

A Systematic Review of Traditional Chinese Medicine Treatment for Allergic Rhinitis

Xiaoyu Zhao¹, Xi Chen^{1,2,*}

¹Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China

²Affiliated Hospital of Shaanxi University of Chinese Medicine, Xianyang 712000, Shaanxi, China

*Correspondence Author

Abstract: Allergic rhinitis is a non infectious chronic inflammatory disease of the nasal mucosa mediated by immunoglobulin E (IgE). It is a disease characterized by nasal itching, paroxysmal continuous sneezing, watery nasal mucus, and nasal congestion. It is a common and frequently occurring disease in clinical practice, often recurring. In recent years, the incidence rate of the disease is increasing year by year, which brings inconvenience to the life of patients. At present, there is no cure for this disease in clinical practice. But traditional Chinese medicine treatment can effectively control symptoms, improve the body's resistance, reduce the recurrence rate after treatment, and improve the quality of life of patients.

Keywords: Allergic rhinitis, Traditional Chinese Medicine internal treatment method, Traditional Chinese Medicine external treatment methods.

1. Introduction

Allergic rhinitis (AR), also known as anaphylactic rhinitis, is a non infectious chronic inflammatory disease of the nasal mucosa mediated by immunoglobulin E(IgE) in atopic individuals exposed to allergens [1]. The characteristic clinical manifestations of this disease mainly include nasal itching, paroxysmal continuous sneezing, watery nasal discharge, and nasal obstruction. Under nasal endoscopy, the nasal mucosa may appear pale, edematous, congested, or bluish, and watery secretions are commonly found in the nasal cavity. The disease can be diagnosed through a combination of its typical clinical symptoms, nasal inspections, and allergen assessments [2]. Allergic rhinitis (AR) is a prevalent chronic nasal condition worldwide, impacting roughly 10% to 40% of the global population [3]. This condition leads to decreased work efficiency and substantial economic losses [4]. In China, the prevalence of allergic rhinitis varies between 4% and 38% [5]. And according to relevant epidemiological studies, the prevalence of AR in our country has been showing an upward trend year on year [6].

At present, the main purpose of treating allergic rhinitis is to control symptoms and improve patients' living standards [1]. Western medicine frequently employs medications such as antihistamines, leukotriene receptor antagonists, and glucocorticoids, among others [7]. Drug therapy can alleviate symptoms; however, it lacks definitive options, leading to suboptimal long-term outcomes. The condition is susceptible to recurrence, and adverse reactions occur in some patients.

Traditional Chinese medicine offers a unique syndrome differentiation and treatment approach for allergic rhinitis, encompassing diverse treatment modalities such as internal and external therapies. The combined application of these methods can effectively mitigate patients' symptoms while ensuring a certain level of safety.

2. The Traditional Chinese Medicine Understanding of Allergic Rhinitis

From the perspective of traditional Chinese medicine, allergic rhinitis falls under the category of "bi qiu", which was also referred to in ancient times as "qiu bi", "qiu shui", and "qiu liu qing shui" [8]. As the saying goes, "Qiu refers to the discharge of clear mucus from the nose." The names of this disease are all associated with its symptoms. The earliest documentation of this condition dates back to the Western Zhou Dynasty. In "The Book of Rites: Monthly Ordinances," it is referred to as "qiuti" [9]: "If summer practices persist in late autumn, the land will be flooded, winter stores will be ruined, and the people will suffer from frequent qiuti." The term "biqiu" (allergic rhinitis) as a medical diagnosis first appears in "Plain Questions: Interpretation of the Pulse" [10], which reads: "The so-called headache, nasal obstruction, and abdominal swelling caused by pathogenic factors invading the collateral vessels result from the adverse rise of Yangming in the upper body. This upward movement affects the Taiyin collateral vessels in the upper region, hence causing headache, nasal obstruction, and abdominal swelling."

This disease is characterized by a deficiency in the root and excess in the superficiality [11], typically resulting from the weakening of internal organs, insufficient vital qi, a fragile exterior defense, and the invasion of external pathogens. Professor Qiu Mingyi [12] believes that the occurrence of allergic rhinitis is related to the dysfunction of the liver and spleen, and its pathogenesis is spleen and stomach weakness, with a lack of clear yang; Liver stomach disharmony and poor qi circulation. Director Wang Jimei [13] believes that the pathogenesis of this disease lies in the deficiency of lung and spleen qi, insufficient Zong qi, poor operation of qi mechanism, and the stagnation of water and dampness in the nasal cavity. Gan Zuwang [14] believed that the key to allergic rhinitis lies in the lungs, spleen, and kidneys. Gao Zhongying [15] believes that the main external cause of allergic rhinitis is wind toxicity and external pathogens, which disturb the nasal cavity and cause various nasal symptoms. Deficiency of the lungs and spleen provides opportunities for external pathogens to take advantage of, while insufficient kidney yang can exacerbate the stagnation of evil qi in the nose. Wind is the root of all diseases, so when wind evil invades the human body, it is often mixed with other evil qi.

Han Mingxiang [16] also believes that wind pathogen is an important inducing factor for allergic rhinitis, and believes that the reason for its repeated attacks is “phlegm drinking”, and the key to its long-term inability to cure is “stasis”.

3. Syndrome Distribution and Internal Treatment

3.1 Syndrome Distribution Characteristics

The syndrome types of allergic rhinitis in otorhinolaryngology of traditional Chinese medicine are divided into four categories [17], namely: lung qi deficiency cold syndrome, spleen qi weakness syndrome, kidney yang deficiency syndrome, lung meridian underlying heat syndrome. Gaoshan [18] made a statistical analysis of the Traditional Chinese Medicine (TCM) syndrome types of this disease. There are 28 syndrome types, of which the most frequent are lung deficiency cold syndrome, lung qi deficiency syndrome, kidney yang deficiency syndrome and exogenous wind cold syndrome. The characteristics of traditional Chinese medicine treatment are syndrome differentiation and treatment, focusing on three factors, namely, time, place and person. The syndrome types of allergic rhinitis also have regional differences. The north is dominated by cold, while the south is dominated by damp heat. Handemin and other [19,20] people found that the prevalence of allergic rhinitis in different regions had certain differences. This requires doctors to pay attention to syndrome differentiation in the clinical treatment of rhinitis.

3.2 Internal Treatment of Traditional Chinese Medicine

Traditional Chinese medicine boasts extensive experience in treating allergic rhinitis, demonstrating remarkable therapeutic effects. The syndrome of lung qi deficiency and cold is characterized by worsening symptoms in cold environments, spontaneous sweating, susceptibility to colds, shortness of breath with a low voice. The prescribed medication typically includes Wenfei Zhiliu Pill to warm the lungs, disperse cold, nourish qi, and strengthen the exterior. Yin Dahua [21] divided 108 patients with allergic rhinitis into two groups. The control group received oral loratadine and nasal external red light irradiation, while the observation group was additionally administered Wenfei Zhiliu Pill. The results indicated that the treatment efficiency of the observation group reached 96.3%, effectively alleviating the patients' symptoms. The manifestations of Spleen Qi Deficiency syndrome include a yellowish complexion, emaciation, poor appetite, abdominal bloating, loose stools, and feelings of exhaustion and weakness. The prescribed treatment is Buzhong Yiqi Decoction, with modifications to reinforce Qi, strengthen the spleen, lift Yang, and open orifices. Xu Haiyan [22] and colleagues conducted a study on 60 patients with allergic rhinitis (AR), observing the efficacy of heat-sensitive moxibustion combined with Buzhong Yiqi Decoction in treating AR of lung and spleen Qi deficiency type. The experimental group received heat-sensitive moxibustion combined with Buzhong Yiqi Decoction, while the control group underwent conventional anti-allergic treatment. The data revealed that the treatment efficiency in the experimental group was notably higher than that in the control group, with significant relief in patients' symptoms

and an improvement in their quality of life. Wei Maohua [23] also achieved remarkable results in treating 84 cases of allergic rhinitis with Buzhong Yiqi Decoction. Patients with kidney yang deficiency syndrome typically exhibit symptoms such as a pale complexion, cold limbs, sore and weak waist and knees, clear and prolonged urination, and possibly premature ejaculation or spermatorrhea. The treatment of choice is a modified Zhenwu Decoction, which serves to warm and tonify the kidney yang, transform qi, and promote the flow of water. Chen Junxi [24] conducted a study on 132 patients with kidney yang deficiency rhinitis. The control group received conventional treatment, while the observation group received Zhenwu Decoction combined with moxibustion in addition to the conventional treatment. After treatment, the observation group demonstrated a higher effective rate compared to the control group, and the rhinitis symptom scores in the treatment group were significantly lower than those before treatment. The clinical manifestations of lung meridian heat syndrome include itchy throat, dry mouth, and feelings of heat. The prescribed treatment is a modified Xinyi Qingfei Decoction, which clears and disperses lung qi and unblocks nasal passages. Ba Haixia [25] treated moderate to severe allergic rhinitis of the lung meridian heat type with Xinyi Qingfei Decoction combined with western medicine. Statistical analysis revealed that Xinyi Qingfei Decoction is highly effective in treating allergic rhinitis of the lung meridian heat type, with an effective rate reaching 94%.

4. External Treatment Technology of Traditional Chinese Medicine

4.1 Acupuncture Therapy

Acupuncture, as a distinctive therapy in Traditional Chinese Medicine (TCM), boasts advantages such as ease of operation, minimal side effects, rapid onset, and no drug dependence. According to TCM, acupuncture stimulates acupuncture points on the body surface and adjusts the functions of Qi, blood, and viscera through the conduction of meridians throughout the body, thereby achieving the effects of dredging meridians, harmonizing Yin and Yang, strengthening the body's resistance, and eliminating pathogens. Moxibustion possesses the function of warming and opening orifices, enabling it to reach all meridians. Modern medical research has revealed that acupuncture can treat rhinitis through immune regulation, neural regulation, IgE reduction, and alleviation of inflammatory infiltration in nasal mucosa, among other mechanisms [26]. Meng Chunxue [27] conducted a literature review spanning nearly 25 years to uncover the acupoint selection patterns in acupuncture treatment for allergic rhinitis. The results indicated that the top four acupoints were Yingxiang, Hegu, Yintang, and Zusanli, primarily located along the Large Intestine Meridian, Governor Vessel, and Bladder Meridian. Currently, numerous scholars have investigated the clinical efficacy of acupuncture in treating allergic rhinitis. Ji Xu [28] treated 50 patients with allergic rhinitis using acupuncture, incorporating syndrome differentiation in acupoint selection, achieving an overall effective rate of 84%. Yang Gaihong [29] employed acupuncture in conjunction with Shenqi Guizhi Shaoyao Decoction to address allergic rhinitis characterized by lung qi deficiency and cold syndrome, yielding notable therapeutic effects. Zhang Zhenfeng [30] selected 100 patients with

allergic rhinitis due to deficiency of both spleen and kidney. On the basis of conventional acupuncture treatment, additional acupoints such as Yintang, Hegu, and Jingming were targeted with thunder-fire moxibustion, resulting in an overall effective rate of 96%. This suggests that acupuncture combined with thunder-fire moxibustion can effectively alleviate nasal symptoms and enhance quality of life.

4.2 Acupoint Application

As stated in the Yellow Emperor's Inner Canon, "Yang should be nourished in spring and summer, while Yin should be nourished in autumn and winter." Traditional Chinese Medicine (TCM) holds that there is a close connection between humans and nature, emphasizing the preventive treatment approach of addressing health issues before they become diseases. Acupoint application is an external treatment method within TCM, derived from the principles of "treating winter-prevalent diseases in summer" and "addressing symptoms urgently, but addressing root causes gradually." This therapy involves grinding traditional Chinese medicinal herbs into a fine powder, mixing it with water, vinegar, honey, or petroleum jelly to form a paste, and then applying it directly onto specific acupoints. Its advantages lie in being noninvasive, painless, highly safe, time-efficient, easy to perform, and offering precise therapeutic effects. Liu Chengyun [31] selected 100 patients with allergic rhinitis and divided them into two groups. The control group received intranasal acupuncture treatment, while the observation group received traditional Chinese medicine plaster application in addition to the intranasal acupuncture. The results indicated that the clinical symptoms of the patients in the observation group improved significantly, with higher levels of CD3+, CD4+, and CD4+/CD8+ compared to the control group. Yuan Shaoge [32], on the basis of administering oral montelukast chewable tablets to patients, incorporated Biqu powder acupoint application combined with massaging the Yingxiang acupoint. Conclusion: The clinical efficacy of the combined treatment group was remarkable, with an effective rate of 93.3%. The TCM syndrome scores, VAS scores, RQLQ scores, and IgE levels of the pediatric patients were lower than those before treatment. Bi Xiaoyun [33] evaluated the efficacy of acupoint application in the treatment of pediatric allergic rhinitis through a meta-analysis. The analysis results revealed that the effective rate of acupoint application combined with traditional Chinese medicine or Western medicine was higher than that of traditional Chinese medicine or Western medicine alone, and the clinical treatment effect was evident. This may be attributed to the fact that acupoint application can reduce interleukin-4 levels and increase interferon- γ levels.

4.3 Acupoint Catgut Embedding Therapy

Catgut embedding at acupoints is a treatment method combining traditional acupuncture therapy with modern technology. It buries absorbable surgical sutures in the body acupoints for absorption, and the meridians transmit the stimulation ability and information generated during liquefaction to all parts of the human body. At the same time, the nerve humoral mechanism can reasonably adjust the functional state of the body organs [34]. Wan Shanshan [35] used mometasone furoate nasal spray combined with Yingxiang acupoint catgut embedding to treat patients with

moderate to severe allergic rhinitis, which had significant effect and improved the quality of life of patients. Cai Jianbin [36] divided patients with allergic rhinitis into control group and experimental group. The control group was treated with western medicine, and the experimental group was treated with acupoint embedding at Yintang, Dazhui, Yingxiang acupoints, etc. The results showed that the effective rate of the experimental group was 95%, which was significantly higher than that of the control group, indicating that acupoint embedding has positive significance for the treatment of allergic rhinitis.

4.4 Massage Therapy

Traditional Chinese medicine massage, also known as tuina or anqiao, stimulates the meridians and acupoints of the human body through specific techniques to harmonize Qi and blood circulation, balance visceral functions, and alleviate illnesses. Zhu Xiyun [37] treated allergic rhinitis with massage and auricular point pressing therapy, resulting in a significant reduction in symptom scores compared to pre-intervention levels. Wang Guiling [38] divided 68 pediatric patients with allergic rhinitis into an observation group and a control group. The observation group received treatment with Bimin Tang (a herbal decoction) combined with meridian massage, while the control group was treated with beclomethasone dipropionate aerosol combined with Biyuan Tongqiao Gran. The results indicated that the total effective rate in the observation group was significantly higher than that in the control group, with a notable decrease in the frequency of attacks after treatment in the observation group.

4.5 Nasal Topical Medication

Nasal topical medication encompasses nasal drip administration, olfactory inhalation, nasal insufflation, and nasal tamponade. The nasal drip method involves directly instilling medication into the nasal cavity, with commonly used formulations including traditional Chinese medicine decoctions, oils, and nasal drops. Quxiangling [39] conducted experimental research on the intervention effect of compound Yu'e nasal drops on allergic rhinitis in rats, finding that these drops exhibited a significant anti-allergic rhinitis effect in rats, potentially through mechanisms such as regulating the Th1/Th2 balance and inhibiting the secretion of inflammatory cytokines. The olfactory method entails grinding herbs such as Angelica dahurica, Chuanxiong Rhizoma, Asari Radix et Rhizoma, and Magnoliae Flos into fine powder, placing them in a bottle or bag, and having the patient inhale the aroma of the medication to treat the condition. Nasal insufflation involves grinding the medication into an extremely fine powder and using specialized tools to blow the powder into the nasal cavity. Huang Zitang [40] treated 84 patients with allergic rhinitis using Yufeng Hubi Decoction in conjunction with Biyu Powder for nasal insufflation, with results indicating an effective rate of 96.5% and a remarkable therapeutic effect. The method of nasal tamponade is to make the drug into a suitable dosage form and stuff into the nose. The common dosage forms are pills, powders, ointments, etc.

5. Combination of Traditional Chinese and Western Medicine Treatment

Traditional Chinese medicine and Western medicine have their own advantages, and they can work synergistically to complement each other in treatment. At present, drug treatment is a common method. Nasal hormones, antihistamines and leukotriene receptors are first-line drugs, while anticholinergics are second-line drugs [1]. In essence, these drugs are mainly for rapid symptom relief, and have the advantages of convenient use and diverse dosage forms. However, it is difficult to achieve a radical cure, and long-term use is prone to adverse reactions. Traditional Chinese medicine, acupuncture, acupoint application and other traditional Chinese medicine treatment methods can not only alleviate patients' symptoms, but also adjust patients' physique and enhance patients' disease resistance, and the treatment effect is remarkable. These traditional Chinese medicine methods can effectively improve the condition and produce less adverse reactions. According to the different advantages of Chinese and Western medicine, we can use it in combination according to the different stages of the disease. In the acute phase, nasal glucocorticoids combined with antihistamines can be used to control the acute symptoms, and then traditional Chinese medicine can be applied to consolidate the curative effect. The spark of collision between traditional Chinese medicine and Western medicine can explore a new path for the treatment of allergic rhinitis and provide patients with a more comprehensive treatment plan.

6. Conclusion and Prospect

The onset of allergic rhinitis is predominantly due to the impairment of the lungs, spleen, and kidneys, coupled with a deficiency of vital energy, which diminishes the body's adaptability to the external environment. In treating allergic rhinitis, Traditional Chinese Medicine emphasizes a holistic approach, incorporating both systemic and local treatment methods. Adhering to the Traditional Chinese Medicine principle of "avoiding pathogenic influences," it is crucial to shield oneself from wind and cold, prevent colds, actively steer clear of allergens, and refrain from consuming pungent and stimulating foods. The therapeutic effects of TCM are notable and significant, enhancing the body's resistance, with a low recurrence rate post-treatment. However, currently, there lacks a unified standard for TCM syndrome differentiation in allergic rhinitis, and the mechanisms underlying both internal and external TCM treatments have been insufficiently explored. Further research is required in these areas to better integrate TCM into the clinical management of allergic rhinitis.

References

- [1] Allergy Prevention and Control Committee, Chinese Preventive Medicine Association. Expert recommendations on graded prevention of allergic rhinitis [J]. *Zhonghua Yu Fang Yi Xue Za Zhi*. 2025 Jun 6;59(6):766-779.
- [2] of Rhinology S G. Chinese guideline for diagnosis and treatment of allergic rhinitis (2022, revision) [J]. *Chinese journal of otorhinolaryngology head and neck surgery*, 2022, 57(2): 106-129.
- [3] Brożek J L, Bousquet J, Agache I, et al. Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines—2016 revision [J]. *Journal of Allergy and Clinical Immunology*, 2017, 140(4):950-958.
- [4] Bousquet J, Anto J M, Bachert C, et al. Allergic rhinitis [J]. *Nature reviews Disease primers*, 2020, 6(1):95.
- [5] Zhang Y, Zhang L. Prevalence of Allergic Rhinitis in China [J]. *Allergy, asthma & immunology research*, 2014, 6(2):105-113.
- [6] WANG Meng, ZHENG Ming, WANG Xiangdong, ZHANG Luo, et al. Progress in epidemiology of allergic rhinitis in China [J]. *Chinese Archives of Otolaryngology-Head and Neck Surgery*, 2019, 26(8): 415-420.
- [7] REN Zhen-yong, PAN Wan-qi. Approach to idea of treating allergic rhinitis with traditional Chinese medicine [J]. *Shanxi Journal of Traditional Chinese Medicine*, 2021, 37(11):1-3.
- [8] Xiong Da-jing, Liu Peng. Traditional Chinese Medicine Otolaryngology (For the specialty of acupuncture and moxibustion and massage in traditional Chinese medicine) [M]. Beijing: China Traditional Chinese Medicine Press, 2012.
- [9] LIN Weilan, HUANG Mingyu, HUANG Wenbin, PAN Pengyan, et al. Research Progress in the Treatment of Allergic Rhinitis by External Treatment of Chinese Medicine [J]. *Chinese Journal of Ethnomedicine and Ethnopharmacy*, 2021, 30(05):64-67.
- [10] Tan Jin. Study of eight principal syndromes and differentiation of Zang and Fu 140 cases of patients with allergic rhinitis [D]. Chengdu University of traditional Chinese Medicine, 2016.
- [11] WANG Xin, LI Lin, LI Xiaowei, et al. Review of TCM Treating Allergic Rhinitis [J]. *Acta Chinese Medicine and Pharmacology*, 2019, 47(02):122-125.
- [12] HAN Lu, TAO Chunhui. Qiu Mingyi's Clinical Experience in Treating Allergic Rhinitis from the Liver and Spleen [J]. *Basic Traditional Chinese Medicine*, 2025, 4(06):27-31.
- [13] LIU Xiaolu, Wang Jimei, Zhao wenjuan. WANG Jimei's experience in treating allergic rhinitis by the method of tonifying Zongqi [J]. *Clinical Journal Of Chinese Medicine*, 2024, 16(34):90-93.
- [14] YANG Zhoujian, ZHANG Haihong, ZHAO Hui, et al. An Overview of the Experience of Master TCM Doctors in Diagnosing and Treating Allergic Rhinitis [J]. *Journal of Yunnan University of Chinese Medicine*, 2025, 48(01):69-75.
- [15] Tao Rui, Huang Yingpeng, Jiang Yuanyuan, et al. Gao Zhongying's Application of Chaiwu Cangerzi Powder in Allergic Rhinitis [J]. *Journal of Practical Traditional Chinese Medicine*, 2025, 41(04):874-876.
- [16] CHEN Jing-jing, ZHANG Nian-zhi, HAN Ming-xiang. Analysis on HAN Ming-xiang's experience in the treatment of allergic rhinitis [J]. *China Journal of Traditional Chinese Medicine and Pharmacy*, 2020, 35(10):5039-5042.
- [17] Liu Peng. Traditional Chinese Medicine Otolaryngology (Textbook for the 14th Five Year Plan of Higher Education in the National Traditional Chinese Medicine Industry) [M]. Beijing: China Traditional Chinese Medicine Press, 2021.
- [18] Gao Shan. TCM Syndrome and Prescription Distribution of Anaphylactic Rhinitis [J]. *Medical Diet and Health*, 2018, 0(4):7-9.

- [19] Han Deming, Zhang Luo, Huang Dan, et al. Self-reported prevalence of allergic rhinitis in eleven cities in China [J]. Chinese Journal of Otorhinolaryngology Head and Neck Surgery, 2007, 42(5):378-384.
- [20] Chen Jie, Li Youjin, Jiang Fan. Research meteorological environmental factors in children's allergic rhinitis [J]. Journal of Clinical Otorhinolaryngology Head and Neck Surgery, 2014, 28(14):1015-1019.
- [21] YIN Dahua. Efficacy of Modified Wenfei Zhiliu Dan Combined with External Nasal Red Light Irradiation in the Treatment of Allergic Rhinitis of Lung Qi Deficiency and Cold Type [J]. World Journal of Complex Medicine, 2024, 10(09):85-88.
- [22] XU Hai-yan, ZHANG Lin, XU Min, et al. Clinical Efficacy Observation of Heat Sensitive Moxibustion combined with Buzhong Yiqi Decoction for the Treatment of Allergic Rhinitis Lung Spleen with Qi Deficiency [J]. Syndrome Chinese Health Care, 2025, 43(6):19-22.
- [23] Wei Maohua. Analysis of 84 cases of allergic rhinitis treated with modified Bu Zhong Yi Qi Tang in ENT department [J]. The Medical Journal of Industrial Enterprise, 2009, 22(4):40.
- [24] CHEN Junxi, HUANG Donghui, ZUO Xiaohui, et al. Curative Effect of Modified Zhenwu Decoction Combined with Moxibustion on Allergic Rhinitis with Kidney Yang Deficiency [J]. World Chinese Medicine, 2021, 16(16):2468-2472.
- [25] Ba Haixia. Randomized controlled trial of Xin yi Qing fei Drink Decoction in the treatment of moderate-severe persistent allergic rhinitis with heat accumulation in the lung meridian [D]. Xinjiang Medical University, 2022.
- [26] PENG Yongjun, JIANG Xingzhuo, LI Wenqian, et al. Mechanism of acupuncture in the treatment of allergic rhinitis [J]. China Medical Herald, 2020, 17(12):61-64.
- [27] Meng Chunxue, Wang Fei, Zhang Qian, et al. Exploration of Data Mining on the Selection Rules of Acupuncture Points for Treating Allergic Rhinitis [C]. Proceedings of 2024 International Symposium on acupuncture and moxibustion and Moxibustion of the World Federation of acupuncture and moxibustion and Moxibustion Societies, 2024.
- [28] Ji Xu. Research on the clinical effect of Allergic Rhinitis with the treatment of Acupuncture [D]. Capital Medical University, 2013.
- [29] YANG Gaihong, YU Yunhui. Effect of Acupuncture Combined with Shenqi Guizhi Shaoyao Decoction on Allergic Rhinitis [J]. Clinical Research, 2025, 33(06): 113-116.
- [30] Zhang Zhenfeng, Zheng Fenge, Lin Yufen, et al. Acupuncture combined with Thunder Fire Moxibustion for the Treatment of 50 Cases of Allergic Rhinitis of Spleen Kidney Deficiency Type [J]. Hunan Journal of Traditional Chinese Medicine, 2022, 38(11):82-84.
- [31] Liu Chengyun. Clinical Effect of Intranasal Acupuncture Combined with Acupoint Application of Chinese Medicine on Allergic Rhinitis [J]. Basic Traditional Chinese Medicine, 2023, 2(09):26-31.
- [32] YUAN Shaoge, LI Xiaoyan. Biqu Powder Acupoint Application Combined with Kneading and Pressing Yingxiang (LI LI20) in the Treatment of Mild-to-moderate Allergic Rhinitis in Children of Qi Deficiency of Lung and Spleen Type [J]. Chinese Medicine Modern Distance Education of China, 2025, 23(07):119-122.
- [33] BI Xiaoyun, MA Benxu, WANG Xinru, et al. Meta-analysis of randomized controlled trials of acupoint application in treatment of children with allergic rhinitis [J]. Journal of Otolaryngology and Ophthalmology of Shandong University, 2023, 37(04): 75-85.
- [34] Xie Xiaoxia. Clinical observation on treatment of allergic rhinitis with catgut embedding at acupoint [D]. Shanxi College of traditional Chinese Medicine, 2018.
- [35] WAN Shanshan, SHI Haiqing, DENG Lan, et al. Catgut Embedding at Yingxiang (LI20) in the Treatment of Moderate and Severe Allergic Rhinitis [J]. Chinese Medicine Modern Distance Education of China, 2024, 22(23):136-138.
- [36] Cai Jianbin, Kang Mengru. Observation of the Clinical Efficacy of Acupoint Thread Embedding Therapy for Allergic Rhinitis [J]. Modern Medicine and Health Research, 2018, 2(04):155-157.
- [37] Zhu Xiyan. Analysis of the Application Value of Acupoint Massage and Ear Patch Pressure in Patients with Allergic Rhinitis Based on Traditional Chinese Medicine Nursing Intervention [J]. Xinjiang Journal of Traditional Chinese Medicine, 2025, 43(03):83-85.
- [38] Wang Guiling, Wu Hui, Wang Yuanyuan, et al. Clinical observation on the effect of nasal allergy soup combined with meridian massage for children with allergic rhinitis [J]. Chinese Pediatrics of Integrated Traditional and Western Medicine, 2016, 8(03):280-282.
- [39] QU Xiangling, LUO Hongmei, XIONG Chenghuan, et al. Intervention effects and mechanism of Compound yu'e nasal drops on allergic rhinitis in rats [J]. China Pharmacy, 2022, 33(18):2214-2218.
- [40] Huang Zitang, Huang Tingting. 84 cases of allergic rhinitis treated with Yufeng Hubi Tang combined with Biyun San nasal blowing therapy [J]. Journal of Sichuan of Traditional Chinese Medicine, 2010, 28(07):109-110.