INTRODUCTION
INTRODUCTION

Allergy is a specific, acquired change in host reactivity mediated by an immunologic mechanism and causing an untoward physiologic response. The terms antigen and allergen are often used interchangeably but not all antigens are good allergens and vice versa.

The term allergy was coined by Von-Pirquet in 1906 to include two different types of immune responses to allergens. The beneficial one called immunity and harmful one called hypersensitivity. Allergy and hypersensitivity are mostly used as synonyms but for induction of hypersensitive reactions, the host should have prior contact to the same antigen/allergen.

Ellis (1987) defined allergic disorder as adverse physiological reaction resulting from the interaction of antigen with humoral antibody and/or lymphoid cells. Type-1 hypersensitivity mediated by IgE, is of the greatest interest to allergists.

Asthma, rhinitis, urticaria, eosinophilia etc and other allergic diseases are one of the important causes of morbidity ranging from mild illness to severe form in which there is total incapacitation. Nasobronchial allergy is quite common in Indian and allergy is considered to be the most important factor in causing bronchial asthma. Etiological allergens are different at different places
and also depends upon the environment. The common offending agents are dusts, pollens, fungi, pollens and dust allergens comprise 15% of all the respiratory allergens (Shivpuri, 1966). The statistics of allergy in India is incomplete but Vishvanathan (1964) estimated about 10% of population in country suffers from one or the other allergic disorder. Williams and Mcnicol (1969) found that 3.7% of population had regular episodes of asthma from early childhood to ten years of age.

Urbanek (1993) noticed that natural exposure to allergens initiates an allergic inflammatory response in genetically disposed individuals. Allergic symptoms are associated with mucocutaneous sensitivity and production of allergen specific IgE antibodies.

These days skin testing has been used in the diagnosis of allergic diseases. Properly used it has been shown to predict immunologic events that are likely to occur in the bronchial, nasal, conjunctival and gut mucosa especially those mediated by IgE.

Skin testing is accomplished by the epicutaneous (Scratch, prick, puncture) and intracutaneous(intradermal) methods. Results of skin prick test are more immediately available within 45 minutes as compared to other tests. Skin test is more sensitive, faster and relatively less expensive to patients. Thus skin testing with particular allergen remains the most revealing procedure in diagnosing
specific allergic factor(s) (Michael et al, 1987).

In spectrum of such diagnostic difficulties present study was designed to study the range of allergic illness in children and to confirm their allergic nature by skin prick test using 26 allergens. An approach was made to know about the family history, socio-economic status, eosinophil count, precipitating factors and relation of parasites in allergic disorders. The reactivity to histamine Buffer solution at different ages was also noted.

Also as the eosinophils appear at the site of immediate hypersensitivity reactions and also has unique potential to modify and regulate those reactions. Special emphasis was given on eosinophils count in the present study.