Summary and Conclusion
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Allergy is defined as IgE medicated hypersensitivity disease of mucus membrane of nasal airway characterized by sneezing, itching, watery nasal discharge & nasal obstruction. It may be associated with allergic conjunctivitis & Bronchial Asthma. It may be seasonal, perennial allergic rhinitis. In Bundelkhand region most common allergic is grass pollen (Parthenium). In India the most common cause of allergic rhinitis is due to house dust mite species D. Farinae. The characteristic feature of allergy is the preferential production of IgE antibody by human B Lymphocyte in response to antigen stimulation by common aeroallergens. The CD^{4+} Lymphocytes are essential for IgE production by B cell. In recent year two functionally different population of CD^{4+} helper cells have been recognized. The helper-1 (Th 1) subunit synthesizes & secretes IL-2 and IFN-γ where as Th^{2} cells produce IL-4 & IL-5. The CD^{4+} Th^{2} cells & Mast cell produce IL-4 & IL-5 are responsible for Ig E production. Allergen-IgE dependent activation of mast cell result in production of histamine, Tryptase, Bradikinin & Metabolic product of arachidonic acid by which PGD_{2}, LTB_{4}, C_{4}, D_{1}(SRS-A) slow reacting substance are formed.

Immediate reaction of Allergy is produced by mainly Histamine via H_{1} receptor. Hence H_{1} antagonistic drug play important role in checking allergy.

From the present study, following conclusions were drawn:

(1) In this study the incidence of allergic rhinitis were found to be more below 30 years (66.18%). As the age advances, incidence sharply declines.
(2) In this study incidence of allergic rhinitis were found to be more in males (64.70%) than in females.

(3) Office workers and house wives were more affected than others (55.88%).

(4) In the present study the onset of disease was gradual in most of the cases.

(5) In the present study, it has been noticed that Physical allergy constitutes most important causative factor for the development of allergic rhinitis.

(6) In this study, family history of allergic disease was positive in only 41.17% cases.

(7) In tills study the chief symptoms with which the patients presented were sneezing (94.17%), Nasal Obstruction (75%) and less common symptom was rhinorrhoea (64.70%).

(8) In the present study the most common associated symptom was recurrent attack of common cold (66.17%).

(9) In this study the most common clinical findings observed on anterior rhinoscopy were pale bluish coloured nasal mucosa (76.47%) and mild to moderate enlargement of inferior turbinate (76.47%).

(10) In the present study majority of the patients (50%) suffering from allergic rhinitis had raised eosinophil count >10%.

(11) In this study the most common pre-therapy histopathological findings of the mucosa of inferior turbinate were transitional cell epithelium
(95.59%), oedematous stroma (70.59%) and eosinophil infiltration (64.7%).

(12) In the present study the effect of older group of antiallergic groups has been studied on the basis of relief of symptoms and change in histopathology and found to have complete response in 30% and fair response in 33.33% patients of allergic rhinitis. However, prolong use of it led to condition know as rhinitis medica mentosa or rebound swelling, in few patients.

(13) In the present study the effect of topical newer drugs has been studied in allergic rhinitis patients and found to have good response in 70.97% and fair response in 19.35% patients.

(14) In this study, poor response to therapy was more with older group of antiallergic then with newer group of allergic drugs.

(15) Comparing the post therapy clinical and histopathological results in this study, topical newer group of antiallergic drugs are found to be more effective and safe in the treatment of allergic rhinitis than topical older group of antiallergic drugs.

(16) The cost of newer group of drugs are very high then older group of drug while results differences is about 22% to 25%.

(17) The after effect of older group of drugs are mainly sedation with oral drugs and medicamentosa with topical drug on prolong used.

(18) We can used older group of oral antiallergic drugs as a first line in the poor patient, house wife's and the person who are not related to job which require concentration. Older topical group of drugs can be used for short period of time.