

Survey on common type of allergies present in Bangladesh and effects on their lifestyle.

A body of work that primarily fulfills the requirements for the Bachelor of Pharmacy bachelor's degree is being presented to the Department of Pharmacy.



Submitted by:

ID: 201-29-1708

Batch: 23 (B)

Department of Pharmacy

Daffodil International University

Submitted to:

Department of pharmacy

Daffodil International University

Date of submission:

“Approval”

This research, a survey on common allergy types in Bangladesh and how they affect people's lifestyles, was handed in to Daffodil International University's pharmacy department. The material was deemed acceptable and endorsed in terms of style as well as subject matter.

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Declaration

Thus, I, Redoan Ahmed, hereby declare the fact that I am truly collaborating on this research beneath the guidance of MS. Aklima Akter, Assistant Professor, Daffodil International University's Department of Pharmacy. The findings of the research have not been distributed to any other school or group with the express purpose of awarding degrees.

Submitted By:

A handwritten signature in black ink, appearing to read 'Redoan', is centered within a rectangular frame.

Id: 201-29-1708

Batch: 23 (B)

Department of Pharmacy

Certificate

This attests to the fact that the study results applied in this project are original and haven't been fully submitted for consideration toward another degree or certificate that this institution recognizes. This full article has been presented as a project in order to substantially fulfill the criteria for the Bachelor of Pharmacy degree.

Submitted to:



Ms. Aklima Akter

Assistant Professor

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Daffodil International University.

Acknowledgement



I am indebted to **Ms. Aklima Akter**, Assistant Professor at the Daffodil International University, Department of Pharmacy, for her invaluable counsel & solid surveillance, along with assisting me finalize my investigations.

I'd prefer like to recognize **Dr. Muniruddin Ahmed**, the professor and head of the pharmacy department at Daffodil International University.

I intend to send a message of my sincere thanks to my parents for their unwavering support and prayers during this endeavor.

Dedication

To my extended family, supervisor, and all of my well-wishers, with dedication.

Abstract:

Allergies represent a significant health concern globally, impacting individuals' quality of life and healthcare systems. This study aims to elucidate the common types of allergies prevalent in Bangladesh and their effects on the lifestyle of affected individuals.

This indicates that allergy responses occur in 55% of individuals between the ages of 14 and 34. The next in line are those who are 35 to 55 years old. Of them, 35% are affected by allergies. The lowest percentage is that just 10% of those who are between 50 and 76 years old have allergies. Of individuals suffering from allergies, 49% are men and 51% are women according to survey report.

The highest percentage of sufferers—92%—are allergic to dust. Seasonal allergies, which affect over 82% of individuals, come in second. A cold allergy is present after that. Roughly 78% of persons following dust allergies, almost 62% of individuals. 9% of people suffer from allergies to insects and pests, 8% from pet allergies, and 5% from mold allergies. According to the survey, 42% of people who consume meat have allergies, while 53% of persons who consume beef do. 12.8% of those who consume milk and peanuts experience allergies. Fish accounts for 14.9%, Soybeans for 12.8%, and Eggplant for 19.1%. All those who experience allergy also experience other illnesses; among them, 60.7% have high blood pressure, 22.4% have diabetes, and 14% have thyroid disease. 29.9% have asthma. Furthermore, they have headaches, stomach issues, and GI issues.

Itching is the most common allergic reaction (about 58%), followed by rashes (about 50.3%), and feeling dizzy (about 50%).

48.5% of those using prescription medicine, 24.7% utilizing over-the-counter drugs, and 58.2% avoiding allergens are all involved in managing their allergy condition.

Approximately 30.5% of patients are on Monas 10 (Montelukast sodium USP). Other top-of-class medications include Fexofenadine 120 mg, Alatorol 10 mg (cetirizine Hydrochloride IP 10 mg), and Deslor (desloratadine). 6.1% of people use Topicort cream, while 6.6% use Fungicidal cream. 4.6% of patients take homeopathic medications. 19.3% of people don't take any medication to address their allergies.

86.8% people want to change their lifestyle for preventing allergies

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1.1 Introduction:

The variety of manners that individual allergies can present themselves is one of its most remarkable features. An allergic response to a single organ might show up in a variety of manners, such as multiple types and intensities of purpura, redness, fluid retention, vesiculation, and flaking in the epidermis.(TALMAGE, 1957a)

Any characterization of allergies ought to be consistent with a broad category of associated diseases. If allergies are seen as a specific kind of responsiveness, then the concept of allergy should be specified in a way that allows other terminologies to encompass all responsiveness kinds in a systematic manner.(TALMAGE, 1957b)

Types of allergies:

- ❖ Food Allergies
- ❖ Seasonal Allergies (Hay Fever)
- ❖ Indoor Allergies
- ❖ Drug Allergies
- ❖ Insect Sting Allergies
- ❖ Latex Allergy
- ❖ Contact Dermatitis
- ❖ Anaphylaxis

Food Allergy:

The greatest number of food sensitivities worldwide are caused by allergic responses to egg, dairy products peanuts, tree nuts, seafood, nuts, grain, and soybeans, however any food may provoke a reaction that is allergic to it.(Sicherer et al., n.d.)

According to two recent investigations, dietary proteins' potential for causing allergies may be significantly influenced by the carb component of certain glycoproteins.(Shreffler et al., 2006)

Seasonal Allergy:

Over 50% of instances of allergic conjunctivitis are categorized as seasonal or sporadic.(Bielory et al., 2012a)

When seasonal allergens are exposed to, the membrane that covers the cornea becomes inflamed, resulting in seasonal allergic conjunctivitis (SAC). Artificial tears, antihistamines, decongestants, mast cell stabilizers, nonsteroidal anti-inflammatory agents, multiple antihistamine mast cell stabilizers, vaccinations, and corticosteroids are among the treatments available for SAC.(Bielory et al., 2012b)

Drug allergy:

Several drug-induced allergy behaviors may involve a plurality of biological pathway, impact multiple organ systems, and display a range of symptoms, spanning different drug-induced allergen complexes.

One kind of medication-related adverse response is drug allergy, which includes a range of allergic reactions with different etiologies and physical symptoms. A thorough medical evaluation is necessary for the treatment of medication allergies. The therapy of medication allergies mostly depends on other factors than tests in the lab. In individuals with medication allergies, graded dosage challenges and dependency induction techniques may be necessary when a specific substance is really necessary.(Khan et al., n.d.)

Contact dermatitis:

As the most prevalent sign of immune system damage in humanity, allergic contact dermatitis (ACD) is a major vocational and ecological wellness problem that has been linked to epidermal hypersensitivity by dozens of pollutants.(Basketter et al., n.d.)

It is thought that contact allergies represent a sort of tardy type sensitization. T cells are necessary for the development of irritation and the orchestration of allergic contact responses. a while ago, there has been consideration of the biological and molecular mechanisms that trigger and control T lymphocyte responsiveness to the chemically based irritant.(“Allergic Contact Dermatitis,” n.d.)

Pet allergy:

Both home and work circumstances, pet hypersensitivity is thought to be an indicator towards an outbreak of allergic rhinitis and asthma. Very few investigations have looked at the relationship between component-resolved diagnosis and allergy manifestations in people with allergy sufferers to pets. The focus of this research was to assess the symptoms of asthma and rhinitis in individuals who were sensitive to animal IgE components.(Uriarte & Sastre, 2016)

1.2 prevalence of allergy:

Over the past 50 years, the frequency of allergy illnesses and allergic sensitization has been rising; this trend encounters been recognized in heavily industrialized countries and is linked to what is known as a "westernized" way of life.(Bibi et al., n.d.; Braun-Fahrlander et al., 2002)

When correlated to other towns or countryside children, research have demonstrated that youngsters raised in rural agricultural environments had a reduced incidence of allergy symptoms and atopic sensitization in adolescence.(Braun-Fahrlander et al., 1997)

The increasing incidence of food allergies (FA) in the general public has raised concerns, particularly for individuals and their companions, medical professionals, educators, manufacturers of food and merchants, and regulatory bodies.(Anandan et al., n.d.)

Prevalence assessments have been conducted as part of the Worldwide Investigation of Allergic Conditions and Asthma in Adolescence (ISAAC) among corresponding pupils in a number of different countries. 257,800 children aging 6 to 7 from 91 centers in 38 countries and 463,801 adolescents aging 13 to 14 from 155 units in 56 countries were the participants in the study.(Strachan et al., 1997)

The groups of people examined, the terms used to describe the illnesses, and the procedures used for assessment have all affected assessments of the prevalence of allergic rhinitis and asthma. Multiple investigations show a significant increase in the lethality resulting from these illnesses as well as their rising percentage.(R. S.-A. of Allergy et al., n.d.)

Anaphylaxis, hay fever, breathing problems, and rhino conjunctivitis are among the IgE-mediated allergic illnesses that are thought to affect between 20 and 50 percent of the globe's youth. Investigations in the fields of epidemiology, immunology, and clinical medicine have demonstrated a robust association between rhinitis caused by allergies and bronchial asthma.(Chowdhury et al., n.d.)

1.3. Triggers and Symptoms:

An allergy to certain foods can bring on a variety of signs. Perhaps is no other medical condition with as wide a range of symptoms that can linger decades after the acute allergy assault has subsided.(Żukiewicz-Sobczak et al., 2013a)

The most common manifestations of an allergic reaction to food are itching of the lips or tongue, recurrent bowel movements, vomiting repeated times, and conjunctivitis. Often children's avoidance of particular foods may be an indication of a sensitivity or intolerance rather than an epiphany, particularly when paired alongside a specific issue.(Żukiewicz-Sobczak et al., 2013b)

Respiratory Symptoms:

- 1.wheezing
2. congestion or congestion in the nose (rhinitis)
3. blockage in the nose
4. Pupils that sting or leak (allergic conjunctivitis)
5. blowing
6. Sighing
7. Having trouble breathing or tightness of breath

Skin Symptoms:

- 1.Skin irritation
2. Bees or eruption
3. Atopic skin irritation
4. skin swollen and inflamed

Other Symptoms:

Migraines, Tiredness, and Getting dizzy

1.4 Lifestyle Impact

A major cause of hospitalization and financial burden, allergic-related conditions are a worldwide health concern that seem to be becoming more common. The information gathered has led to the definition of allergic illnesses as the twenty-first century pandemic.(Isolauri et al., 2004)

Individuals suffering with allergic rhinitis have symptoms related to their noses and pupils, as well as everyday obstacles like carrying cells, non-nasal-eye symptoms like thirstiness and frustration, and constraints on their activities like bedtime and attention. However, compared to adults and teenagers, kids often encounter less disruptions to their regular routine and are spared from mental anguish.(Juniper, 1998). Research employing a methodical method can reveal how asthmatic patients see their human resources quality of life. Adults with asthmatic experience significant impairment in routine tasks (games, job, interests), and are troubled by complaints (especially loss of breathing, sneezing, tightness in the lungs, and congestion). In addition, they mention having insomnia, which leaves them exhausted, and having trouble focusing.(Ersu et al., n.d.)

In vitro and in vivo research on individuals and pets have helped to clarify the processes that occur when exposure to air pollution may affect the occurrence of allergy illness or worsen suffering.(KAINKA-STANICKE E, BEHRENDT H, FRIBDRICHS KH, TOMINGAS... - Google Scholar, n.d.)

Known as complex, diverse illnesses resulting from a combination of environmental as well as genetic variables, allergic reactions can manifest in anyone of any age and in numerous organs (common reactions to allergens include blisters, breathing problems, rhinoconjunctivitis, and digestive manifestations). The updated terminology for allergies was published by the European Academy of Allergology and Clinical Immunology (EAACI).(Johansson et al., n.d.)

1.5.5 Environmental Factor

Apart from to having a direct impact on every individual's health, the natural environment additionally impacts the types of plants and animals found in different parts of the world, which in turn influences the underlying causes of nutrients and allergens that are breathed in. According to epidemiological investigations, there is a direct correlation between air pollution and the onset and worsening of breathing problems and other allergy-related illnesses. Particulate matter (PM), which is produced by industry and vehicular traffic, as well as gaseous substances like ozone (O₃) and nitrogen dioxide (NO₂) have received the most attention. The emission of diesel exhaust particle (DEP) may penetrate deeply into the lungs and bind proteins, making it a possible allergy transporter. Allergens that pass through the air, including mites and dust, contaminants, fungus, and pet fur, are among the environmental elements that have been investigated the most in relation to allergies.(Sloan et al., 1979)

1.6 Treatment of allergy:

Pharmaceutical therapy and minimizing allergens are ineffective to manage this illness. Allergy immunotherapy is the sole therapy that has an opportunity to change the condition and should be a part of the best available plans. Approximately a century has passed since subcutaneous injections were initially used to give allergy immunotherapy. Sublingual allergy immunotherapy (SLIT) on pills was just released, along with extensive clinical records. Because SLIT pills may be used for personal self-medicating, they offer a more patient-friendly idea.(Larsen et al., 2016)

1.7. Allergy and Immunology:

A remarkable feature of human allergies is their wide range of expressions. An allergic reaction to something specific might show up in a wide range of ways, such as varied intensities and configurations of purpura, irritation, fluid retention, vesiculation, and flaking in the vicinity of the organ. Thus yet, no one mechanism has been developed that can adequately explain all of these many manifestations, and there is even disagreement over the standards used to identify which of them are allergic.(TALMAGE, 1957c)

1.8. Immune cells and allergies in accordance:

There is no question about the contribution of regional and circulating antibodies to the development of sensations in some types of people's allergies. However, for numerous additional allergic disorders, the existence of circulating antibodies has not been shown beyond a reasonable doubt; however, the specificity of the reactivity strongly suggests an existence of a certain allergen, whether circulating or not. One type of allergy where there is still uncertainty about the existence of a circulating antibody causing an allergic response is tuberculin hypersensitivity.(S. R.-J. of Allergy & 1956, n.d.)

The involuntary transmission of tuberculin hypersensitivity using an alpha globulin fraction of a hypersensitive guinea pigs' plasma has just been reported by Cole & Favour.(Cole et al., n.d.)



(A)

Title: Allergen immunotherapy: definition, indications, and reactions

Authors

Lei, Dawn K.; Saltoun, Carol

Abstract

The process of administering escalating doses of certain allergies for which the patient exhibits type I acute hypersensitivity is known as specific allergen immunotherapy. It is a disease-modifying medication that is prescribed to treat hypersensitivity to hymenoptera, hay fever, allergic conjunctivitis, and allergic asthma. It is necessary to record specific antibodies to immunoglobulin E (IgE) for the right allergens used in immunotherapy. Allergen immunotherapy can be used in the following situations: (1) when medication and avoidance strategies are unable to control symptoms; (2) when there is a desire to lessen the severity from allergic rhinitis and/or asthma, or to lower the risk of an allergic reaction to an upcoming bugs irritate; (3) when the patient has unfavorable side effects from medication; and (4) when avoidance is not an option.

According to a number of studies, immunotherapy for allergic rhinitis appears to stop the emergence of fresh allergic sensitizations and/or asthma attacks. Allergen immunotherapy induces alterations at the hemoral, cellular, and tissue levels. These include the production of interleukin 10, transforming growth factor β , and allergen-specific regulatory T and B cells. Additionally, it suppresses the proliferation of T-helper type 2 cells, raises anti-allergen IgG4 antibodies significantly, and lowers erythrocyte, mast cell, and erythrocyte mediator release. Allergen vaccination can be given sublingually by the individual at the residence or subcutaneously at the doctor's office. Investigations on the application of immunotherapy for food allergies are ongoing.

(B)

Title: The history of the idea of allergy

Author: J. M. Igea

Abstract:

A young pediatrician realized almost a century ago that the immune system's role should be explained by changes in reactivity rather than by the immune system's ability to prevent illness. He created the term "allergy" to express this concept: an individual's reactivity is altered upon initial immune system contact with an antigen; this alteration, or allergy, can trigger a range of reactions ranging from protective (i.e., immune) to hypersensitive. Since the theory challenged the established notion of the immune response's fundamentally protective character, the scientific community first found it difficult to accept. However, during the following years, mounting

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clinical evidence resulted in the adoption of this new perspective, if not the new word itself—at least not in its entirety. The neologism "allergy" lost its original meaning and was only used to refer to disorders involving hypersensitivity. Today's health experts do not clearly define "allergy," maybe as a result of the term's perversion. Moreover, the term left doctors long ago and made its way to the streets, where it is often associated with rejection and hostility. The term "allergy" has become much more imprecise due to its vulgarization.

(C)

Title: Immunology of Food Allergy

Author: Leticia Tordesillas, Cecilia Berin, and Hugh A. Sampson,

Abstract:

Following the "first wave" of respiratory allergies, such as asthma and allergic rhinitis, which plagued westernized countries, many regard food allergies as the "second wave" of the allergy epidemic. In the US, hypersensitivity reactions to different foods now affect up to 8% of young children and 2%–3% of adults. Over the last ten years, significant progress has been made in comprehending the fundamental immunopathogenesis of these illnesses, resulting in enhanced methods for diagnosis, treatment planning, and management. This review will cover the most current findings about the fundamental processes driving IgE-mediated food allergies as well as cutting-edge therapeutic strategies being researched for the condition's prevention and treatment.

(D)

Title: The increased prevalence of allergy and the hygiene hypothesis: missing immune deviation, reduced immune suppression, or both?

Author: Sergio Romagnani

Abstract:

A systemic inflammatory response is the outcome of type 2 T helper (Th2) cell-mediated immune responses against "innocuous" antigens (allergens) of complicated genetic and environmental origin. These illnesses include rhinitis, asthma, and atopic dermatitis. Numerous epidemiological studies have proposed that the "hygiene hypothesis"—which holds that a lower microbial load during childhood as a result of a Westernized lifestyle—is responsible for the rise in the prevalence of allergy illnesses over the past few decades. The processes by which children's decreased exposure to both pathogenic and nonpathogenic microorganisms boost Th2 cell responses, however, remain debatable. According to the original interpretation, natural immunity cells—which are activated by bacterial products through their Toll-like receptors—produce less interleukin-12 and interferons, which results in a missing immune deviation of allergen-specific

responses from a Th2 to a type 1 Th (Th1) profile. The significance of T regulatory cells' decreased activity has received more attention lately. Both pathways may be implicated, according to the existing experimental and epidemiological evidence. Theoretically and in light of its potential therapeutic applications, a deeper comprehension of this issue is crucial.

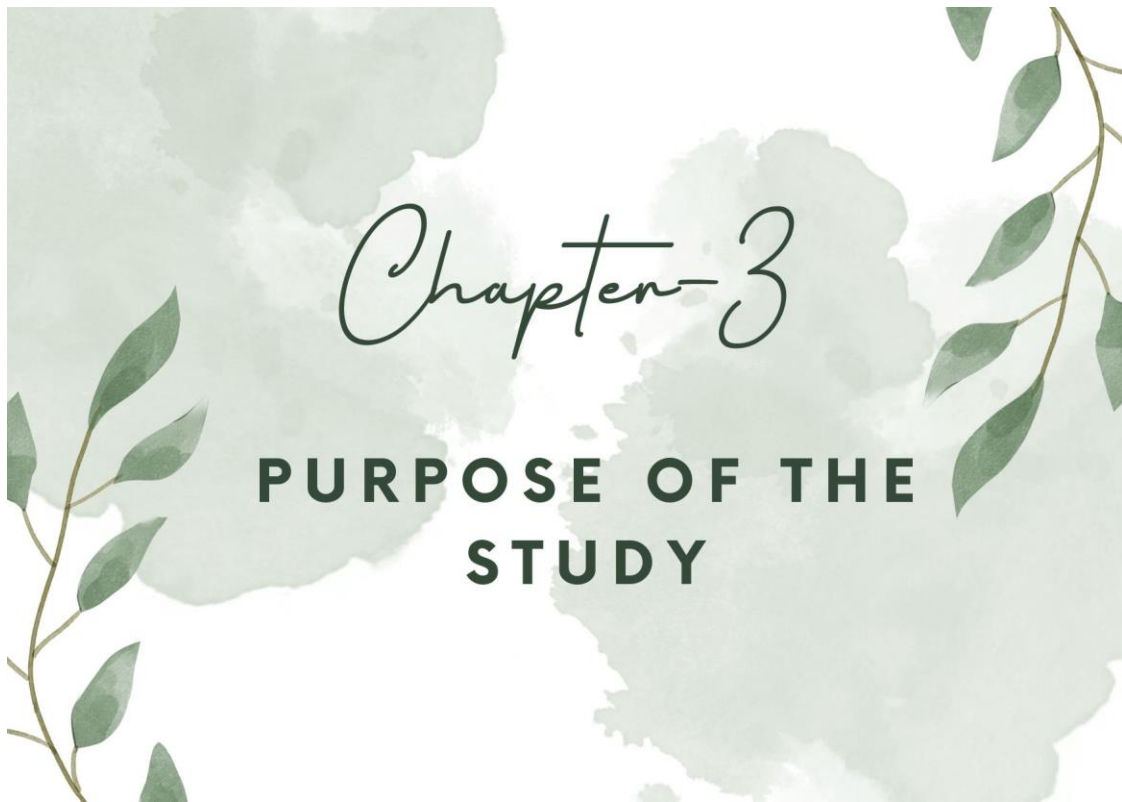
(E)

Title: Changing Prevalence of Allergic Diseases in the Asia-Pacific Region

Author: Gary W.K. Wong, Ting Fan Leung, Fanny W.S. Ko

Abstract:

Asia-Pacific is one of the world's most densely inhabited areas, and it is rapidly becoming more urbanized and changing economically. One major issue linked to the fast development of many South Asian towns is environmental pollution. Although the fundamental causes of the increased incidence of allergies and asthma are still mostly unknown, this is not surprising. Numerous research conducted in this area have shown how the frequency of allergy illnesses varies throughout the globe. However, it was challenging to assess the findings because the approaches were not verified or standardized. An international epidemiological map of asthma and allergy disorders, together with a trend of changes in the incidence of these diseases, has been made available by the International Study of Asthma and Allergies in Childhood (ISAAC). In many Asian populations, allergic sensitization is a very prevalent occurrence. Allergy illness prevalence is still very low, though. Asthma and allergy rates in Asia are projected to rise due to the region's fast urbanization, which worsens environmental pollution and may have an impact on rural areas.



Purpose of the study:

Comprehending Prevalence: This aids in comprehending the frequency of various allergy sorts in the populace. In order to distribute resources wisely and provide focused solutions, academics, politicians, and physicians may all benefit from this knowledge.

Finding Hazard Indicators: frequent risk factors for allergens, such as food preferences, heritage, triggers from nature, and decisions about one's life, can be found through surveys. Initiatives aimed at improving wellness and avoidance measures that attempt to lower the prevalence of allergies can benefit from this information.

Analyzing Influence affecting Living Conditions: The survey can demonstrate the major strain that allergies place on both individuals and society at large by evaluating the impact of sensitivities on the public's everyday life, particularly their employment, education, participation in social activities, and general well-being. This knowledge can help create methods to lessen the harmful effects and offer assistance systems.

Alerting Monitoring & Intervention: Information from surveys can shed light on how allergies are currently diagnosed, treated, and managed. Knowing how people manage their allergies can help medical professionals deliver more individualized care and treatment alternatives that better meet the requirements of the general public.

Increasing Community Being aware: By disseminating survey results, people in general may become more cognizant of the significance of sensitivity mitigation, detection at an early stage, and suitable methods for handling them. Additionally, it may assist in debunk misconceptions and preconceptions related to allergies, fostering a broader public awareness of the illness.

All things considered, carrying out a survey on allergies in Bangladesh and how they affect way of life will help enhance medical treatment, health legislation, and social support networks for allergy sufferers.



Methodology:

Qualifications for Inclusion:

The necessary information was supplied by research participants who had allergies. Additionally, based on observations of their habits, it might be inferred that the likelihood of them leading a life is quite high. Additionally, it was determined the types of drugs they were using and whether they had any other illnesses.

The gathering of information approach:

- Myself visited a number of locations, including healthcare organizations, schools, colleges, universities, and additional places, in order to perform this poll. I've gathered all the information from people who have allergies from all across the world; in this particular instance, I've consulted with a few doctors for guidance.
- To compile all the information, I utilized a Google form.

The research field on the 10th of January 2024 and the 15th of February 2024 was effectively conducted in Dhaka, Bangladesh.



Survey Questions:

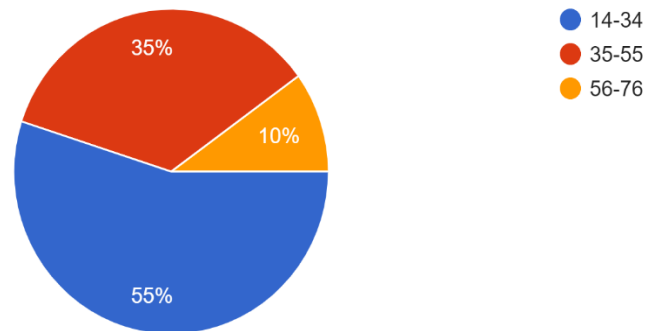
Survey on common type of allergies present in Bangladesh and effects on their lifestyle

Name:	Age :	Gender : ☐ Male ☐ Female ☐ Others
1. Do you suffer from any allergies? ☐ Yes ☐ No		
2. Please specify the types of allergies you have: ☐ Seasonal allergies (e.g., pollen)		
☐ Food allergies:		
☐ Milk	☐ Eggs	☐ Peanuts
☐ Tree nuts	☐ Sesame	☐ Meat (Duck)
☐ Shellfish	☐ wheat	☐ Meat (Beef)
☐ Eggplant	☐ Soybeans	☐ Fish
☐ Dust allergies ☐ Pet allergies _____ ☐ Dog ☐ Cat ☐ Other's : _____ ☐ Insect and Pest Allergy ☐ Cold allergies ☐ Mold allergies ☐ Other's:		
3. Occupation ? ☐ Student ☐ Service holder ☐ House wife ☐ Business man ☐ Other's : _____		
4. Do you currently facing any disease ? ☐ Hypertension ☐ Diabetes ☐ Thyroid ☐ Other's: _____		
5. How long have you been dealing with allergies? ☐ Less than 1 year ☐ 1-5 years ☐ 6-10 years ☐ More than 10 years		
6. Do you have any family history of the following? ☐ Yes ☐ No		
7. Have you ever experienced an allergic reaction? ☐ Yes ☐ No		
Example: ☐ Itchy ☐ watery eyes ☐ Itchy nose ☐ Sneezing ☐ Runny nose ☐ Rashes ☐ Hives (a rash with raised red patches) ☐ Stomach cramps ☐ Vomiting ☐ Diarrhea ☐ Bloating ☐ Swelling ☐ Redness ☐ Pain ☐ Tongue swelling ☐ Cough ☐ Throat closing ☐ Wheezing (a whistling sound when you breathe) ☐ Chest tightness and losing your breath ☐ Feeling faint		
8. Have you consulted a doctor about it? ☐ Yes ☐ No		
9. How do you usually manage your allergies? ☐ Avoidance of allergens ☐ Over-the-counter medications ☐ Prescription medications		
10. Which Medications do you currently taking for allergies?		
☐ Monas 10 mg ☐ Aeron 10mg ☐ Rupa 10mg ☐ Oradin 10mg ☐ Alatrol 10mg ☐ Alket 5mg	☐ Fexofenadine 120mg ☐ Fenadin 180mg ☐ Deslor 5mg ☐ Fungidal cream ☐ Topicort cream ☐ cetirizine 10 mg	☐ Fenadin 120mg ☐ Lorix cream ☐ Alert 10 mg ☐ Qvar Redihaler Inhaler ☐ Flovent Inhaler
Other's: 		

Survey on common type of allergies present in Bangladesh and effects on their lifestyle

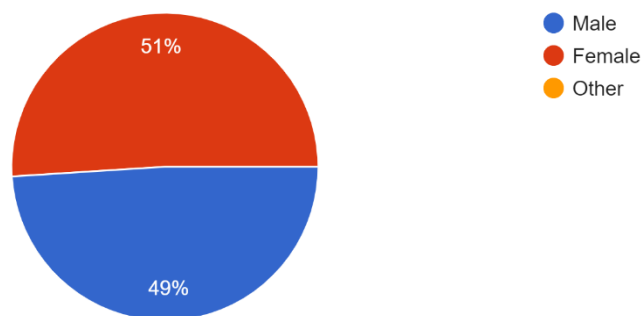
11. Did you undergo any operation related to Tonsils / Thyroid ?	☐ Yes ☐ No
12. Did you ever suffer Thyroid related problems ?	☐ Yes ☐ No
13. Are you satisfied with the medicine prescribed by the doctor?	☐ Yes ☐ No
14. Have allergies affected your work or academic performance?	☐ Yes ☐ No
15. How do your allergies affect your daily life and activities?	☐ Mild impact ☐ Moderate impact ☐ Severe impact
16. How long do you suffer when allergies starts ?	☐ 1-7 days ☐ 1 month ☐ 2 month's ☐ 6 month's
17. Do you follow any specific lifestyle or dietary choices to manage your allergies?	☐ Yes ☐ No
18. Do allergies influence your social activities?	☐ Yes ☐ No
19. Are there any specific activities or places that trigger your allergies?	☐ Yes ☐ No
20. Are you aware of lifestyle change for prevention of allergies ?	☐ Yes ☐ No
21. Are you aware of taking medicines for prevention of allergies?	☐ Yes ☐ No
22. Do you follow any specific dietary restrictions or preferences?	☐ Yes ☐ No
23. Lifestyle / Habit ?	☐ Physical exercise ☐ Smoking ☐ Alcoholic Drinks

- Age And Suffering Quantities:



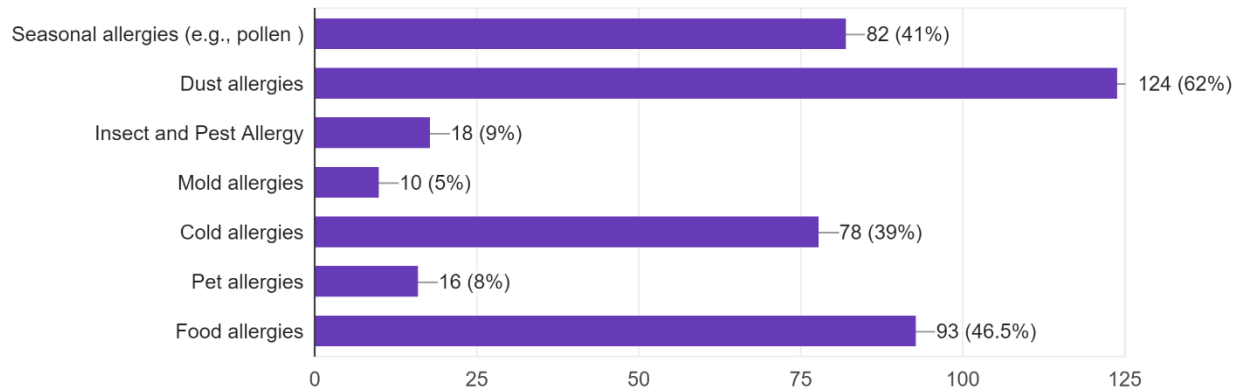
This shows that 55% of adults between the ages of 14 and 34 have allergic reactions. Individuals between the ages of 35 and 55 are next in line. Among these, allergies affect 35%. The smallest number is that just 10% of individuals who are between the ages of 50 and 76 experience allergies.

- Gender:



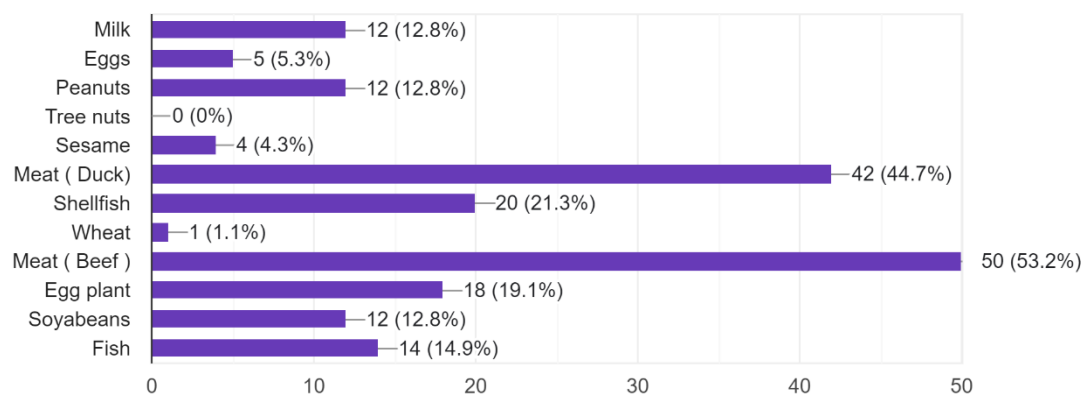
Of those with allergies, 51% are women and 49% are males.

- **Types of allergies**



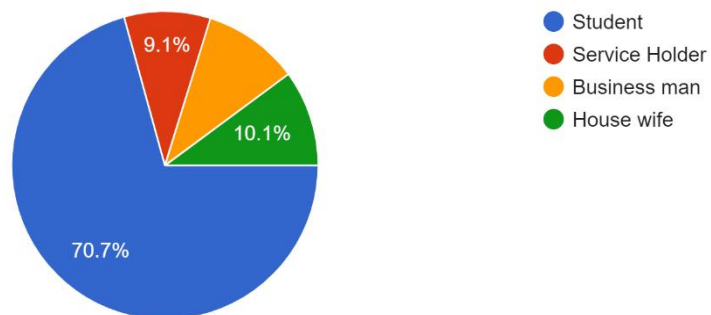
- Highest level 92% people suffering from Dust allergies.
- Second position is seasonal allergies, it's about 82% people.
- After that cold allergy is in the position. It's about 78% people
- After that Dust Allergies, Its about 62% people
- Insects and pest allergies 9%, Pet allergies 8% and mold allergies 5% people suffering.

- **Types of food responsible for allergy:**



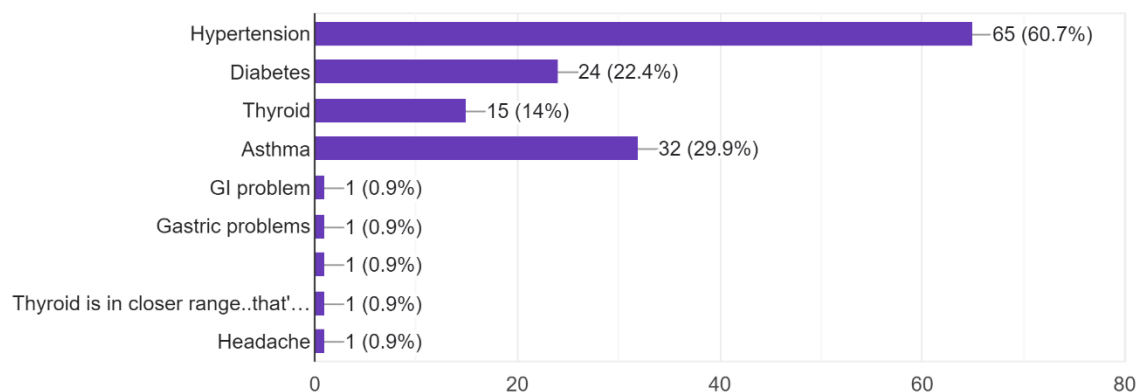
On the basis of the report 53% of people suffering allergies by consuming Meat(beef) and 42% for Meat (Duck).12.8% people suffering allergies by taking Milk and Peanuts.19.1% is for Eggplant and 12.8% is for Soyabeans and 14.9% is for Fish.

- **Occupation**



The people who suffer from allergies, among them 70.7% are students,9.1% is service holder and 10.1% is housewife and rest of the people are business man.

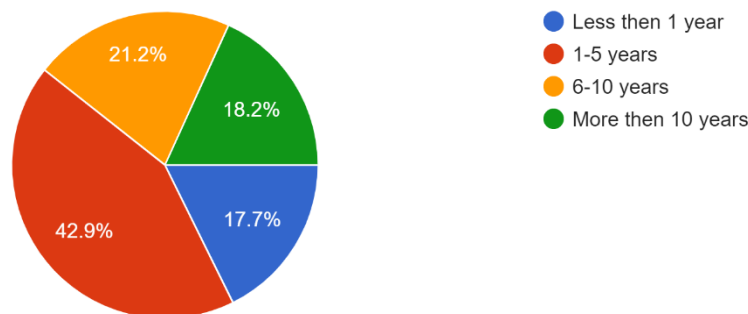
- **Suffering from other disease:**



Among all the people who suffers from allergies, the also suffer from other disease such as 60.7% of them facing Hypertension, 22.4% facing Diabetes, 14% suffering from Thyroid disease 29.9% facing Asthma.

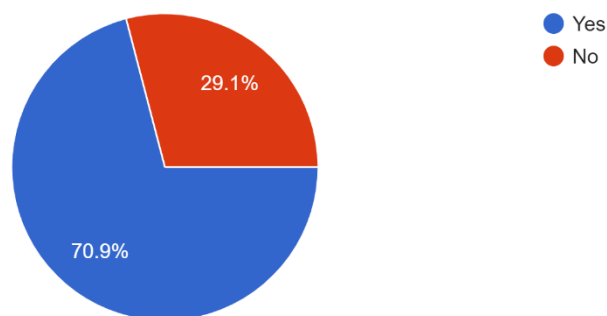
In Addition to the suffer from GI problem, Gastric problems And Headache.

- **How long they have been dealing with allergies:**



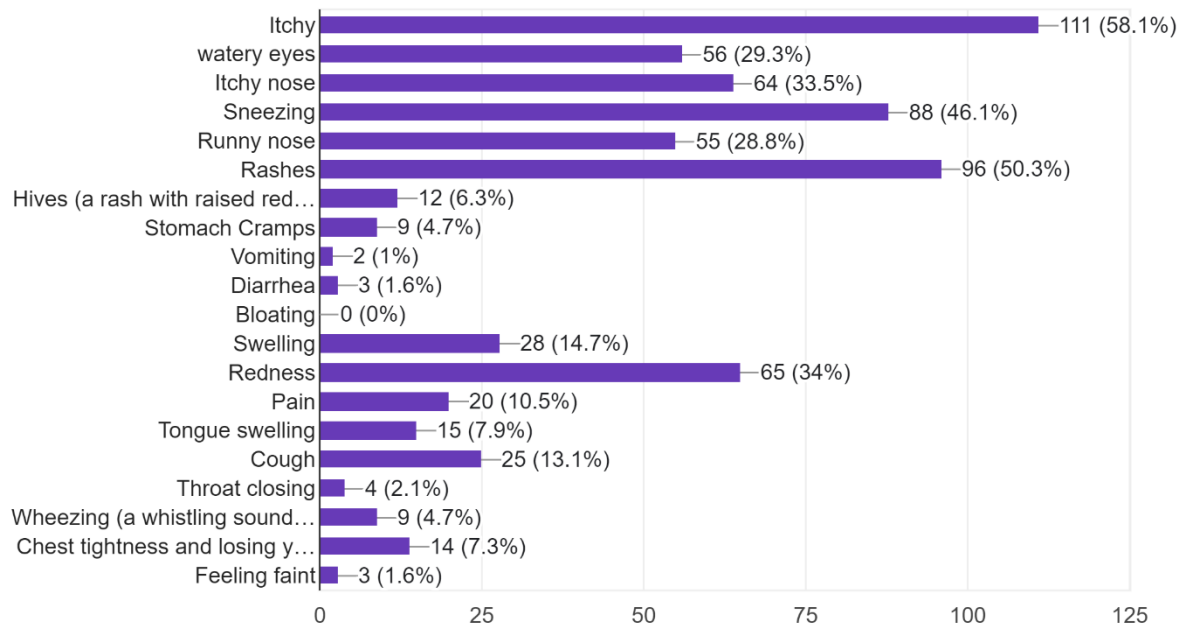
- 42% people are dealing with allergy for 1-5 years
- 21.2% people are dealing with allergy for 6-10 years
- 18.2% people are dealing with allergy for more than 10 years
- 17.7% people are dealing with allergy for allergy for 1 year

- **Family history of allergy:**



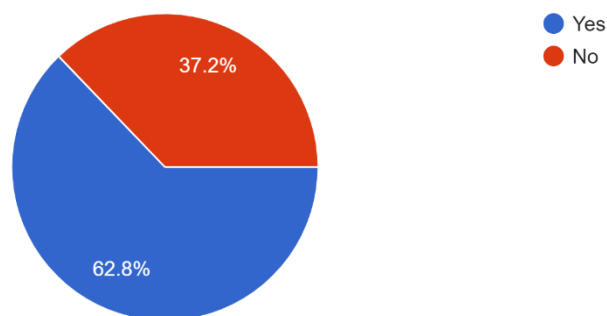
70% patients have a family history of allergy.

- **Experienced an allergic reaction:**



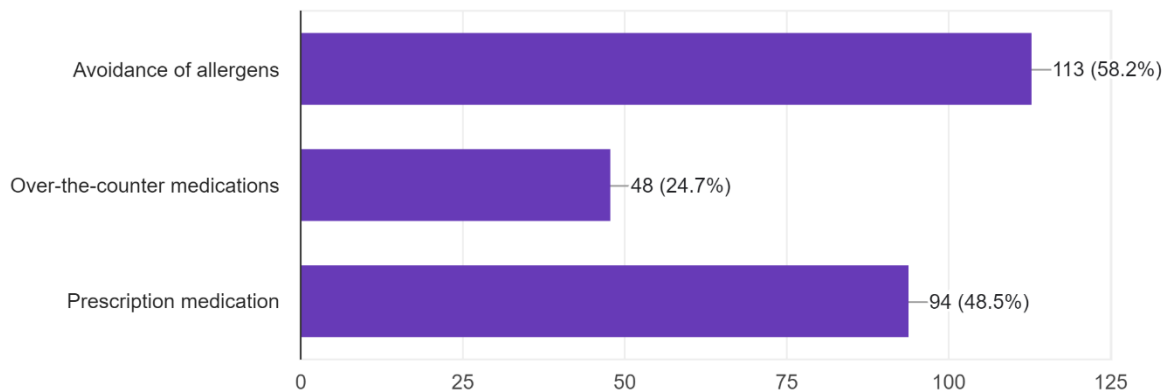
Highest allergic reaction is itching, it's about 58% and Rashes is also in leading position, it's about 50.3% and the lowest reaction is feeling faint.

- **Spoke with a physician**



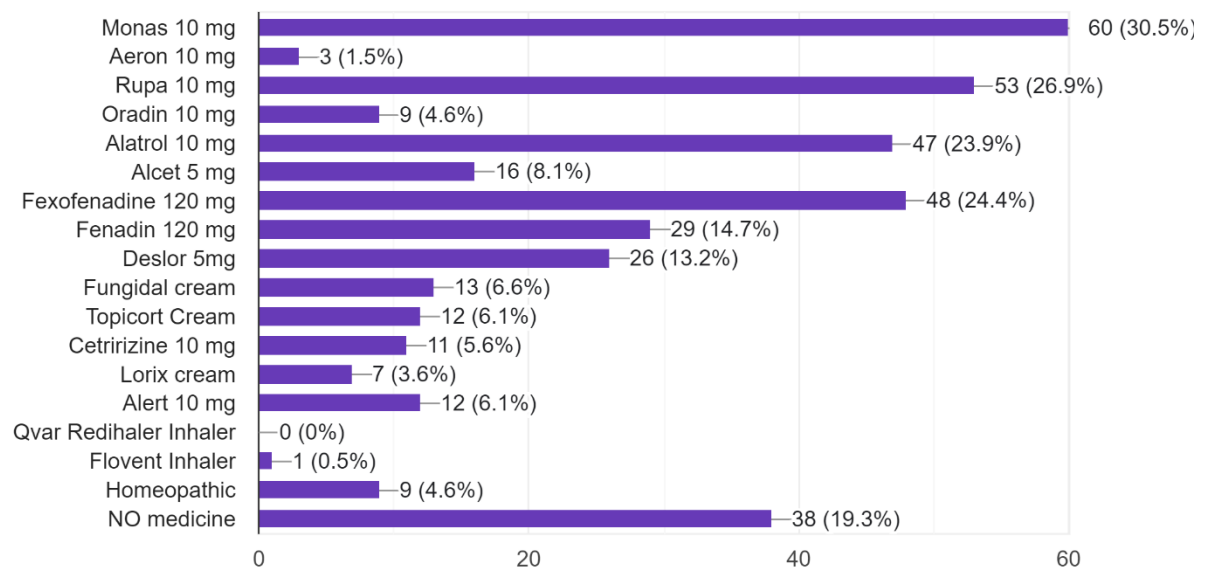
62.8% people consulted a doctor and 37.2% people did not consult a doctor.

- **Management of their allergies:**

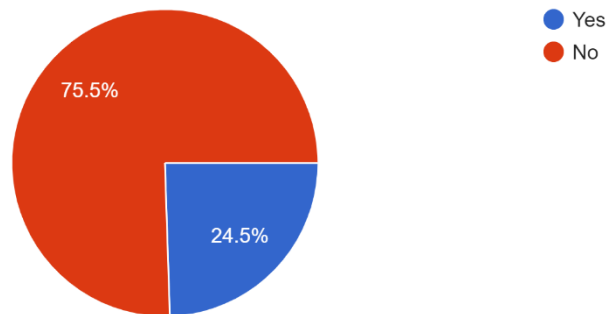


58.2% people avoiding allergens, 24.7% people using OTC drug and 48.5% people taking prescribed medication for the management of their allergic condition.

- **Medicines that are currently taking for allergies:**

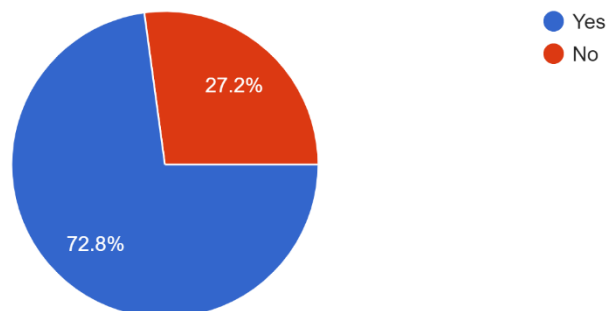


- Most of the people, approximately 30.5% patients taking Monas 10 (Montelukast sodium USP)
- Fexofenadine 120 mg, Alatrol 10 mg (cetirizine Hydrochloride IP 10 mg) and Deslor (Desloratadine) is also in leading position.
- 6.6% people are using Fungicidal Cream and 6.1% are using Topicort cream.
- 4.6% patients are using Homeopathic medicines
- 19.3% don't using any medication for treating allergies.
- **Suffer from Thyroid related problems:**



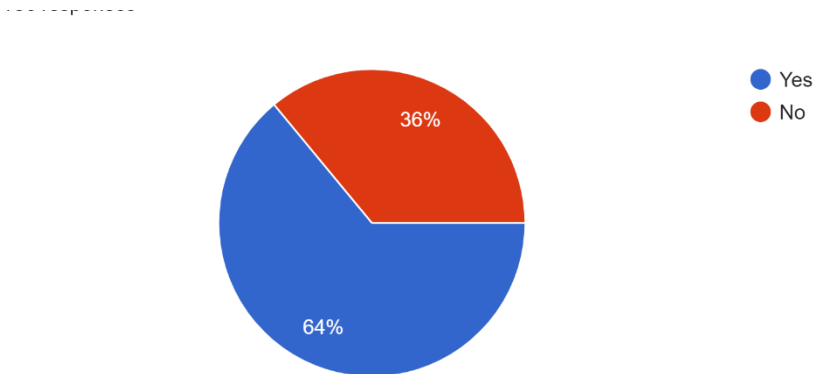
The people who suffer from allergy, among them 75.5% patients are also suffering from thyroid related problem.

- **Satisfaction with the medicine prescribed by the doctor:**



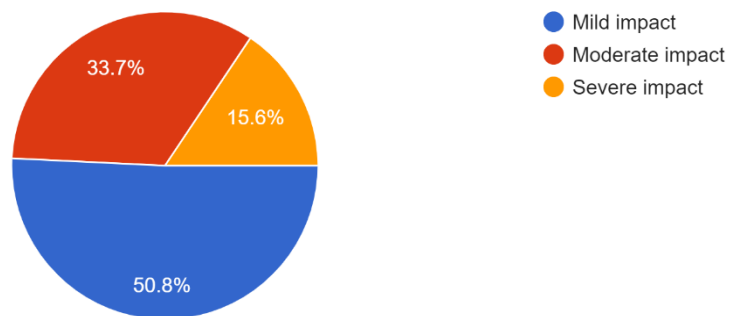
- 72.8% patients are satisfied with the prescribed medicine by the doctor.

- **Effects of allergies on work or academic performance:**



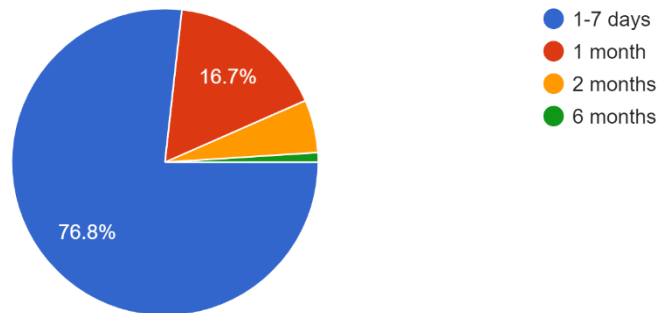
64% people's work or academic performance is affected by the allergy problem.

- **Effects on Daily life and Activities:**



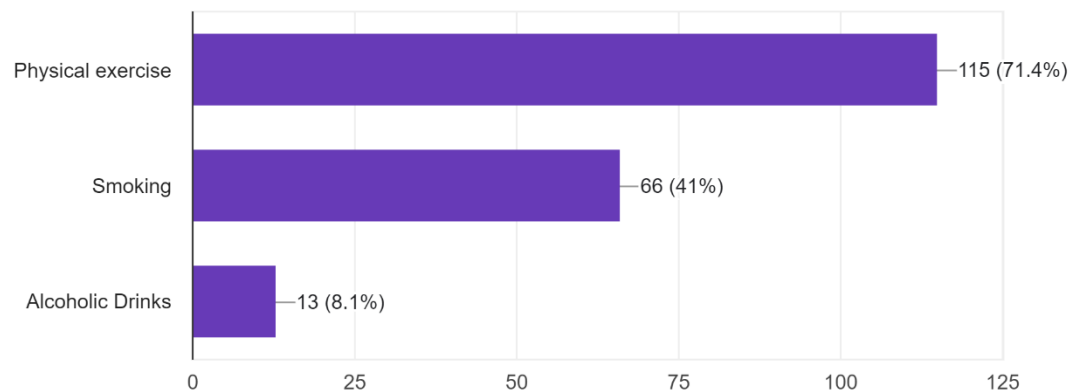
Allergy provides mid impact on 50.8% patients. It provides moderate impact on 33.7% patients and severe impact on 15.6% patients

- **Duration of allergic reaction after it occurs:**



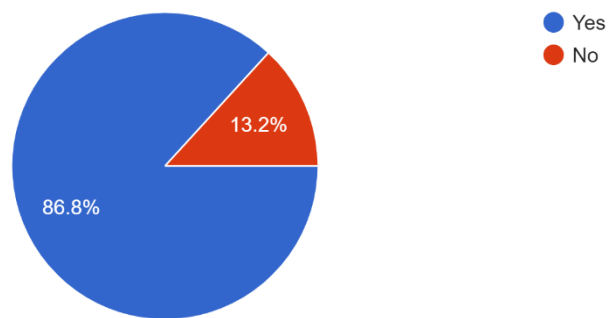
After starting hypersensitivity, it remains 1–7 days in 76.8% of patients. It also remains 1 month in about 16.7% of patients.

- **Lifestyle or Habits:**



- 71.4% patients regularly do exercise.
- 41% patients regularly smoke cigarettes.
- 8.1% patients consume alcoholic drinks.

- **Aware of lifestyle change for prevention of allergies:**



86.8% people want to change their lifestyle for preventing allergies.



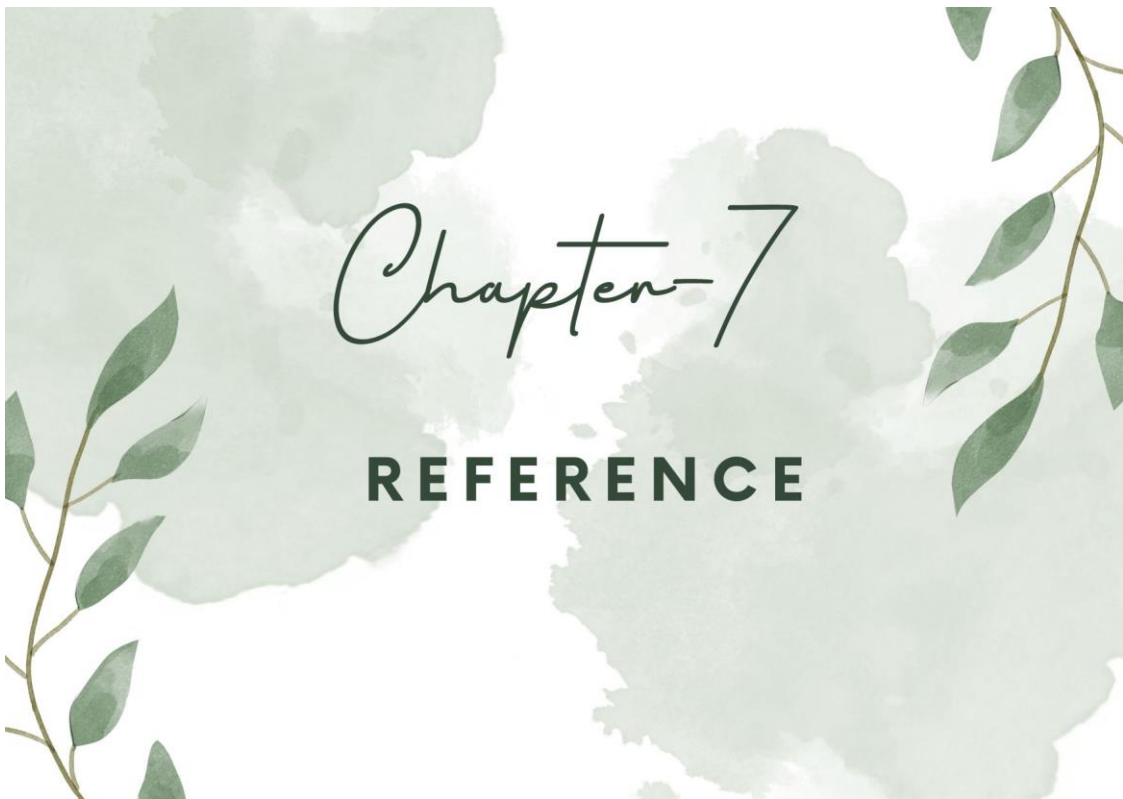
6.1 Conclusion:

Described the procedures used in gathering the survey's results. This might include the age range of the those involved, the survey tools (assessments, conversations, and the methods of sampling).

Provide the results of the survey on the frequency of various allergens in the group that was surveyed. That could encompass sensitivities to specific meals, mite and dust pollen, bites from insects, etc. Give numbers or figures to back up these conclusions.

Examine how allergic reactions affect individual day-to-day experiences. That might include both the mental consequences of dealing with sensitivities, such as stress or tension, and the physiological signs, like wheezing, itching, difficulties with respiration, etc.

Talk about the ways that allergens impact the way individuals experience their quality of existence in terms of relationships with others, efficiency at place of employment or social engagement, and their overall health.



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