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## Editorial

# Old man's drip: What's new

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"Old man's drip" is a term colloquially used to describe a condition similar to gustatory rhinitis that affects elderly individuals (persons over 65), more common in patients with Parkinson's disease.<sup>1</sup> Patients characteristically report acute onset copious mucoid rhinorrhoea, immediately after ingestion of hot or spicy food, without excessive sneezing, itching, nose block or facial pain.<sup>2</sup> These symptoms are usually temporary and resolve on their own once the triggering food or stimulus is no longer present. Thus, not typically a cause for serious concern, this phenomenon can be bothersome, embarrassing and affect an individual's quality of life.

It is due to an abnormal gustatory reflex with no allergen or underlying inflammation.<sup>2</sup> Main culprit is capsaicin, which is present in chili, sauce, and pepper. Onion, vinegar and mustard have also been found to cause the same. They stimulate the afferent trigeminal sensory nerves present in the upper aerodigestive tract, triggering the reflex.<sup>3</sup> Further it stimulates the post ganglionic para-sympathetic (cholinergic) efferent nerves which innervate submucosal glands of the nasal mucosa, leading to rhinorrhoea. Severe gustatory rhinitis may be considered a useful biomarker for the diagnosis of synucleinopathy.<sup>4</sup>

In the absence of any confirmatory objective tests, stimulation of the tongue tip with drops of lemon juice and observing for rhinorrhoea may help with diagnosis.<sup>5</sup> Management strategies for this condition might align with

those used for gustatory rhinitis, focusing on identifying triggers and employing avoidance techniques or symptom-alleviating measures as appropriate. Keeping a food diary to note which foods or drinks lead to symptoms can help determine the specific triggers, and avoid them.

If avoidance of triggering factors is not possible, nasal ipratropium bromide used just before the ingestion of the offending food, is effective in relieving symptoms in some patients.<sup>6</sup> While gustatory rhinitis is not caused by allergies, antihistamines might help alleviate symptoms by reducing nasal secretions.

Blocking the outgoing nasal sensory stimulation via capsaicin desensitization or incoming parasympathetic signal via endoscopic vidian neurectomy helps in controlling nose hyperresponsiveness and rhinorrhoea. The ingestion of capsaicin in the everyday diet or topical application helps in decreasing the amount of local neuropeptides (including substance P) and desensitization occurs.<sup>7</sup> Botulinum toxin-A injection in the middle and inferior turbinates, helps by blocking the release of acetylcholine but is effective for a short duration of 8-12 weeks.<sup>8</sup> Since vidian neurectomy is associated with various complications, nowadays posterior nasal nerve resection is advisable, as it is well tolerated and gives long-lasting relief.<sup>9</sup>

While there's no specific cure for gustatory rhinitis, identifying triggers and employing the above-mentioned management strategies can help reduce the frequency and severity of symptoms, allowing individuals to enjoy their

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meals without the discomfort of a runny nose.

### Conflict of Interest

None.

### References

1. Kano O, Yoshioka M, Nagayama H, Hamada S, Maeda T, Hasegawa T, et al. Young Japanese Expert Group for Parkinson's Disease and Movement Disorders: a consecutive multicenter study in Japanders: YJ-Expands. Rhinorrhea in Parkinson'. *J Neurol Sci*. 2014;343(1-2):88–90.
2. Georgalas C, Jovancevic L. Gustatory rhinitis. *Curr Opin Otolaryngol Head Neck Surg*. 2012;20:9–14.
3. Costa RM, Liu L, Nicolelis MA, Simon SA. Gustatory effects of capsaicin that are independent of TRPV1 receptors. *Chem Senses*. 2005;30(1):198–200.
4. Yamakawa K, Kondo K, Unaki A, Saigusa H, Horikiri K, Yamasoba T. Gustatory rhinitis in multiple system atrophy. *Rhinology*. 2021;6(1):67–70.
5. Franceschini SS, Muscatello L, Berrettini S. A case of gustatory rhinorrhoea. *Rhinology*. 1997;35(1):41–3.
6. Choudry NB, Harrison AJ, Fuller RW. Inhibition of gustatory rhinorrhoea by intranasal ipratropium bromide. *Eur J Clin Pharmacol*. 1992;42(5):561–3.
7. Van Rijswijk J, Blom HM, Fokkens WJ. Idiopathic rhinitis, the ongoing quest. *Allergy*. 2005;60(12):1471–81.
8. Sapci T, Yazici S, Evcimik MF, Bozkurt Z, Karavus A, Ugurlu B, et al. Investigation of the effects of intranasal botulinum toxin type A and ipratropium bromide nasal spray on nasal hypersecretion in idiopathic rhinitis without eosinophilia. *Rhinology*. 2008;46(1):45–51.
9. Ikeda K, Yokoi H, Saito T, Kawano K, Yao T, Furukawa M. Effect of resection of the posterior nasal nerve on functional and morphological changes in the inferior turbinate mucosa. *Acta Otolaryngol*. 2008;128(12):1337–78.

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