SEASONAL ALLERGIC RHINITIS:

A HOMEOPATHIC NASAL SPRAY AS EFFECTIVE AS CROMOGLICIC ACID

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A randomized equivalence trial comparing the efficacy and safety of Luffa comp. - Heel nasal spray with Cromolyn Sodium spray in the treatment of seasonal allergic rhinitis.

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The symptoms of seasonal allergic rhinitis can be treated with the antihomotoxic drug Luffa comp. Heel nasal spray as effectively as with the chemically-based substance cromoglicic acid. This is the result of a randomized equivalence trial in which the efficacy and safety of the homeopathic nasal spray Luffa comp. Heel was compared with a cromoglicic acid nasal spray.

According to recent statistics, the incidence of seasonal allergic rhinitis in Central Europe is almost 20%. Since the therapies available in conventional medicine; such as hyposensitization and topical and systemic anti-allergy agents involve risks and side effects in many cases, more patients and physicians are interested in seeking alternative remedies.

Homeopathic drugs have long been valuable at treating allergies. A meta-analysis of seven randomized double-blind trials with a homeopathically prepared extract of Galphimia glauca resulted in an effect which is comparable to conventional antihistamines for nasal and ocular hay fever symptoms. Galphimia glauca in the potencies 4X, 12X, and 30X, together with Luffa operculata 4X, 12X, 30X, Histaminum 12X, 30X, 200X and Sulfur 12X, 30X, 200X are contained in the antihomotoxic complex agent Luffa comp. Heel nasal spray.

Dr. Michael Weisner of the Institute for Antihomotoxic Medicine and Basic Regulatory Research in Baden-Baden and colleagues investigated the effect and safety of this homeopathic complex agent in a trial with 146 hay fever outpatients aged between 18 and 60 years old.

All participants in the study were diagnosed with allergic rhinitis, identified by allergologic diagnosis (RAST or intracutaneous test.)

Excluded from the trial were patients who had the symptoms throughout the year and patients who regularly took antihistamines, corticosteroids, and/or alpha sympathomimetic agents. To ensure a comparable pollen exposure, all participants came from the same geographical region (Upper Rhine). In a double-blind equivalence study, patients were randomly divided into two groups: 74 patients were treated during the pollen season in 1996 and 1997 with cromoglicic acid, disodium salt in 2% aqueous solution,

Table 1

RQLQ domains	Visit1			Visit 5		
	homeopathic group	cromolyn sodium group	statistics: P(X<Y) (95% CI LB)	homeopathic group	cromolyn sodium group	statistics: P(X<Y) (95% CI LB)
Nasal symptoms	3.07 ± 1.31	3.25 ± 1.51	0,53 (0.45)	1.86 ± 1.42	1.70 ± 1.34	0.47 (0.39)
Ocular symtoms	1.87 ± 1.50	2.12 ± 1.53	0.55 (0.46)	1.26 ± 1.34	1.10 ± 0.98	0.50 (0.42)
Non-hay fever symptoms	1.99 ± 1.38	1.86 ± 1.37	0.47 (0.38)	1.44 ± 1.21	1.20 ± 0.98	0.45 (0.37)
Sleep disturbances	1.65 ± 1.29	1.53 ± 1.39	0.46 (0.38)	1.24 ± 1.18	1.08 ± 1.06	0.47 (0.39)
Practical problems	3.22 ± 1.67	3.27 ± 1.79	0.51 (0.42)	1.92 ± 1.62	1.69 ± 1.38	0.47 (0.39)
Individual activities	3.34 ± 1.45	2.87 ± 1.57	0.41 (0.32)	1.93 ± 1.55	1.58 ± 1.37	0.43 (0.35)
Emotional symptoms	1.76 ± 1.38	1.74 ± 1.17	0.51 (0.42)	1.37 ± 1.36	0.99 ± 0.95	0.44 (0.36)

and 72 patients were treated with Luffa comp. Heel nasal spray. The study lasted six weeks, during which time participants used the nasal spray four times a day in each nostril. The nebulizer dispenses 0.14ml of Luffa comp. Heel solution. An increase in frequency of use to 8 times per day was allowed if symptoms grew worse.

The participants were examined after 7, 14, 28, and 42 days. The efficacy of the treatment was identified by the validated rhinoconjunctivitis quality-of-life questionnaire (RLQF). Safety was determined by medical assessment and examination (rhinoscopy), measurement of vital and laboratory parameters, and the recording of adverse reactions. The data of 142 volunteers was statistically analyzed at the end of the study.

According to information from Weiser *et al.*, there was a statistically significant and clinically relevant decrease of subjective complaints of all participants under the respective medications. This effect was most marked in both groups during the first week of treatment. The clearest improvements, determined by RLQF scores were seen in both groups, specifically in the parameters nasal symptoms, practical problems, and individual activities (Table 1).

No statistical significant difference between both groups was apparent either in the global assessment of the efficacy both by patients and doctors (Fig. 1). The tolerance of the medications was also evaluated positively by, both, clinicians and participants. Only two patients treated with Luffa comp. Heel nasal spray reported slight side effects; such as, smarting inside the nostrils.

Attenuation of symptoms occurred quickly upon discontinuation of the preparation. One participant in the cromoglicic acid group sustained the same side effect and discontinued treatment because of the discomfort.

Based on the results of this study, the authors conclude that treatment of seasonal rhinitis with the antihomotoxic complex Luffa comp. Heel nasal spray is as safe and effective as conventional treatment with the allopathic aqueous solution of cromoglicic acid disodium sulfate.

Figure 1