

# ALLERGIC RHINITIS



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**Q. What is allergic rhinitis?**

A. Bouts of sneezing, called allergic rhinitis in medical terminology, is one of the commonest forms of allergy. It may occur in children or in older people, but, mostly, it occurs among young adults. Males and females are equally affected by it. The symptoms may be mild or very severe and distressing.

**Q. What is seasonal allergic rhinitis?**

A. Sneezing, running of the nose and itching in the eyes occurring in a person in a particular season, year after year, are the characteristics of seasonal allergic rhinitis. In other months of the year, the person feels perfectly normal. The condition is also called hay fever, though it has no causal connection with hay and no fever occurs in this condition.

**Q. What is the cause of seasonal allergic rhinitis?**

A. The cause of seasonal allergic rhinitis is the exposure to pollens of the grasses, weeds and trees, that are present in the air in a particular season. The condition is also called pollinosis i.e., caused by exposure to pollens.

**Q. What is perennial allergic rhinitis?**

- A. Some persons have sneezing and running nose almost all the year round. This conditions is also referred to as “perennial allergic rhinitis”. These symptoms occur more often in the early morning, but may last throughout the day and even the night. A majority of the patients complain of a blocked or stuffy nose and of post-nasal discharge as well.

Children develop a peculiar mannerism of wiping their nose. They elevate the tip of the nose with the palm of the hand and wriggle the nose and mouth from side to side; this gives them a temporary relief from the symptoms. Constant rubbing of the nose sometimes leads to the development of a crease across the nose, called the “allergic crease”.

**Q. What is the cause of perennial allergic rhinitis?**

- A. The condition is caused by allergy to pollens that occur throughout the year, or to number of pollens that collectively occur throughout the year; moulds (fungi) present in the air all the year round may also be the causative factor. House dust may also cause perennial allergic rhinitis.

**Q. Do seasonal or perennial allergic rhinitis**

**patients develop asthma?**

- A. In some patients, symptoms of asthma also appear. These may start at the onset of the disease, or they may appear later. In certain cases, along with sneezing, there is cough only and no asthma. Symptoms of cough and asthma may continue even when attacks of sneezing cease.

**Q What complications can occur because of allergic rhinitis?**

- A. Allergic reaction in the nose and throat can lead to congestion and inflammation causing nasal polyps, tonsillitis, enlarged adenoids, sinusitis and the middle ear disease.

Nasal polyps look like bunches of grapes in the nose. They are due to the presence of fluid behind the nasal mucous membrane, causing it to hang down because of the weight of the fluid. They disturb breathing, making the person a mouth breather. The patient loses sense of smell because the smelling area in the nose is encroached upon by the polyps.

Tonsils and adenoids get usually enlarged and infected, causing fever and bad throat. Surgical removal of tonsils and adenoids is not the answer to the problem. Allergic rhinitis needs first to be

treated and controlled.

Sinusitis is inflammation of the mucous lining of the sinuses. It causes fever, stuffy nose, sleep disturbances, posterior nasal discharge into the throat, which may be foul smelling.

Infection in the middle ear in children, in majority of the cases, is a complication of allergic rhinitis.

**Q. How is the diagnosis of allergic rhinitis established?**

- A. Medical history of the patient reveals the diagnosis most of the time. The history of allergy in parents and siblings may be present.

Local examination of the nose and throat is necessary. This reveals swollen greyish-pale mucous membrane. Nasal polyps may also be seen. Laboratory examination of the nasal secretions reveals the presence of eosinophil cells. This establishes the diagnosis.

The substances to which a person is allergic can be established by doing the skin allergy tests. Positive reactions correlating with the history of the presence of symptoms in the same months or seasons in which those pollens are present in the air, establish the allergic agents.

**Q. How is allergic rhinitis differentiated from viral common cold?**

- A. Common cold usually begins with malaise, aches and pains, diminished appetite and a slight rise of temperature. Running nose and sneezing occur either simultaneously or soon after. The nasal discharge is at first watery but later it becomes thick.

History of the disease, family history, examination of the nose, and nasal smear, help to differentiate between allergic rhinitis and common cold. A nasal smear does not show eosinophils in a viral infection, while it does so in a case of allergic rhinitis.

**Q. How is relief from symptoms obtained in cases of allergic rhinitis?**

- A. Rest in bed, sipping warm drinks, if necessary, with a tablet of paracetamol (Crocine, Calpol) is helpful. Anti-histamine tablets provide relief, though most of them also cause drowsiness. Combinations of paracetamol and antihistamines are also available. Given at the beginning of an attack, they are effective in lessening itching, sneezing and running of the nose. Taking antihistamines with tea, or coffee lessens the

feeling of drowsiness.

Nose drops containing ephedrine and antihistamines lessen stuffiness of the nose. Cauterization i.e., burning the mucous membrane of the nose so that it becomes insensitive to stimuli, is more harmful than good. Nasal surgery is rarely, if ever, indicated. Nasal sprays containing newer antihistamines and or newer steroids such as Fluticasone are helpful.

**Q. Are newer anti-histamines better than the usual ones in cases of allergic rhinitis?**

A. Yes. They are longer-acting and cause less drowsiness. They may be tried.

**Q. Should corticosteroids be taken as tablets either alone or in combinations with antihistamines in case of allergic rhinitis?**

A. Corticosteroids should preferably be avoided. If it is a matter of a week or a fortnight and allergic rhinitis is very troublesome, steroids can be given alongwith antihistamines. They should be given by sprays into the nose. Oral steroids should be avoided. As allergic rhinitis, especially the perennial one, is a long-standing problem, relief obtained from the use of steroids will become a habit and ultimately result in lot of injurious effects.

**Q. What is the role of injection treatment (hyposensitization or immunotherapy) in cases of allergic rhinitis?**

A. If after taking the history of the patient and doing the skin tests, the causative agent has been diagnosed, then hyposensitization should be tried. In case of seasonal allergic rhinitis when symptoms last only for a week, a fortnight or so, one has to see whether one should go through the skin test procedure and the subsequent hyposensitization or take anti-histamines and the likes for the period the troublesome symptoms exist. But if the symptoms are troublesome or prolonged, hyposensitization should be considered.

**Q. What measures can be taken by the allergic rhinitis patient so as to get minimum of symptoms?**

- A.
1. To avoid needless outdoor activities in the season in which the symptoms occur or get aggravated.
  2. To keep bedroom windows closed and to use air-conditioner, if possible, in the bed room.
  3. To use HEPA (High Efficiency Particle Arrestor) air filter in the bedroom.
  4. To use an effective face mask.

**Q. How useful is the nasal filter in cases of allergic rhinitis?**

- A. Nasal filter, as it is available, has a soft plastic rim and a very fine synthetic fibre mesh. This filter with a proper shape of the rim and size, fits well into each of the nasal cavities.

As many of the allergic rhinitis patients have lot of excretions coming from the nose, the mesh gets choked up with the excretions and the patients have difficulty in breathing through the nose and they start breathing through the mouth. This destroys the purpose of putting in the nasal filter.

**Q. Should a person with allergic rhinitis continue smoking, if he is already a smoker?**

- A. Allergic rhinitis patient is more liable to get complications of the disease such as sinusitis if he smokes. This is because the smoke is an irritant and an inflammatory agent. Infections and other complications set in more easily and quickly in smokers. Hence, an allergic rhinitis patient should stop smoking.

## Available Publications

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| 1. Managing Asthma                       | Rs. 30.00 |
| 2. Asthma Attack : It Can be Prevented   | Rs. 30.00 |
| 3. Asthma : Facts and Fiction            | Rs. 20.00 |
| 4. Asthma Triggers: How to Avoid Them    | Rs. 20.00 |
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