CONCLUSION

Following conclusions have been drawn from the study.

1. All patients supposed to suffer from allergic disorders should be subjected to SPT as this segregation helps to treat SPT positive persons more precisely and accurately.

2. Persons who did not show positive reaction to a battery of 84 allergens might have sensitivity against some other allergens which are not tested for.

3. Majority of patients suffer allergic disorders in their 2nd or 3rd decade of life. Histamine reactivity also changes with age. Sex does not clearly affect the incidence.

4. Allergic diseases are more common in urban population. Recent change in persons environment due to change in occupation or residence exposes the persons to new battery of allergens.

5. No circadian variation is seen in the results of SPT.

6. SPT is the most revealing procedure in diagnosing specific allergic factors. It is economical, safer, less time consuming, and the results obtained are as accurate as being obtained by most modern or most sophisticated techniques.
7. Commonest allergens were dust components with maximum reactivity against house dust (17), dust mite (7), paper dust (6) and others (5).

8. Amongst pollens, commoner were Holoptelea integrifolia (3), Triticum sativum (2) and Others (2).

9. Growth of dust mite requires low temperature and more humidity. In Bundelkhand region either these appropriate conditions are present in winters which favour their growth or the person who showed positive reaction to dust mite, did so due to cross reactivity with some other dust component.

10. Immunotherapy is quite significant procedure in the management of allergic disorders. Preseasonal, perennial or co-seasonal method of its employment and proper maintenance therapy should be carried out in every SPT positive patients.