MODERN METHODS OF TREATMENT OF ALLERGIC RHINITIS

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Abstract*. Health is the main source and foundation of human life. Especially on the eve of the autumn-winter season, seasonal colds and allergic diseases are often observed among people. Modern methods of treatment of allergic rhinitis are described in detail in this article.*

Key words*: allergic, disease, seasonal cold, modern treatment, medical instruction, doctor, etc.*

СОВРЕМЕННЫЕ МЕТОДЫ ЛЕЧЕНИЯ АЛЛЕРГИЧЕСКОГО РИНИТА

Аннотация. *Здоровье – главный источник и основа жизни человека. Особенно в преддверии осенне-зимнего сезона у людей часто наблюдаются сезонные простудные и аллергические заболевания. В статье подробно описаны современные методы лечения аллергического ринита.*

Ключевые слова: *аллергия, заболевание, сезонная простуда, современное лечение, врачебная инструкция, врач и др.*

INTRODUCTION

The main symptoms of allergic rhinitis are itching and irritation of the nasal cavity, sneezing and runny nose, often accompanied by a runny nose, as well as tickling of the throat, itching of the eyes and mucous membranes, tears and can also be observed with swelling of the eye area. In some cases, allergic rhinitis can cause some discomfort. In severe cases, it leads to loss of working ability. It can be complicated by headache, fatigue (fatigue) and impaired concentration. The cause of seasonal allergic rhinitis is plant pollen. For the development of allergic rhinitis in humans, the pollinator must belong to a wind-pollinated plant and it must be produced in large quantities, light, volatile and not larger than 35 mm in size, and have allergenic properties. The causes and speed of allergic rhinitis depend on the geographical and climatic conditions of the place.

Allergy to fungi often leads to the development of bronchial asthma. It has been found that there is a correlation between the number of fungal spores and the appearance of clinical symptoms in patients with weed allergy. This fact can be partially explained by the small size of fungal spores. Although house dust mites are considered a year-round allergen, their numbers can increase during the humid fall months. The specific characteristics of each region can create conditions for increased sensitivity and seasonal exacerbation of allergic diseases. Cross allergic reactions to plant dust. When representatives of different families and genera of plants are examined, it turns out that dust contains common and common allergens. In this regard, patients may experience cross allergic reactions resulting from the interaction of antibody with an allergen that is close in chemical structure. Cutaneous reactions can be caused by dust and food allergens. Allergy to birch pollen is often associated with food allergies. When eating fresh fruits (apples, peaches, cherries) or carrots, nuts, Quincke's edema and body itching are observed. Melons and bananas can also produce crossing reactions with meadow grasses.

METHOD AND METHODOLOGY

Year-round allergic rhinitis. A person is usually in close proximity to household allergens throughout the year. These include house dust mites and pet dander. In some regions, some types of water mushrooms and fungi are of direct importance. Other types of rhinitis. Nonallergic,

noninfectious rhinitis is another group of diseases. A patient with this type of rhinitis has an increased sensitivity to various tickling triggers - pungent odors (cologne, bleach, solvents), tobacco smoke, dust, car fumes, changes in ambient temperature and humidity, so more "vasomotor" It is appropriate to use the term "idiopathic" rhinitis instead. The mechanism of disease development is unknown. Nonallergic rhinitis occurs in middle-aged people with signs of increased eosinophils. Symptoms of rhinitis (sneezing, itching in the nasal cavity, runny nose) are sometimes accompanied by a decrease in the sense of smell and an increase in eosinophils in the nasal mucosa. Allergy symptoms (positive skin tests, increase of IgE in the blood) will occur. In some cases, it is possible to determine the initial period of intolerance to aspirin. Local treatment of these patients with glucocorticoid hormones gives good results in most cases. Nasal polyposis occurs in 25% of children and 45% of adults with mucus discharge, 30% of patients with bronchial asthma. In these diseases, infection, inflammation, and arachidonic or other metabolic disorders are considered to be the causative factors. Allergy is probably the cause of polyposis, but activation of saturated cells and eosinophils continues with inflammation is of particular importance and allows to explain the effectiveness of glucocorticoids here.

Occupational rhinitis. It develops as a result of close contact with an allergen at the workplace. Its causes are laboratory animals (rats, mice, guinea pigs, etc.), grain products (bakers, agricultural workers), and wood dust, especially hardwood species (redwood, cedar, etc.), latex, and chemicals. - may contain substances including acid anhydrides, platinum salts, glue and solvents. Hormonal rhinitis. It can develop during pregnancy and puberty, hypothyroidism and acromegaly. Hormonal imbalance during menopause in women can also cause atrophic changes in the nose. Drug-induced rhinitis is caused by various drugs, including reserpine, guanitidine, phentolamine, methyldopa, angiotensin-converting enzymes, alpha-adenoblockers (of the prozazine type), beta-adrenoblockers in the form of eye drops, chlorpromazine, aspirin, and may be from other non-steroidal anti-inflammatory drugs and oral contraceptives. Below are listed all the methods of examination that can be used in the diagnosis of rhinitis, some of them can be used in practice. First of all, the patient's anamnesis is collected, after the examination of the organs. Allergological tests:

- skin tests;
- determination of total IgE in serum;
- detection of specific IgE in serum;
- viewing with a rough and flexible endoscope.

Preparation of rubs and rinses from the nasopharynx cavity:

- for cytological examinations;
- for bacteriological tests.

X-ray methods:

- x-ray imaging of the side cavities of the nose;
- computerized tomography (scanning by sending X-ray bundles to the layers of the examiner's organ and determining its difference from healthy tissue through EHM);
- magnetic resonance imaging.

One-sided growth of the nose makes one suspect the presence of a polyp, structural anomalies, the presence of a tumor. Decreasing and loss of sense of smell occurs in polypous rhinosinusitis or in severe cases of rhinitis. In allergies, accompanied by symptoms related to stuffy nose, dry

mouth and throat, and hoarseness, the patient often rubs the tip of the nose with the palm of his hand, as a result of which transverse folds are formed in the upper part of the tip of the nose. Sneezing is more common in attacks. During the survey, it is necessary to identify irritants and weather conditions that can cause the appearance or exacerbation of symptoms of the disease. If the allergen is in the form of mammalian dander, house dust mites and mold, the symptoms of the disease usually remain. Increased humidity allows the growth of mites and mold. Beds, pillows, curtains and carpets are the places where mites live and feed. Mold grows on house plants and books. There is a direct correlation between the number of dust particles in the air and the appearance of clinical symptoms. As the flowering season of plants begins to enter, as a result of the body's sensitivity to allergenic dust, the appearance of disease symptoms increases. Certain foods can also trigger rhinitis symptoms. This was confirmed by provocative tests. Substances with a high impact and factors affecting the psyche also lead to exacerbation of rhinitis. In patients with a tendency to allergies, the clinical picture of an upper respiratory tract infection may be similar to an allergic reaction or cause an increase in sensitivity to various allergens. Despite the fact that the inheritance is polygenic, that is, it occurs through genes, a genetic anomaly in the anamnesis increases the likelihood of developing an allergic disease. The absence of allergic diseases in the patient's relatives does not allow to eliminate the diagnosis of allergic rhinitis. Endoscopy of the nasal cavity is necessary in all cases of chronic rhinitis or atypical unilateral rhinitis. For this, it is necessary to use nasal mirrors, a forehead reflector, an otoscope (ear mirror), a rough Hopkins endoscope with a nasal adapter, or a flexible nasopharyngoscope.

RESEARCH RESULTS

For example, during the flowering period of some plants, the child suffers from severe itching in the nose and ears, and the skin of the face may itch. The child sneezes, watery eyes, loss of appetite, because when the nose is blocked, he does not feel the taste. After stopping contact with the allergen, the symptoms disappear. Perennial rhinitis causes more problems for parents: the symptoms more or less do not allow you to forget about them for a year. The child experiences constant swelling of the mucous membrane and nasal congestion, sleeps and eats poorly. The hypertrophied mucous membrane becomes thinner, nosebleeds appear. Allergic rhinitis, code international classification disease -10, is the body's response to external stimuli and needs treatment, as it can be a complication of the disease. bronchial asthma and other diseases. Treatment is determined by an allergist. Allergic rhinitis is an inflammatory process of the nasal mucosa, which occurs as a result of exposure to various allergic irritants and, in this case, allergens. Simply put, allergic rhinitis is a runny nose caused by an allergic reaction. Under the influence of allergens, inflammation begins in the mucous membrane of the nose, which leads to the disease. According to statistics, rhinitis, like allergic cough, is one of the most common diseases among patients who visit allergists with frequent complaints. This disease often appears in preschool children, when the child begins to meet substances that can cause allergies. However, cases of allergic rhinitis in adults are rare - symptoms and treatment we will consider in this article.

If the symptoms of allergic rhinitis in adults do not reduce work performance and do not interfere with sleep, this indicates a mild degree of gravity, oh medium degree of gravity testifies to a moderate decrease in daily activity and sleep. When the symptoms are severe, in which the patient cannot work normally, cannot study, cannot engage in recreational activities during the day and cannot sleep at night, severe rhinitis is diagnosed. In case of seasonal allergic rhinitis, the treatment should be supplemented with washing the nose. It is very convenient to use an

inexpensive Dolphin device for these purposes. In addition, you can not buy special bags with washing solution, but prepare it yourself - ¼ teaspoon of salt for a glass of water, as well as ¼ teaspoon of soda, a few drops of iodine. The nose is often washed with sea water sprays - Allergol, Aqua Maris, Quicks, Aqualor, Atrivin-Sea, Dolphin, Gudvada, Physiomer, Marimer. By the way, sea water is great for colds.

DISCUSSION

The word "rhinitis" refers to inflammation of the nasal passages. This inflammation can cause a variety of annoying symptoms, including sneezing, itching, nasal congestion, runny nose, and postnasal drip (the sensation that mucus is draining from the sinuses down the back of the throat). Brief episodes of rhinitis are usually caused by respiratory tract infections with viruses, such as the common cold. Allergic rhinitis is caused by allergies to things in the air around you. Chronic (long-term) rhinitis is usually caused by allergies, but it can also result from overuse of certain drugs, some medical conditions, and other unknown factors. For many people, allergic rhinitis is a lifelong condition that waxes and wanes over time. Fortunately, symptoms can usually be controlled with a combination of environmental measures, medications, and immunotherapy. Allergic rhinitis affects approximately 20 percent of people of all ages. The risk of developing allergic rhinitis is much higher in people with asthma or eczema and in people who have a family history of asthma or allergic rhinitis. Allergic rhinitis can begin at any age, although most people first develop symptoms in childhood or young adulthood. The symptoms are often most severe in children and in people in their 30s and 40s. However, the severity of symptoms tends to vary throughout a person's life. Some people go through periods during which they have no symptoms at all.

Allergic rhinitis is caused by a nasal reaction to small airborne particles called allergens (substances that provoke an allergic reaction). In some people, these particles also cause reactions in the lungs (asthma) and eyes (allergic conjunctivitis). The allergic reaction results from activation of two types of inflammatory cells in the body called mast cells and basophils. These cells produce natural chemicals, such as histamine, which cause symptoms, such as nasal congestion, itching, sneezing, and a runny nose. The treatment of allergic rhinitis includes reducing exposure to allergens and other triggers in combination with medication therapy. In most people, this combined approach can effectively control symptoms. Several different classes of drugs can treat the inflammation that causes symptoms of allergic rhinitis.

CONCLUSION

These and other approaches, including nasal irrigation, allergy shots, or tablets that dissolve under the tongue, are discussed in the following section. The best treatment(s) will depend on your symptoms and personal preferences. Avoiding the trigger(s) — Sometimes people can treat their allergic rhinitis simply by avoiding the things that trigger symptoms. For example, if a relative has cats that cause sneezing and itchy eyes, you can avoid being in the relative's house for extended periods of time or take an antihistamine several hours before visiting. However, most allergens are much harder to avoid. Trigger avoidance is discussed in more detail separately.

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