

Seasonal Sneezing, Perennial Sneezing, and Asthma

Some people who inherit an allergy sensitive background develop certain allergies from time to time. These allergies may be due to many environmental factors and sometimes symptoms of asthma are also impersonated by them. Some common forms of these allergic reactions may be seasonal while others may be perennial in nature. It is important to understand the differences between these and asthma so that they are never confused with asthma because their treatments as well the severity both differ from each other. Seasonal sneezing is called seasonal allergic rhinitis or hay fever in the common parlance. As against the name it is not caused because of hay but because of certain pollutants mainly certain kinds of pollen in the environment to which a person may be allergic. In contrast to these people some others suffer with sneezing bouts, stuffy or running nose almost all the year round. These people suffer from perennial sneezing or perennial allergic rhinitis. When these people are exposed to cold wind, sunlight, dust and fumes the symptoms of the sneezing bouts precipitate.

In hay fever or seasonal allergic rhinitis the symptoms appear gradually or all of a sudden. This depends upon the degree of exposure to the offending allergen and also upon the degree to which the person may be allergic to them. When the symptoms appear gradually they are accompanied with mild sensation of itching and burning of the eyes and mild irritation in the nose or itching of the palate inside the mouth. The symptoms usually appear in the early morning hours when the concentration of pollen grains is at its peak. The sneezing bouts are also accompanied with marked increase in the nasal congestion, throat congestion, running of the nose profusely and watery eyes. The nasal mucous membrane becomes highly sensitive with advancement of symptoms and any slight change in the nasal mucous membrane manifests in heavy bouts of sneezing. These changes may be of very slight nature like appearance of a draft, strong odours, or even minute quantities of dust. In addition to these symptoms there may be appearance of other associated symptoms like general lethargy, loss of appetite, drowsiness and also pain in the body with slight rise in temperature.

In some patients in addition to the above mentioned conditions the symptoms of bronchial asthma also develop side by side making the conditions worse. These symptoms either develop right from the start of the other symptoms or may develop later as the disease advances. The worse part is that once a person starts with these symptoms he may continue with the symptoms of asthma even after the sneezing attacks stop. This condition can be very easily diagnosed with the study of the case history of the patient. The tests usually undertaken to identify the pollens are skin tests with extracts of the pollen and scratch or intracutaneous tests giving positive reactions to the pollens simultaneously with a confirmation of the same through consultation of the pollen calendar. Once the offending pollen is identified the effect of it can be controlled efficiently by hypo sensitization tests. Treatment with antihistamine tablets generally proves to be every effective. But it is only a temporary resort. The allergen has to be properly identified and then treated accordingly with preventive measures and drug therapy if need be.

Taking preventive action to overcome seasonal sneezing attacks is very important. For this undue exposure in a particular season should be completely avoided. Outdoor activities like tending to the garden or farming should not be done.

The windows of the rooms should be kept closed as far as possible to avoid exposure to the allergen. In extreme cases using air conditioning may be the only way out.

The patients of perennial sneezing or perennial allergic rhinitis have sneezing, running nose, blocked or stuffy nose and nasal discharge almost all the year round. These people many – a – times are found to be snoring at night and are in the habit of breathing through the mouth. They have discomfort in the ears because of blockage in the ear tubes that open in the throat. These are called Eustachian tubes. When the irritation persists for a long time a person tends to rub the nose vigorously and repeatedly. This leads to development of a crease across the nose called the allergic crease. Some paranasal sinuses may also get blocked leading to accumulation of secretions. When the ear, nose and throat get infected repeatedly there may be accompanying fever. Exposure to irritants like cold wind, sunlight, dust, fumes and smoke all lead to aggravation of the symptoms. These symptoms usually occur in the early morning hours and then the symptoms may continue throughout the day and even at night. The symptoms in severe cases may resemble symptoms of asthma accompanied with bronchial spasm and suffocation.

The condition is generally diagnosed after studying the family history of allergy. The lab test of eosinophil count is a must to come to concrete conclusions. Skin test of pollen and other allergens is necessary in case the eosinophil count is normal. Treatment with antihistamines helps very limited people. Nasal drops may provide temporary relief but they should be used very sparingly as they work on the principle of cauterization, that is burning o the mucous membrane of the nose so that the nasal passage becomes insensitive. Hyposensitization works efficiently and surgery may be used in very extreme cases only.

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