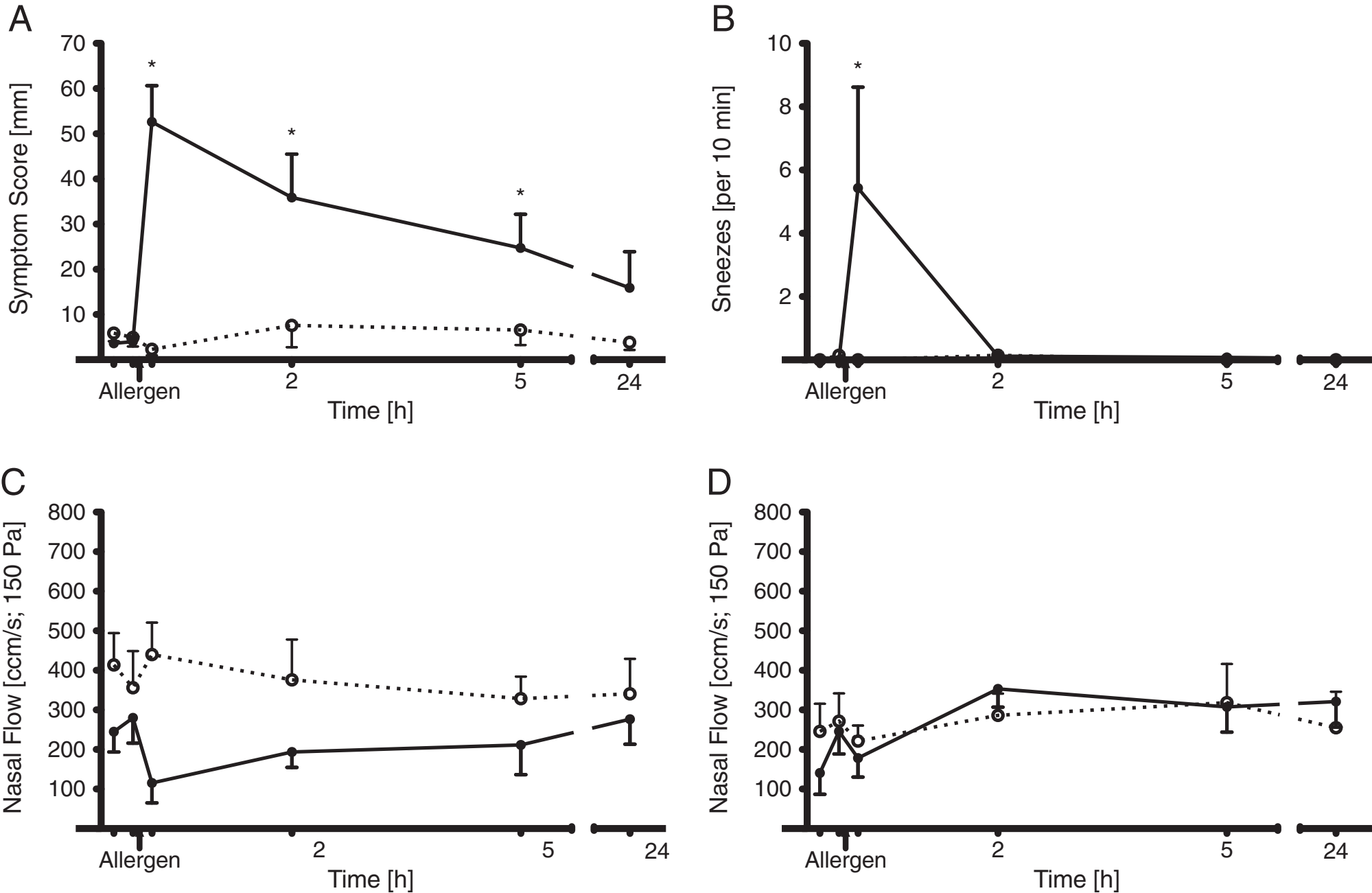
A
Symptom Score [mm]
70
60
50
40
30
20
10
*
*
*
Allergen
2
5
24
Time [h]
B
Sneezes [per 10 min]
10
8
6
4
2
*
Allergen
2
5
24
Time [h]
C
Nasal Flow [ccm/s; 150 Pa]
800
700
600
500
400
300
200
100
Allergen
2
5
24
Time [h]
D
Nasal Flow [ccm/s; 150 Pa]
800
700
600
500
400
300
200
100
Allergen
2
5
24
Time [h]