INTRODUCTION
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The term 'allergy' was coined by Von Pirquet in 1906 to include two different aspects of immune response to allergen (antigen) challenge: the beneficial response called immunity and harmful one called hypersensitivity.

Allergy is most commonly used as synonym for hypersensitivity but sometimes employed in a narrow sense to refer to only one type of hypersensitivity i.e. atopy. For the induction of hypersensitivity reactions, the host should have prior contact to the same antigen (Allergen).

Ellis (1987) defined allergic disorder as 'Adverse physiological reaction resulting from the interaction of antigen with humoral antibody and/or lymphoid cells. Type-I hypersensitivity, mediated by IgE, is of greatest interest to the allergist.

Allergic diseases (asthma, rhinitis and urticaria) are important causes of morbidity ranging from trivial discomfort to total incapacitation and abstinence from school. Nasobronchial allergy is quite common in India and allergy is considered to be the most important factor in causing bronchial asthma. Causal allergens vary from place to place depending upon local environmental factors. The most common offending agents are inhalants which include dusts, pollens, and fungi etc. Pollens and
dust allergens comprise 75% of all the respiratory allergens (Shivpuri, 1966). The statistics of allergy in India is incomplete, but Vishvanathan (1964) estimated about 10% population in the country suffers from one or the other allergic disorders. Williams and Mecnicol (1969) in their study found that 3.7% of population had regular episodes of asthma from early childhood to ten years of age. Hence, it is important that offending allergen(s) be identified in each individual and whenever possible appropriate immunotherapy be given to the patient.

Today the skin prick test is widely used as a laboratory procedure of choice to identify offending allergens in respiratory allergy which are IgE mediated. The tests are performed on volar aspect of forearm. Moreover, results of skin prick test are more immediately available (45 minutes as compared to 2-3 days in RASTs). Skin test is more sensitive, faster and relatively less expensive to the patients. Thus, skin testing with particular allergen remains the most revealing procedure in diagnosing specific allergic factor(s) (Michael et al., 1987).

In view of such problems, present study was designed to study the spectrum of allergic illness in children, and to confirm their allergic nature by skin prick test using 21 allergens. An approach was made to know about the family history, absolute eosinophil count,
precipitating factors, and relation of parasites in allergic disorders. The reactivity to histamine at different ages was also noted. Furthermore, the effectiveness of immunotherapy was also observed.