular system (circulation), and as a kind of 'specific' for allergic states, if I may dare to use the term specific in Homoeopathy. The fact that the patient has had some eczema in the past constitutes a very good indication for *Thyroidinum*. In the same way, functional amenorrhoea is an excellent indication for this remedy in a woman. These indications, given by Dr. Ghosh, I have confirmed. I have used *Thyroidinum* with success in asthma. The concept of allergy alone is not sufficient for prescribing *Thyroidinum* and we have had a number of failures when we began testing this hormone, particularly in vasomotor rhinitis. These cases have not been counted since they were before September 1973. It is necessary to find the strange, rare, and peculiar symptoms and the characteristics of *Thyroidinum* (see Dr. Ghosh's book).

Dr. Lamy considers that the thyroid gland plays an important part in allergic states, and he uses particularly the acupuncture points XI (stomach) 9 (Jenn Inng), a point situated at the anterior inner border of the thyroid cartilage, and XIII (CV) 22, which is at the midline just above the suprasternal notch. According to Dr. Lamy, these points have a specific action on the thyroid gland. The other points he uses are XIII (CV) 10 and VIII (Li) 3.

If you experience one therapeutic failure after another, think also of

Dr. John Paterson's *Sycotic co.* The bowel nosodes are now known throughout the world. *Sycotic co.* was considered by Doctors John and Elisabeth Paterson as being the No. 1 antisycotic.

One of my female patients was relieved for six months with one dose of *Natrum sulph.* 200. Repetition of this remedy produced no effect at all, and it was with a single dose of *Sycotic co.* 200 that I cured this patient permanently.

As I am speaking of *Sycotic co.* I must ask once more for permission to digress. Three weeks ago I saw a patient whose asthma I had cured 13 years ago with a single dose of *Sycotic co.* 200. She had been suffering from asthma for 23 years and that dose of *Sycotic co.* 200 was sufficient to cause the asthma to disappear completely for 13 years! She has a sense of humour and asked me if I would give her relief once more—even if the improvement did not last another 13 years—she is now 79 years old!

In both cases the definite impression was that the result was due to *Sycotic co.* acting alone, because no other allied remedy was prescribed to follow the dose of *Sycotic co.* There was no such necessity. The work of Doctors John and Elisabeth Paterson obviously merits serious consideration.

Asthma is often associated with vasomotor rhinitis but I do not think that the homoeopathic treatment of vasomotor rhinitis and that of asthma can be superimposed even though the two conditions have the same origin. For example: *Zincum* is a remedy that I use frequently and with great success in asthma. But I have not had a single case of vasomotor rhinitis cured with *Zincum*.

I prescribe *Zincum* on the indication: *amelioration of the dyspnoea on expectoration.* The crisis comes to an end as soon as the patient begins to expectorate, even if expectoration is provoked. Like all the metals, *Zincum* is a remedy to be used with prudence. With a single dose of the 30th potency the patient sometimes has such a violent aggravation that one is obliged to send him to a resuscitation centre. I use it in the 9th potency in a single dose. This remedy needs to be repeated at the end of several months. It may also be necessary to complement it, for *Zincum* does not occur in Roberts' list of the anti-sycotic remedies.

Lycopodium does not seem to me a very important remedy for vasomotor rhinitis. I have had only one case, and perhaps one other since closing the list limited to 50 cases, although our *materia medica*s have in the second degree the well known characteristic: "*Nose stuffed up: cannot breathe through it night or day*". The same goes for *Ammonium carbonicum* and *Sambucus*! I have not had a single case!

Kali iod. prescribed on the abundance of nasal discharge which is not necessarily excoriating.

Calcarea sulphurica—one case, a single dose. Posterior nares: open air ameliorates; rainy weather aggravates; draught aggravates; dampness aggravates.

Arundo used once with success on the indication: "itching of the palate". This is a minor remedy that always needs to be complemented.

Sanguinaria canadensis: "Chronic rhinitis; membranes dry and congested; marked vasomotor disturbances".—Boericke.

Sanguinaria nitrica. "Nose feels obstructed. Profuse, watery mucus, with burning pain. Enlarged turbinates at beginning of hypertrophic process. Secretion scant, tendency to dryness. Small crusts which bleed when removed. Post nasal secretions adherent to naso-pharynx, dislodged with difficulty. Dry and burning nostrils; watery mucus with pressure over root of nose. Nostrils plugged with thick yellow, bloody mucus. SNEEZING. Rawness and soreness in posterior nares".—Boericke.

Dulcamara: the symptoms are aggravated by dampness. The effect is always spectacular, but the amelioration does not last more than 2 or 3 months. It needs to be complemented by a deeper acting remedy.

And now, if you add up all the cases, you will find a few more than 50 and a little over 100 per cent of the cases. This is because minor remedies like *Ambrosia* and *Arundo* had to be complemented. To conclude, we would remind you of the 9 remedies which covered around 70 per cent. of the cases: Sulphur, *Nux vomica*, *Arsenicum album*, *Thuja*, *Lachesis*, *Calcarea carbonica*, *Lac caninum*, *Kali iod.*, and *Medorrhinum* which seems to have it over *Hepar sulph.* if we limit ourselves to the fifty cases.

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with any group of patients if one does not have hypotheses on which to design the study. Then, when the studies have been done, one is in a much better position critically to evaluate the original hypotheses.

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