

Allergy Relief With Acupuncture And Herbal Medicine

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Researchers confirm that acupuncture significantly alleviates allergic rhinitis, a condition characterized by a runny or stuffy nose, sneezing, and itchy or watery eyes. Also known as hay fever, allergic rhinitis is often triggered by pollen, mold, dog or cat hair, and dust mites. Wuyi Traditional Chinese Medicine Hospital researchers (Jiangmen City, Guangdong) confirm that acupuncture and

herbal medicine effectively relieve symptoms and improves quality of life for allergic rhinitis sufferers.

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Symptom scores, blood tests, and nasal endoscopy confirm that acupuncture as a standalone procedure or acupuncture plus herbal medicine significantly alleviate allergic rhinitis. Acupuncture, as a standalone therapeutic modality, achieved a 72% total effective rate. The combination of the herbal formula Xiao Qing Long Tang with warm needle acupuncture achieved a 92% total effective rate. A total of 100 patients were recruited for this comparative study between January 2015 and November 2017.

Inclusion criteria met both biomedical and Traditional Chinese Medicine (TCM) standards for confirmation of allergic rhinitis. The biomedical diagnostic criteria included symptoms of nasal congestion, clear nasal discharge, nasal itching, and sneezing for four or more days per week (at least 4 weeks of the year), inflammation and swelling of the nasal mucosa, positive skin prick test, positive nasal smear, and positive for serum immunoglobulin E antibodies. A TCM diagnosis of deficiency-cold Lung qi was confirmed, with the primary symptoms of intermittent congestion, nasal discharge, nasal itching, and sneezing. Secondary symptoms included itching eyes and throat, pale skin, aversion to wind and cold, turbinate swelling (swelling of the nasal concha), weak voice, red tongue body, thin tongue coating, fine and weak pulse.

The participants were randomly assigned to either a treatment group or a control group. The treatment group (n=50) received warm needle acupuncture plus a modified Xiao Qing Long formula, while the control group received warm needle acupuncture without the use of any herbal medicine (n=50). Both groups were similar in terms of gender, age, and presentation of symptoms. The average duration of allergic rhinitis was 6.48 years in the treatment group and 6.31 years in the control group prior to the investigation.

All participants received warm needle acupuncture, which was implemented at the acupuncture points GV20 (Baihui), LI4 (Hegu), ST7 (Xiaguan), GV14 (Dazhui), BL13 (Feishu), BL23 (Shenshu), and ST36 (Zusanli). Patients were treated in a seated position using 0.30 × 50mm filiform needles. All points were needled bilaterally following regular disinfection. GV20 was needled to a depth of 0.5 cun, LI4 and ST7 to a depth of 1 cun, and the remaining points between 0.5 and 1 cun. Needles were manipulated using a reinforcing technique to obtain deqi, then each needle was topped with a 2cm piece of 7 year matured, smokeless moxa. Needles were retained for 30 minutes and treatment was carried out every other day. Two weeks of treatment made up one course, and a total of four courses of continuous treatment were administered.

In addition to warm needle acupuncture, the treatment group was also prescribed a modified Xiao Qing Long formula which consisted of stir-baked Ma Huang 10g, Xi Xin 6g, Gui Zhi 10g, Bai Shao 10g, Gan Jiang 6g, Ban Xia 10g, and Wu Wei Zi 10g. For patients with yellow mucus, Gua Lou 10g and Huang Qin 10g were added. For patients with severe dampness, Fu Ling 10g was added. For patients with the TCM syndrome of phlegm and qi binding together, She Gan 10g was added. Each dose was decocted by simmering twice to extract 450ml of liquid. This was divided into three doses to be taken every morning, noon, and evening. Two weeks made up one course and a total of four courses of continuous treatment were administered.

Results and Comparison

Results were obtained by means of testing for serum levels of the cytokines interleukin 12 (IL-12) and interferon gamma (IFN- γ), Visual Analogue Scale (VAS), Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ), and TCM syndrome scores. Patients were given a VAS score of 0–10 based on the symptoms of nasal congestion, nasal discharge, nasal itching and sneezing, with 10 being the most severe. The RQLQ score was determined based on seven factors: activity limitation, sleep problems, nasal symptoms, ophthalmic symptoms, non-nasal or ophthalmic symptoms, practical issues, and psychological function. Nasal endoscopy was also used to determine the degree of turbinate swelling.

Following treatment, IL-12 and IFN- γ serum levels were significantly increased ($p < 0.05$) in both groups, with the increase being significantly greater ($p < 0.05$) in the treatment group. VAS scores were significantly reduced ($p < 0.05$) for both groups, with a significantly greater ($p < 0.05$) decrease in the treatment group. RQLQ scores were significantly reduced ($p < 0.05$) in both groups, and the decrease was significantly greater ($p < 0.05$) in the treatment group. TCM syndrome scores were also significantly reduced ($p < 0.05$) in both groups, and again, the decrease was significantly greater ($p < 0.05$) in the treatment group. Turbinate swelling was significantly reduced ($p < 0.05$) in both groups, with the decrease significantly greater ($p < 0.05$) in the treatment group.

Based on the results, treatment of the two groups were classed as either highly effective (improvement of at least 60%), effective (improvement of 25%–60%) or ineffective (improvement of less than 25%). The very effective and the effective scores were added together to give the total effective rate. The total effective rates were 92% for the treatment group (acupuncture plus herbs) and 72% for the control group (acupuncture as a standalone procedure).

The results of this study indicate that warm needle acupuncture effectively reduces symptoms and improves quality of life for allergic rhinitis sufferers. It relieves inflammation and swelling, and reduces the severity of TCM syndromes with a low risk of adverse effects. The addition of a modified Xiao Qing Long formula to this treatment significantly enhances patient outcomes, providing a higher degree of relief in all areas.

Note

1. Chen Liang, Zhang Zhu, Liang Yunyan et al. "Clinical Observation of Modified Xiao Qing Long Decoction Combined with Warm Needling Moxibustion on Allergic Rhinitis" *Hebei Journal of Traditional Chinese Medicine* (2018) May, Vol 40, No.5.