A precise and objective approach appears reasonable when the management of allergic disorders is considered. As a routine, these disorders are treated on general lines with the result the patients continue to suffer.

In order to evaluate the role of intercutaneous skin prick test and efficacy of immunotherapy in the management of allergic diseases (Allergic bronchial asthma, allergic rhinitis, urticaria), present study was conducted in eighty four patients clinically suspected to suffer from one or the another allergic disease. The study was aimed to confirm the allergic etiology of disease by subjecting patients to skin prick test (SPT) using 84 allergenic extracts. Commoner allergens present in the environment of Bundelkhand region were outlined on the bases of results of SPT.

Patients who showed positive reactions were then put on immunotherapy, protocol of which is based on immunizing a patient with a series of injections twice a week or thrice a week with gradually increasing doses starting so low as to obviate any risk of untoward allergic reaction. As controlled clinical studies of allergen immunotherapy demonstrate that results obtained after immunotherapy are specific and relapse may occur on discontinuation of maintenance immunotherapy. Those persons who underwent treatment were advised to undergo maintenance therapy.
Cases in the present study have been selected on the basis of clinical history and exclusion of other possible etiologies (Primary asthma, tuberculosis, TPE etc.) of their illness by appropriate investigations. It had been a multivariate approach i.e. patients of all ages, both sexes and of various socio-economic strata were included. They had other variables in their characteristics like occupation, habitat and severity of disease in a particular season. Most of them had a long course of their illness.

After proper assessment, on putting to SPT, excluding eight patients who complained of minor reactions, rest all the patients could tolerate without any problem. Out of eighty four patients, forty one (49%) cases came out to be sensitive to one or more than one allergen. Out of positive cases 70.7% were sensitive to one of the dust components or to a combination. 19.5% were sensitive to pollens. 5% were sensitive to one of the fungi while another 5% were sensitive to food components.

Other trends which could be made out were that peak skin reactivity is present in the third decade and fourth decade. Sex of the patients does not make a direct impact on results. Incidence of diseases was more in urban population. It is also being observed that Histamine reactivity also changes from person to person and at different age. Another fact was that in every atopic patient raised peripheral eosinophil count was not found.
Persons who were undergoing immunotherapy were then again subjected to SPT. 23 patients out of positive cases could be subjected to immunotherapy and after completion of treatment set all of them observed subjective improvement of their symptoms, their skin test reactivity also decreased after treatment, when they were put on SPT again. Thus providing an objective evidence of improvement.