

(perennial allergic rhinitis) will also benefit from steroid nasal sprays. In all cases, correct use of the sprays is essential to ensure the maximal benefit.

Decongestants:

Decongestants cause shrinkage of swollen tissues in the nasal cavity and widen passages for breathing. Oral decongestants (pills) are preferred; however, patients with high blood pressure, those taking tricyclic antidepressants and men with prostate enlargement should avoid oral decongestants.

Antihistamines:

Anti histamines block the effect of histamine on cells and can prevent the classic allergic reaction. Antihistamines are most effective when taken before allergen exposure. They relieve the "wet" symptoms such as sneezing, itching, and runny nose and eyes but are less effective on congestion, for which a decongestant may be added. Anti-histamine tablets provide relief, though most of them may also cause drowsiness. Given at the beginning of an attack, they are effective in lessening itching, sneezing and running of the nose. Newer antihistamines are longer-acting and cause less drowsiness.

Immunotherapy

Immunotherapy, or "allergy shots," is the only measure that offers a potential "cure" for allergies. Shots would be a good fit for patients whose symptoms are hard to control with other medications, those who have a hard time avoiding certain allergens, and those with year-long symptoms or severe symptoms. Patients must be able to follow the program plan to receive allergy shots regularly to ensure benefit.

Surgery

Surgery is advisable only when there is nasal airway blockage that does not respond to medication. One such option is called Inferior Turbinate Reduction, a simple procedure, which can be done when someone has nasal blockage that has not responded to medical treatment.

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What is Allergic Rhinitis?

Allergic rhinitis (AR) is the most common non-infectious disease of the nose and sinuses, especially among children and young adults. AR can be defined as swelling of the inside lining of the nose that occurs when a person inhales something he/she is allergic to. When AR is persistent and if the symptoms are moderate or severe, there is considerable impact on quality of life of the sufferer. Daily activities are hindered. Work and school activities are affected. Sleeplessness and tiredness results in lowering learning and cognitive functions. All these may also result in an embarrassing situation for a growing child.

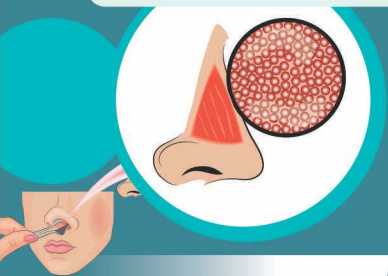
How does allergic rhinitis occur?

The allergic reaction causes release of inflammatory substances, such as histamine, which cause fluid to build up in the nasal tissues (congestion), itching, sneezing, and runny nose. Over several hours, these substances activate other inflammatory cells that can cause persistent symptoms.

The symptoms can range from mild to severe. Symptoms are mild when they do not interfere with quality of life. Symptoms are more severe when they are bad enough to interfere with quality of life.

Allergic rhinitis can be seasonal (occurring during specific seasons) or perennial (occurring year round). The allergens that most commonly cause seasonal allergic rhinitis include pollens from trees, grasses, and weeds, as well as spores from fungi and molds.

Persons who have sneezing and running nose almost all the year round are referred to have "perennial allergic rhinitis". The allergens that most commonly cause perennial allergic rhinitis are dust mites, cockroaches, animal dander, and fungi or molds. Perennial allergic rhinitis tends to be more difficult to treat.



Allergic Rhinitis Symptoms

The symptoms of allergic rhinitis vary from person to person. Although the term "rhinitis" refers only to the nasal symptoms, many patients also experience problems with their eyes, throat, and ears. In addition, sleep can be disrupted, so it is helpful to consider the entire spectrum of symptoms.

Following are the main/primary symptoms of AR

- Sneezing
- Running Nose
- Nasal blockage

Following are associated symptoms of AR

- Post nasal drip (the sensation that mucus is draining from the sinuses down the back of the throat).
Slight to moderate hearing loss due to inflammation spreading to Eustachian Tube and sometimes into middle ear.
- Heaviness in the head due to sinuses getting blocked.
Mouth breathing due to nasal obstruction.
Reduced sense of smell due to inflammation affecting the olfactory (Smell) nerve ending.
- Itching
- Lack of concentration
- Lack of interest in normal social activity.
- Asthma is related condition, which may occur with allergic rhinitis. In Asthma there is swelling and narrowing of the airway that causes difficulty breathing.

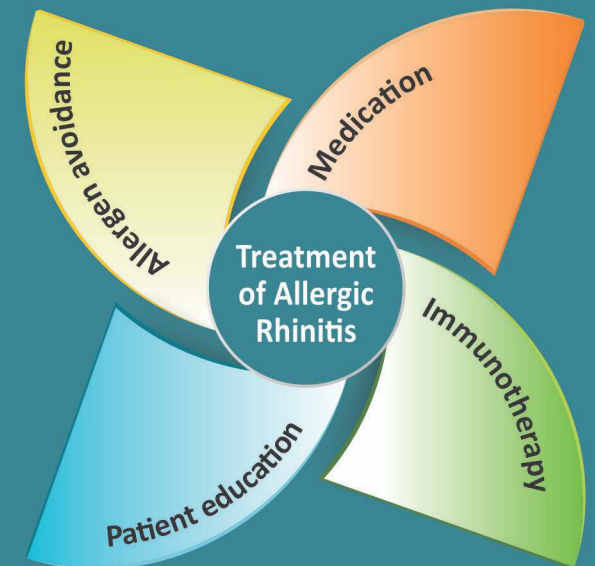
The complexity of symptoms could be combination of several of the symptoms and can vary in different cases.

How is Allergic Rhinitis diagnosed ?

The diagnosis of allergic rhinitis is based upon a physical examination and the symptoms described above. The doctor may perform an allergy test when diagnosis is uncertain. This testing can include skin or blood allergy testing. Doctor may use the results to target therapy for a specific allergy.



How do we treat Allergic Rhinitis?



Allergen Avoidance

For more details, please see the leaflet on Allergen Avoidance Advice.

Medications

Nasal irrigation and saline sprays:

Rinsing the nose with a salt water (saline) solution is called nasal irrigation or nasal lavage. Nasal irrigation is particularly useful for treating drainage down the back of the throat, sneezing, nasal dryness, and congestion. The treatment helps by rinsing out allergens and irritants from the nose. Saline rinses also clean the nasal lining and can be used before applying sprays containing medications to get a better effect from the medication.

Steroidal nasal spray:

Steroidal nasal spray are the most effective medications to reduce and prevent nasal allergy symptoms. Steroid nasal sprays are used frequently with a low chance of side effects: Sometimes they may cause nasal dryness or nosebleeds, but this can generally be avoided by correct spray technique and by using saline sprays.

Because steroid sprays take several days to work, they must be used daily as directed. Relief from symptoms cannot be expected for five to ten days, even with correct use. These sprays should be used one to two weeks before a seasonal allergy period. For patients with only seasonal allergy symptoms, these sprays can be stopped when the allergy season is over. Patients with year round allergy symptoms