

# Good example of research paper on allergic rhinitis

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Allergic Rhinitis refers to reaction to inhaled allergens (William and Wilkins, 2010). Most of the allergens include pollen grains, animal dander i. e. particles of shed hair and skin, dust, cigarettes smoke, feather pillows, fungal spores, molds, ragweed and other weeds that occur in autumn. They also include alder, birch, cottonwood, elm, maple, and oak that occurs in spring, and English plantain, grasses and sheep sorrel that occur in summer (William and Wilkins, 2010; Pamela Brooks, 2012). Allergic rhinitis affects individuals with sensitized immune system. It reacts by producing antibody immunoglobulin. Allergic rhinitis may be perennial or a seasonal issue. It thus affects different people at different seasons as the causes indicate.

## **Signs and symptoms**

The symptoms of allergic rhinitis include paroxysmal sneezing, rhinorrhea, nasal obstruction, itching, coughing, swelling of lower eyelids venous stasis, middle ear effusion, eyelid swelling, conjunctiva swelling, and erythema (Valet RS, Fahrenholz JM , 2009). There are behavioral signs that may include creasing of the nose to ease the irritation or cross-reactivity in which a patient is allergic to certain allergens. For example, one may be allergic to pollen grain and find that he or she is also allergic to apple or potato skin. Such reactions may be manifested by itchy throat after eating an apple or a potato.

## **Diagnosis**

### Treatment

The main aim of allergic rhinitis treatment is to reduce the reactions and the symptoms caused by the inflammations. It may include such activities as air

filters, specific food withholding, etc. depending on the cause. Antihistamines are taken either through the nose or orally to reduce the rhinorrhea, sneezing, and conjunctivitis (Sur DK, Scandale S., June 2010). Drugs that sedate may also be administered depending on the levels of the reactions. Extreme allergic rhinitis requires close monitoring of the patient.

In conclusion, allergic rhinitis is caused by a wide variety of agents and to different degrees. It is important for one to identify the agents one reacts to, and try to avoid them. In case of occurrence of allergic rhinitis, one is advised to seek medical attention, and not to attempt to self-diagnose as this may lead to serious repercussion or even death.

## References

Pamela Brooks (2012). The Daily Telegraph: Complete Guide to Allergies.

Valet RS, Fahrenholz JM (2009). " Allergic rhinitis: update on diagnosis". Consultant 49: 610–3.

Rondón, C; Fernandez, J; Canto, G; Blanca, M (2010). " Local allergic rhinitis: Concept, clinical

manifestations, and diagnostic approach". Journal of investigational allergology & clinical immunology 20 (5): 364–71; quiz 2 p following 371

Sur DK, Scandale S (June 2010). Treatment of allergic rhinitis. Am Fam Physician 81 (12):

1440–6

William and Wilkins (2010) 3rd ed. Professional guide to Pathophysiology. LWW

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