

nose, is usually a pollen mold, animal dander, or some element in house dust. Foods sometime play a role. Pollens may cause problems in summer, where as house dust allergies are often most evident in the winter. Molds may cause symptoms year-round. Ideally the best treatment is avoidance of these substances, but that is impractical in most cases.

In the allergic patient, the release of histamine and similar substances results in congestion and excess production of watery nasal mucus. Antihistamines help relieve the sneezing and runny nose of allergy. Combinations of antihistamines with decongestants are also available, and they are highly successful in allergic patients. The physician determines the best concentration for initiating the treatment.

Patients with allergies have an increased tendency to develop sinus infections. Allergic persons have a decreased resistance to colds, flu and ear infections. Further more they are more uncomfortable with such infections than people without allergies, and even more seriously, they may also develop asthma.

Vasomotor Rhinitis

"Rhinitis" means inflammation of the nose and nasal membranes. "Vasomotor" means blood vessel forces. The membranes of the nose have an abundant supply of arteries, veins and capillaries which have a great capacity for both expansion and constriction. Normally these blood vessels are in a half-constricted state.

But when a person exercises vigorously, his hormones of stimulation (i.e., adrenalin) increase. The adrenalin causes constriction or squeezing of the nasal blood vessels, which shrinks the nasal membranes so that the air passages open up and the person breathes more freely.

The opposite takes place when an allergic attack or a "cold" develops. The blood vessels expand, the

membranes become congested and the nose becomes stuffy or blocked.

In addition to allergies and infections other events can also cause nasal blood vessels to expand leading to vasomotor rhinitis. These include psychological stress, inadequate thyroid function, pregnancy, certain anti-high blood pressure drugs, over use or prolonged use of decongesting nasal sprays and irritants such as perfume and tobacco smoke.

In the early stages of each of these disorders, the nasal stuffiness is temporary and reversible. That is it will improve if the primary cause is corrected. However, if the condition persists for a long enough period, the blood vessels lose their capacity to constrict. The congestions often interfere with sleep. Surgery may offer dramatic and long time relief.

Summary

Stuffy nose is one symptom caused by a remarkable array of different disorders, and the physician with special interest in nasal disorders will offer treatment based on the specific causes.

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STUFFY NOSE AND ALLERGY

Nasal congestion, stuffiness or obstruction to nasal breathing is one of man's oldest and most common complaints. While it may be a mere nuisance to some people, to others it is a source of considerable discomfort and it detracts from the quality of their lives.

Infections

An average adult suffers a common "cold" two to three times per year, more often in childhood and less often the older he gets as he develops more immunity. The common cold is caused by any number of different viruses, some of which are transmitted through the air, but most are transmitted from hand - to nose contact. Once the virus gets established in the nose, it causes release of the body chemical histamine, which dramatically increases the blood flow to the nose - causing swelling and congestion of nasal tissues and which stimulates the nasal membranes to produce excessive amounts of mucus. Antihistamines and decongestants help relieve the symptoms of a "cold", but time alone cures it.

During a Virus infection, the nose has poor resistance against bacterial infections of the nose and sinuses, that so often follow a "cold". When the nasal mucus turns from clear to yellow or green, it usually means that a bacterial infection has taken over and a physician should be consulted.

Acute sinus infections produce nasal congestion, thick discharge and pain and tenderness in the cheeks and upper teeth between and behind the eyes, or above the eyes and in the fore head, depending on which sinuses are involved.

Chronic sinus infections may or may not cause pain, but nasal obstruction and offensive nasal or postnasal discharge is often present. Some people develop polyps (fleshy growths in the nose) from sinus infections, and the infection can spread down into the lower airways leading to chronic cough, bronchitis and asthma. Acute sinus infection generally responds to antibiotic treatment, chronic sinusitis usually requires surgery.

Structural Causes

Included in this category are deformities of the nose and the nasal septum, which is the thin, flat cartilage and bone that separates the nostrils and the nose into its two sides. It consists of cartilage in the front and bone in the back. The normal anatomic position of the septum is midline and straight, and significant deviations from this position can produce varying degrees of nasal obstruction. Perhaps slightly over half of septal deformities are acquired primarily from nasal trauma i.e. a blow to the nose in adult life or even during child birth. The remainder of these deformities are congenital.

A septal deformity alone is not an indication for surgical intervention. One that causes clinical symptoms may be. In addition to nasal obstruction, the deformity can be a predisposing factor for sinusitis, if there is compromise of the sinus openings by the deviated septum. In certain instances septal deformities can cause Eustachian tube dysfunction and resultant middle ear problems such as fullness, popping, fluid accumulation, etc. The treatment is variable and no treatment is needed for minor degrees of deviation without nasal

airway obstruction.

A clinically symptomatic septal deformity can be surgically corrected with a septoplasty as a day surgery procedure either under local or general anesthesia. At times it will be necessary to surgically reduce the inferior turbinates to improve the nasal airway. The inferior turbinates can be reduced by "submucous diathermy" (SMD). All incisions for these procedures are made inside the nose, and since no chisel cuts are made on the external nasal skeleton there will be no facial swelling or "black eyes" post operatively.

One of the most common causes for nasal obstruction in children is enlargement of the adenoids : tonsil-like tissues which fill the back of the nose, up behind the palate. Children with this problem breathe noisily at night and even snore. They also are chronic mouth breathers, and they develop a "sad" looking face and sometimes dental deformities. Surgery to remove the adenoids and sometimes tonsils may be advisable.

Other causes in this category include Nasal tumors and foreign bodies. Children are prone to inserting various objects such as peas, beans, rubbers, beads, buttons, safety pins and bits of plastic toys into their noses. Beware of one-sided foul smelling discharge, which can be caused by a foreign body. A physician should be consulted.

Allergy

Hay fever, rose fever, grass fever, and summer time "colds" are various names for allergic rhinitis. Allergy is an exaggerated inflammatory response to a foreign substance which, in the case of a stuffy