

Allergic Rhinitis

Summary Sheet

Evidence-Based Assessment of Acupuncture Series

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Allergic Rhinitis Overview

Allergic rhinitis (AR) is one of the most common diseases affecting adults, and the most common chronic disease in children in the US.¹ AR affects an estimated 60 million people per year² and carries a substantial financial burden; annual direct costs are estimated at \$3.4 billion with overall costs as high as 11.2 billion.^{2,3} The condition is divided into two types: seasonal (*hay fever*) or perennial (year round), and is characterized by one or more of the following symptoms: sneezing, nasal itching, and nasal congestion.⁴

The most common causes include dust mites, animal dander, molds, and various tree or grass pollens.⁵ Despite the high incidence, the challenge remains to accurately diagnosis the cause and sub-category of AR to best match treatment options. Current biomedical treatments are similar for both types of AR, and include: avoidance measures, decongestants, corticosteroids, and antihistamines.⁵

A survey from Germany found that of the 27% of individuals utilizing complementary therapies for AR, the majority (66%) reported usage due to unsatisfactory biomedical treatment.⁶ Likewise, a U.S.-based survey indicated that ~20% of individuals presenting to an Ear, Nose & Throat clinic also utilized acupuncture for the treatment of AR.⁷



Allergic Rhinitis in Traditional Chinese Medicine (TCM)

TCM practitioners view the body in terms of *Qi*-dynamics and use unique and specific terminology. This is best summarized by the axiom “*one pattern many diseases, one disease many patterns*,” suggesting that identification of the correct pattern (e.g. Kidney *Qi* deficiency) leads to improved patient care through the selection of pattern-specific acupuncture points.

In the case of AR, patients are commonly categorized into 1 of 5 patterns.⁸ TCM-theory suggests that both internal ‘organ-system’ factors (e.g. Lung *Qi* deficiency) and external ‘elemental’ factors (e.g. ‘*wind-heat*’ from pollen) lead to *Qi* blockage in the Lung-system and subsequent symptoms within the nose.

Generally speaking, patients can expect acupuncture performed both locally and distally, with the goal of opening the meridians, removing ‘external elemental’ factors, and supporting the ‘organ-systems.’⁸ In addition to acupuncture, treatments may also include herbal medicine, moxibustion (heat therapy), and home therapies such as nasal washes.

“Where there is free flow there is no pain, where there is pain there is no free flow.”

Findings from the Acupuncture Research

Based on the evidence, acupuncture is beneficial and cost-effective for the treatment of allergic rhinitis (AR).

- The most recent and comprehensive systematic review (with meta-analysis) suggests benefit of acupuncture for AR (either seasonal or perennial).⁹
- The largest clinical trial to date (981 participants) demonstrated benefit and cost-effectiveness of acupuncture combined with usual medical care for the treatment of AR (either seasonal or perennial).^{10,11}

Summary and Commentary

AR is a common condition with substantial medical costs (~\$3.4 billion annually).^{2,3} Current usual care options such as decongestants, corticosteroids and antihistamines are often ineffective, and many patients seek complementary care.^{6,7} Although varying acupuncture treatment protocols have been studied, visit frequencies were similar across clinical trials. In general, participants most often received treatment twice per week for 1-3 months. The most recent evidence from clinical research suggests that acupuncture is beneficial and cost-effective,⁹⁻¹³ and a recent clinical practice guideline by the American Academy of Otolaryngology–Head and Neck Surgery Foundation listed acupuncture as an option for patients with AR.¹⁴



Scope and Purpose of Evidence-Based Assessment of Acupuncture Project

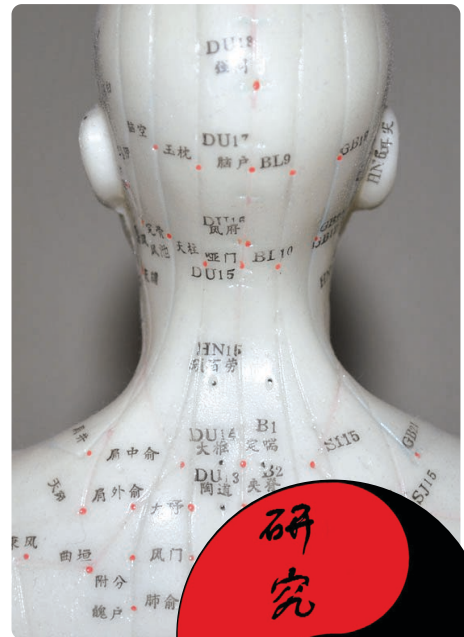
This project is supported by the Society for Acupuncture Research. It includes a growing library of condition specific assessments and summary sheets on topics such as dysmenorrhea, low back pain, neck pain, etc. Our aim is to evaluate the literature with a focus on systematic reviews and randomized controlled trials. When appropriate, other levels of evidence (e.g. case studies) are also referenced. The goal of the project is to inform policy-makers, clinicians, and the public of trends in the acupuncture literature and to provide expert commentary on the state of this evidence.

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