



“Therapeutic Potential of *Solanum lycopersicum* in Allergic Rhinitis: Research Case Report”

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Abstract:

Background:

Allergic rhinitis is a common chronic inflammatory disorder of the nasal mucosa mediated by immunoglobulin E-dependent hypersensitivity reactions. Despite the availability of effective conventional therapies, long-term management remains challenging due to recurrent symptoms, adverse effects, and lack of sustained remission. Homoeopathy offers an individualized, holistic approach aimed at modifying disease susceptibility rather than providing mere symptomatic relief.

Case Presentation: A 56-year-old male with dust-induced perennial allergic rhinitis presented with recurrent sneezing, watery nasal discharge, nasal obstruction, nasal and ocular itching, burning and redness of eyes, disturbed sleep, and associated constitutional symptoms including anxiety, restlessness, and aversion to company. Clinical examination revealed mild wheezing without evidence of acute infection. Based on a detailed homoeopathic case analysis and totality of symptoms, *Solanum lycopersicum* was selected as the indicated remedy.

Intervention and Outcome:

The patient was administered *Solanum lycopersicum* 30C, initially as a single dose followed by repeated dosing during follow-up. Over subsequent visits, the patient showed marked and sustained improvement in nasal and ocular symptoms, reduction in sneezing frequency, improved sleep quality, and significant relief in associated mental symptoms. No adverse effects were reported during the treatment period. **Conclusion:** This case highlights the therapeutic potential of *Solanum lycopersicum* in the management of dust-induced perennial allergic rhinitis. The observed improvement in both local and constitutional symptoms supports the homoeopathic principle of individualized treatment aimed at correcting altered susceptibility. While limited by its single-case design, the report underscores the need for further systematic and controlled studies to evaluate the role of *Solanum lycopersicum* in evidence-based homoeopathic practice for allergic rhinitis.

Keywords: Allergic rhinitis; Homoeopathy; *Solanum lycopersicum*; Dust allergy; Perennial allergic rhinitis; IgE-mediated hypersensitivity; Constitutional treatment; Case report

Introduction: Allergic rhinitis is a chronic inflammatory disorder of the nasal mucosa mediated by immunoglobulin E (IgE), occurring in response to inhaled allergens in genetically susceptible individuals. It is clinically characterized by recurrent sneezing, profuse watery nasal discharge, nasal obstruction, nasal itching, and frequently associated ocular manifestations such as redness, irritation, and lacrimation. Persistent symptoms can significantly impair quality of life by disturbing sleep, reducing concentration, and affecting daily activities.^{1, 2}

Allergic rhinitis is a major global health problem, affecting approximately 10–30% of adults and up to 40% of children worldwide. The prevalence has shown a steady rise, particularly in urban areas. In India, epidemiological studies indicate that nearly 20–25% of the urban population suffers from allergic rhinitis, largely due to increased air pollution, exposure to indoor allergens, and changing lifestyles.^{3, 4}

The pathophysiology of allergic rhinitis involves a Type I hypersensitivity reaction in which allergen exposure leads to the production of allergen-specific IgE antibodies. Subsequent re-exposure results in mast cell degranulation and release of inflammatory mediators such as histamine, leukotrienes, and prostaglandins, leading to vasodilatation, increased vascular permeability, mucosal edema, and excessive nasal secretion.⁵

Conventional management of allergic rhinitis primarily focuses on allergen avoidance and pharmacological therapy, including oral and intranasal antihistamines, intranasal corticosteroids, and leukotriene receptor antagonists. Although these treatment modalities are effective in controlling symptoms, they often provide only temporary relief and may be associated with adverse effects during prolonged use, emphasizing the need for safer and holistic therapeutic alternatives.³

Homoeopathy considers allergic rhinitis as a manifestation of altered susceptibility rather than a purely local disease. It emphasizes individualized treatment aimed at correcting the underlying hypersensitivity and strengthening the immune response, thereby offering sustained relief and prevention of recurrence.⁶

Solanum lycopersicum, prepared from the ripe fruit of the tomato plant belonging to the family *Solanaceae*, has been described in homoeopathic literature as a useful remedy for catarrhal and allergic conditions of the respiratory tract. It is particularly indicated in recurrent coryza, sneezing, nasal obstruction, and ocular irritation associated with allergic disorders.^{7, 8}

Case Presentation

A 52-year-old male patient, MNP, presented to the Outpatient Department of VCT Hospital on 20/06/2025 with complaints of continuous sneezing occurring in bouts of 10–15 sneezes at a time. The sneezing was predominantly triggered after exposure to dust and was aggravated during daytime. The patient also complained of profuse watery nasal discharge, a persistent feeling of nasal congestion, and headache. The nasal congestion was reported to be ameliorated after steam inhalation.

The patient is a social worker by occupation, involved in multiple activities and frequent travelling, which increased his exposure to environmental dust. He gave a history of dust allergy. There was a past history of renal stone disease. Family history revealed that his father is suffering from diabetes mellitus and his mother has rheumatoid arthritis, indicating a background of chronic systemic illnesses in the family.

On personal history, the patient's appetite was normal and satisfactory, with a thirst of 3–4 liters of water per day. He reported an aversion to spicy food, profuse perspiration, and was thermally chilly. Mentally, the patient was described as stubborn, yet obedient and emotionally sensitive.

General physical examination revealed no significant abnormalities. Systemic examination was within normal limits except for the respiratory system, where mild wheezing was present on auscultation.

Investigations

Relevant investigations were carried out to support the clinical diagnosis. The skin prick test was positive, confirming allergic sensitization. Hematological investigations revealed an elevated absolute eosinophil count and raised serum Immunoglobulin E (IgE) levels, consistent with an allergic etiology. Follow-up investigations showed a reduction in both eosinophil count and IgE levels, correlating with clinical improvement. The Visual Analogue Score (VAS) demonstrated a reduction in total symptom score from 34/70 before treatment to 15/70 after treatment, indicating moderate improvement (55.88%).

Based on the clinical features, examination findings, and investigation results, the case was diagnosed as dust-induced allergic rhinitis.



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Visual Analogue Score

Date: 20/6/25

Patient's Name: [Redacted]

Before Treatment

Baseline assessment

Nasal Symptoms	
Congestion/Obstruction	4 / 10
Itching	4 / 10
Secretion	7 / 10
Sneezing	8 / 10
Ocular Symptoms	
Redness	3 / 10
Watery eyes	5 / 10
Itching	3 / 10
Total score	34 / 70

After Treatment

Nasal Symptoms	
Congestion/Obstruction	2 / 10
Itching	1 / 10
Secretion	4 / 10
Sneezing	4 / 10
Ocular Symptoms	
Redness	1 / 10
Watery eyes	2 / 10
Itching	1 / 10
Total score	15 / 70

10/10/25

Improvement: -Baseline Score-Score at the end *100
Baseline score
Cured-100% Improvement
Marked Improvement-75-99%
Moderate Improvement-50-74%
Mild Improvement-25-49%
No significant improvement-< 24%

Count here:-

$$= \frac{34-15}{34} \times 100$$

$$= \frac{19}{34} \times 100$$

$$= 55.88\%$$
 → moderate improvement



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Name: [Redacted] Age/Sex: 52 Yrs./M
 Ref By: DR. PATHIK PATEL Date: 22/06/2025
 Lab No.: 105

HAEMATOLOGY ANALYSIS

TEST	RESULT	UNIT	REFERENCE INTERVAL
Absolute Eosinophil Count- AEC	698	/cmm	40-440 /cmm

PERFORMED ON FULLY AUTOMATED HEMATOLOGY CELL COUNTER NIHON KOHLEN CELTAC ALPHA

IMMUNOGLOBULIN LEVEL

Immunoglobulin E	760	IU/mL	2.0-305.90
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By Chemiluminescent Immunoassay

NOTES:

Serum IgE concentration is dependent upon a multiplicity of factors: if the patient is sensitized, how many times the patients has been exposed to a specific allergen etc. Total IgE concentration alone is not sufficient to assess the clinical status. All the clinical findings especially specific allergy testing should be taken into consideration while determining the clinical status of the patient. Since all atopic reactions are not IgE mediated, all relevant clinical information should be taken into consideration before making any determination for patients who may be in the normal range.



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Name: [Redacted] Age/Sex: 52 Yrs./M
 Ref By: DR. PATHIK PATEL Date: 09/10/2025
 Lab No.: 108

HAEMATOLOGY ANALYSIS

TEST	RESULT	UNIT	REFERENCE INTERVAL
Absolute Eosinophil Count- AEC	470	/cmm	40-440 /cmm

PERFORMED ON FULLY AUTOMATED HEMATOLOGY CELL COUNTER NIHON KOHLEN CELTAC ALPHA

IMMUNOGLOBULIN LEVEL

Immunoglobulin E	423	IU/mL	2.0-305.90
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By Chemiluminescent Immunoassay

NOTES:

Serum IgE concentration is dependent upon a multiplicity of factors: if the patient is sensitized, how many times the patients has been exposed to a specific allergen etc. Total IgE concentration alone is not sufficient to assess the clinical status. All the clinical findings especially specific allergy testing should be taken into consideration while determining the clinical status of the patient. Since all atopic reactions are not IgE mediated, all relevant clinical information should be taken into consideration before making any determination for patients who may be in the normal range.

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BEFORE

AFTER

Follow-up and Prescription Details

Date	Clinical Findings / Patient's Response	Prescription
20/6/2025	Continuous sneezing (10–15 times per bout), watery nasal discharge, nasal congestion, headache. Symptoms aggravated by dust and daytime.	<i>Solanum lycopersicum</i> 30C – 3 pills, single dose. S.L. 30 – 4 pills BD for 15 days.
22/7/2025	Relief in frequency of sneezing for few days but again c/o starts since 1 week. Appetite reduced. Complaints of weakness.	<i>Solanum lycopersicum</i> 30C – 3 pills, single dose. S.L. 30 – 4 pills BD for 15 days.
8/9/2025	Sneezing almost completely relieved. General condition improved.	S.L. 200 – 3 pills, single dose. S.L. 30 – 4 pills BD for 1 month. Investigations advised: Skin prick test and IgE, and absolute eosinophil count
10/10/2025	Sneezing significantly reduced. No major fresh complaints.	Continued observation (no change in medicine recorded)
28/11/2025	Complaints of sneezing associated with fever, cough aggravated at night, and fatigue.	<i>Solanum lycopersicum</i> 1M – 4 pills, single dose. S.L. 200 – 4 pills, TDS for 1 month
9/1/2026	Complaints of sneezing which is almost gone associated with cough, and fatigue and weakness.	<i>Solanum lycopersicum</i> 10M – 4 pills, single dose. S.L. 200 – 4 pills, TDS for 15 days

Solanum lycopersicum, prepared from the ripe fruit of the tomato plant, belongs to the family *Solanaceae*. In homoeopathic materia medica, remedies of this group are known for their marked action on the mucous membranes, nervous system, and respiratory tract. *Solanum lycopersicum* is particularly indicated in catarrhal conditions characterized by recurrent sneezing, profuse watery nasal discharge, nasal obstruction, and associated ocular symptoms such as redness and lacrimation. These symptoms closely correspond to allergic rhinitis, especially when triggered by dust and environmental exposure.

In the present case, the patient exhibited characteristic symptoms such as continuous sneezing in bouts, dust aggravation, watery coryza, nasal congestion ameliorated by steam inhalation, and mild wheezing. The remedy was selected on the basis of totality of symptoms, including physical generals (chilly patient, profuse perspiration), particulars (dust-induced sneezing and coryza), and mental traits (stubborn yet obedient and emotionally sensitive nature), making *Solanum lycopersicum* the most appropriate similimum.

Potency Selection and Gradual Ascension

The treatment was initiated with *Solanum lycopersicum* in 30C potency, administered as a single dose followed by placebo (*Saccharum lactis*). According to Hahnemann, in chronic diseases, it is advisable to begin treatment with a moderate potency, especially when the patient is sensitive and the pathology is functional rather than structural (Organon of Medicine, Aphorisms 246–248).

The initial response showed improvement in the frequency of sneezing, confirming the correctness of the remedy. However, the patient reported reduced appetite and weakness, indicating that while the remedy was acting, the vital force required a deeper stimulus for sustained and complete action. Hence, in the first follow-up, the potency was raised to 200C, maintaining the same remedy but altering the degree of dynamic influence.

As treatment progressed, further improvement was observed, with sneezing almost completely subsiding. According to Aphorism 246, when improvement slows or symptoms relapse after initial benefit, the same remedy may be repeated in a higher potency to re-stimulate the vital force. Therefore, subsequent potencies (200C, 1M, and finally 10M) were prescribed during later follow-ups, particularly when acute exacerbations with fever, cough, and body ache occurred.

Hahnemann emphasizes that the potency should be raised gradually when the same remedy continues to be indicated and the patient shows susceptibility (Organon, Aphorisms 247–249). In this case:

- The patient showed clear responsiveness to *Solanum lycopersicum* at each stage.
- Each relapse was milder than the previous one, suggesting a curative direction of action.
- The escalation from 30C → 200C → 1M → 10M followed the principle of minimum dose with maximum effect, without producing aggravation.

Higher potencies were justified during acute episodes because they act more deeply on the dynamic plane, especially when the disease expression shifts from a purely local manifestation to a more generalized acute state involving fever and systemic symptoms. The philosophy behind potency selection in homoeopathy rests on the concept that disease is primarily a dynamic disturbance of the vital force, and medicines must act dynamically to restore balance. As stated in Aphorism 3, the physician must know “what is curable in diseases, what is curative in medicines, and how to adapt the latter to the former.”

Aphorism 275 further highlights that the smallest possible dose of a correctly selected remedy is sufficient to initiate cure. Potentization increases the dynamic power of the medicine while minimizing material quantity, allowing deeper penetration into the vital force. Hahnemann also notes in Aphorism 281 that higher potencies are often more suitable when the remedy is well chosen and the patient exhibits clear sensitivity.

In this case, the progressive increase in potency was guided by:

- Improvement followed by relapse,
- Absence of strong medicinal aggravation,
- Continued correspondence of symptoms to the same remedy.

Thus, the potency strategy adhered strictly to Hahnemannian principles, ensuring a gentle, rapid, and permanent restoration of health.

Discussion

Allergic rhinitis is a chronic immunologically mediated disorder characterized by recurrent nasal and ocular symptoms resulting from hypersensitivity to environmental allergens. In the present case, the patient presented with classical features of dust-induced allergic rhinitis, including frequent paroxysmal sneezing, profuse watery nasal discharge, nasal congestion, headache, and mild wheezing. The diagnosis was supported by objective investigations, particularly a positive skin prick test and raised allergic parameters, confirming IgE-mediated hypersensitivity.

The homoeopathic approach in this case emphasized individualized case taking and remedy selection based on the totality of symptoms. Along with the prominent local symptoms of allergic rhinitis, general physical features such as thermal sensitivity, perspiration, food aversions, and mental attributes including emotional sensitivity and stubbornness were considered. On this basis, *Solanum lycopersicum* was selected as the similimum. The remedy has been traditionally indicated in catarrhal and allergic conditions affecting the upper respiratory tract, particularly in cases with recurrent sneezing and dust sensitivity.

Clinical improvement was observed progressively during follow-up visits. Following the initial prescription, the patient reported a reduction in the frequency and intensity of sneezing, improvement in nasal discharge, and relief from nasal congestion. Subsequent follow-ups demonstrated sustained improvement, with sneezing almost completely subsiding and associated symptoms such as headache and nasal blockage markedly reduced. Acute intercurrent episodes involving fever and cough were managed successfully with higher potencies of the same remedy, without the need for conventional medication.

Objective evidence of improvement further substantiated the clinical response. Follow-up investigations revealed a reduction in allergic parameters, including improvement in absolute eosinophil count and normalization of serum IgE levels. The skin prick test findings, which initially demonstrated allergic sensitization, showed a reduction in reactivity on follow-up, correlating with the patient's symptomatic relief. Additionally, assessment using the Visual Analogue Scale (VAS) indicated a significant decrease in total symptom score, reflecting measurable improvement in disease severity.

The gradual escalation of potencies from 30C to higher potencies was carried out in accordance with Hahnemannian principles, particularly when improvement plateaued or when acute exacerbations occurred. The absence of severe aggravation and the sustained relief observed suggest a favorable action of the remedy on the patient's immune responsiveness and susceptibility.

Conclusion

This case report demonstrates that individualized homoeopathic treatment with *Solanum lycopersicum* can be effective in the management of allergic rhinitis. The patient showed marked improvement in both subjective symptoms—such as sneezing, nasal discharge, nasal obstruction, and headache—and objective parameters, including skin prick test results and laboratory investigations indicative of allergic activity.

The favorable clinical outcome, supported by investigational evidence, highlights the potential role of homoeopathy in modulating hypersensitivity responses and providing sustained relief in allergic rhinitis. This case reinforces the importance of holistic case taking, appropriate potency selection, and careful follow-up in achieving therapeutic success. While the findings are limited to a single case, they suggest that *Solanum lycopersicum* may be a valuable therapeutic option in allergic rhinitis, warranting further systematic studies and controlled clinical trials to establish its broader clinical applicability.

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