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allergic rhinitis:

Rhinite allergique : évaluation de l'acupuncture

Articles connexes: - allergies respiratoires - conduites thérapeutiques - acupuncture expérimentale - qigong -

1. Systematic Reviews and Meta-Analysis

1.1. Generic Acupuncture

Ma 2026 Ma J, Peng M, Song YG, Xu XJ. Efficacy and safety of acupuncture-related therapies in the treatment of allergic rhinitis: a systematic review and meta-analysis. Front Med (Lausanne). 2026;13:1835311. https://doi.org/10.3389/fmed.2026.1835311

Background	Acupuncture therapy, as a complementary and alternative approach for allergic rhinitis (AR), has received increasing attention. However, robust conclusions regarding its effectiveness and safety, either as a standalone treatment or in combination with conventional medication, are still lacking. To systematically assess the effectiveness and safety of acupuncture-related therapies in treating AR, a meta-analysis will be performed. This study is designed to directly compare the three primary interventions: acupuncture therapy plus medication, acupuncture therapy alone, and conventional medication therapy, thereby generating evidence-based recommendations for clinical practice.
Methods	We searched relevant reports published in multiple scientific databases and related registration platforms from January 1, 2014 to December 31, 2025, including medical databases such as PubMed, Embase, the Cochrane Library, CNKI, Wanfang, and VIP. The search process was conducted in both Chinese and English. Randomized controlled trials (RCTs) that compared acupuncture therapy with conventional medication, or acupuncture therapy plus conventional medication with conventional medication for patients with AR were included. Two researchers independently extracted data from the included studies using a standardized form and cross-verified their results upon completion to ensure accuracy. For continuous outcomes, effect sizes were calculated as either the standardized mean difference (SMD) or mean difference (MD), both with 95% confidence intervals (CI). For dichotomous outcomes, risk ratios with 95% CI were used. All statistical meta-analyses, subgroup analyses, and assessment of publication bias were performed using RevMan 5.4 software.

Results	This meta-analysis included **38 RCTs involving 3,349 participants**. The results showed that, compared with conventional medication alone, both acupuncture therapy alone (SMD = -0.65, 95% CI [-1.17, -0.14]) and acupuncture therapy combined with conventional medication (SMD = -1.18, 95% CI [-1.84, -0.51]) reduced the Total Nasal Symptom Score (TNSS) at the end of treatment. Additionally, improvements were observed in Quality of Life Questionnaire (RQLQ) score (acupuncture therapy: SMD = -1.16, 95% CI [-1.42, -0.90]; combined therapy: SMD = -1.40, 95% CI [-1.95, -0.86]). The reported adverse effects associated with acupuncture therapy were mild and transient. These findings suggest that acupuncture-related therapies demonstrate significant improvements in key outcome measures and may represent an effective and safe approach for treating AR, although the quality of evidence remains low.
Conclusion	Acupuncture-related therapies have shown promising effectiveness in treating AR, effectively alleviating symptoms, improving quality of life, and causing only mild adverse reactions. However, the quality of evidence for certain outcome indicators in the included studies remains low. It is recommended that further validation be conducted through large-scale, multi-center, high-quality RCTs to provide higher-level evidence-based medical support.

1.1.1. Du 2022

Shi-hao Du, Wei Guo, Chao Yang, Sheng Chen, Sheng-nan Guo, Shuo Du, Zhong-ming Du, Yu-tong Fei, Ji-ping Zhao. Filiform needle acupuncture for allergic rhinitis: A systematic review and meta-analysis. Journal of Integrative Medicine. 2022;20(6):497-513.

Background	Filiform needle acupuncture (FNA), the most classical and widely applied acupuncture method based on traditional Chinese medicine theory, has shown a promising effect in the treatment of allergic rhinitis (AR).
Objective	To evaluate the efficacy, safety, cost-effectiveness, and patient preference of FNA in the treatment of AR by comparing FNA with sham acupuncture, no treatment, and conventional medication.
Methods	Search strategy:Eight electronic databases were systematically searched from inception to October 14, 2021. Additional studies were acquired from clinical trial registration platforms and reference lists. Inclusion criteria: Randomized controlled trials were included if they compared FNA with either sham acupuncture, no treatment or conventional medication for AR. Data extraction and analysis: Two researchers extracted data independently of each other using a predesigned data acquisition form, and results were cross-checked after completion. The primary outcome was symptom score (Total Nasal Symptom Score or Visual Analogue Scale), and the secondary outcomes were the AR control questionnaire, quality of life (QoL) score (Different versions of Rhinoconjunctivitis Quality of Life Questionnaire), medication score (use of rescue medication), mental health score, total IgE, adverse event rate, clinical economic indicators, and patient satisfaction score. Standardized mean difference (SMD) or mean difference (MD) with 95% confidence interval was used to calculate the effect size for continuous data, while risk ratio with 95% CI was used for dichotomous data.

Results	**Thirty studies** were included in this review. Compared with sham acupuncture, FNA significantly reduced the symptom score (SMD: −0.29 [−0.43, −0.15]), AR's impact on QoL (SMD: −0.23 [−0.37, −0.08]) and medication score (SMD: −0.3 [−0.49, −0.11]). Compared with no treatment, FNA dramatically reduced the symptom score (SMD: −0.8 [−1.2, −0.39]) and AR's impact on QoL (SMD: −0.82 [−1.13, −0.52]). There were no increased rates of adverse events with FNA compared to sham acupuncture and no treatment. FNA increased patient satisfaction and may be cost-effective. Most pieces of evidence from the above two comparisons were of high confidence. Moreover, FNA significantly outperformed conventional medication in reducing the symptom score (SMD: −0.48 [−0.85, −0.1]) and displayed a lower rate of adverse events, but the quality of evidence was very low.
Conclusion	FNA is an effective and safe intervention for AR and can help with symptom relief, QoL improvement, reducing medication usage, and increasing patient satisfaction. Further studies are needed to verify its cost-effectiveness and superiority over conventional medication and the best therapeutic strategies.

1.1.2. He 2022

He M, Qin W, Qin Z, Zhao C. Acupuncture for allergic rhinitis: a systematic review and meta-analysis. Eur J Med Res. 2022 Apr 25;27(1):58. https://doi.org/10.1186/s40001-022-00682-3.

Background	In this study, we attempted to assess the efficacy and safety of acupuncture for allergic rhinitis (AR), and to test the robustness of the estimated effects.
Methods	The Cochrane methodology standard was followed to conduct this systematic review. Randomized controlled trials (RCTs) comparing acupuncture with other therapies for AR were included. Furthermore, trial sequential analysis was conducted to test the robustness of pooled results. **Thirty trials with 4413 participants** were included.
Results	Acupuncture improved the nasal symptoms on Total Nasal Symptom Score (TNSS) and quality of life measured by Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) in adults with AR, compared to acupuncture with no intervention. Acupuncture was also shown to be more effective than sham acupuncture for nasal symptom (RQLQ subscale, n = 489, MD - 0.60, 95% CI - 1.16 to - 0.04) and quality of life (RQLQ, n = 248, - 8.47 95% CI - 14.91, - 2.03). No clear difference was observed between acupuncture and cetirizine or loratadine. Interestingly, trial sequential analysis (TSA) failed to confirm the aforementioned results. The effect of acupuncture for children/adolescents with AR remains unclear due to insufficient data. The performance bias and attrition bias are serious in most studies that were included. Selection bias may also have affected the quality of the evidence.
Conclusion	Acupuncture may have an advantage over no intervention and sham acupuncture in improving nasal symptoms and quality of life for adults with AR. The effect of acupuncture and cetirizine or loratadine for AR may be similar. Additional trials are necessary to confirm these results.

1.1.3. Schutzmeier 2022

Schutzmeier P, Kutzora S, Mittermeier I, Becker J, Bergmann KC, Böse-O'Reilly S, Buters J, Damialis A, Heinrich J, Kabesch M, Mertes H, Nowak D, Korbely C, Walser-Reichenbach S, Weinberger A, Heinze S, Steckling-Muschack N, Herr C. Non-pharmacological interventions for pollen-induced allergic symptoms: Systematic literature review. Pediatr Allergy Immunol. 2022 Jan;33(1):e13690. https://doi.org/10.1111/pai.13690

Background	Allergic diseases pose a health problem worldwide. Pollen are widespread aeroallergens which can cause symptoms like shortness of breath, cough, itchy eyes, or rhinitis. Apart from preventive measures and pharmacological treatment, also non-pharmacological interventions have been suggested to reduce symptoms. The objective of this work was to review studies investigating the effectiveness of non-pharmacologic interventions to reduce allergic symptoms.
Methods	PubMed, EMBASE, and CENTRAL were systematically reviewed in July 2018 and April 2020. Several authors worked on the screening of titles, abstracts, and full texts. One author for each literature search performed the data extraction and the risk of bias assessment. Studies were included if they met the inclusion criteria defined by the PECOs. Studies which investigating the effect of non-pharmacologic interventions on patients with allergic rhinitis were included.
Results	Twenty-nine studies investigating eleven types of non-pharmacologic interventions to avoid and reduce allergic symptoms due to pollen exposure were included in this review. Out of all studies, seven studies addressed nasal rinsing and 22 included **acupuncture**, air filtering, artisanal tears, individual allergen avoidance advice, various nasal applications, self-hypnosis, rhinophototherapy, and wraparound sunglasses.
Conclusion	Most studies had a high risk of bias and small sample sizes. There were only a few high-quality studies that give hints about the effectiveness of non-pharmacological interventions. For future research, more high-quality studies are required to confirm the effectiveness of simple, safe, and cost-effective interventions.

1.1.4. Yin 2020

Yin Z, Geng G, Xu G, Zhao L, Liang F. Acupuncture methods for allergic rhinitis: a systematic review and bayesian meta-analysis of randomized controlled trials. Chin Med. 2020. [212693]. doi

Background	Allergic rhinitis (AR) is a common symptomatic, inflammatory, and immunological disorder of nasal mucosa. Multiple clinical trials and systematic reviews have implicated acupuncture methods as potentially effective treatment strategies for AR, however, considering the great burden of AR, it is crucial to explore the most recent clinical evidence supporting acupuncture in AR. Besides, the methodologies reported in previous studies as well as those commonly applied during clinical practices greatly vary. Herein, we conducted network meta-analysis to compare the effectiveness of diverse acupuncture methods for AR treatment.
Methods	We conducted a literature search for relevant reports published from inception to 1 July 2020 in several scientific databases, including PubMed, Embase, Cochrane library, Web of Science, CNKI, WF, VIP, CBM, AMED as well as related registration platforms. Primary outcomes as reported in the identified studies were assessed using nasal symptoms. All Meta-analyses were performed with RevMan, ADDIS, and STATA software. To ensure consistency among our reviewers, the intra-class correlation coefficient was used.
Results	Exactly **39 studies with 3433 participants** were covered in this meta-analysis. The meta-analysis demonstrated that all acupuncture types were superior to sham acupuncture in terms of total nasal symptom score and rhinoconjunctivitis quality of life questionnaire. Moxibustion was recommended as the most effective intervention as it reduced nasal symptoms in 6 treatments. On the other hand, manual acupuncture plus conventional medicine was recommended as the most effective intervention in improving the quality of life in 9 treatments. Notably, moxibustion was recommended as the most effective intervention that changed the content of IgE in 9 treatments. Moreover, adverse events of these interventions were acceptable.

Conclusion	Our findings revealed that all acupuncture methods are effective and safe for AR. Moreover, either moxibustion or manual acupuncture plus conventional medicine are potentially the most effective treatment strategies for AR. Based on these findings, it is evident that acupuncture therapy is not inferior to pharmacologic therapy. Therefore, for AR patients who are either unresponsive to conventional medicine or are intolerant to adverse events, acupuncture therapy should be administered. However, the quality of these included trials was mainly ranked as moderate quality, we recommend additional well-designed RCTs with larger sample sizes to validate these findings.

1.1.5. Liu 2016

Liu Jie, Hong Jue, Zhang Cui-hong, et al. Acupuncture for allergic rhinitis: a systematic review and meta analysis Journal of Acupuncture and Tuina Science. 2016;14(6):426. [191959].

Objective	To analyze and review the clinical efficacy of acupuncture (including electroacupuncture) alone for allergic rhinitis (AR) and to compare its efficacy with antihistamines and Chinese patent medicine Bi Yan Kang Tablet.
Methods	The search strategy, inclusion and exclusion criteria were made according to the principie of evidence-based medicine. We performed a systematic search on China National Knowledge lnfrastructure (CNKI), Wanfang Academic Journal Full-text Database (Wanfang), Chongqing vlP Database (CQVIP), Chinese Biomedical Literature Database (CBM), PubMed, Excerpta Medica Database (EMBASE), Web of Science, Cochrane Library, and Cochrane Central Register of Controlled Trials (CENTRAL) for randomized controlled trials (RCT5) of acupuncture for allergic rhinitis between January 1990 and December 2015. The quality was evaluated by Cochrane Handbook for Systematic Reviews of lnterventions Version 5.1, and the meta-analysis was conducted by RevMan 5.3 version.
Results	Twenty eligible RCTS were included into the meta-analysis after selection. Compared with antihistamines, the meta-analysis showed RR=1.24>1, 95%Cl[1.15, 1.33], P<(0.00001, indicating that acupuncture achieved a better total effective rate for AR than antihistamines; MD=-O.93<(O, 95%Cl[-1.22, - 0.63], P<(O.00001, indicating that acupuncture is better than antihistamines in decreasing the total nasal symptom score (TNSS) in AR patients; and MD==1.46>0, 95%Cl[-lo.84, 13.75], P=0.82, indicating that there was no statistical difference between acupuncture and antihistamines in regulating immunoglobulin E (lgE) in AR patients. Compared with Bi Yan Kang Tablet, the meta-analysis has shown RR=1.50>1, 95%Cl[1.30, 1.73], P<(O.00001, indicating that acupuncture achieved a better total effective rate for AR than Chinese patent medicine Bi Yan Kang Tablet.
Conclusion	Acupuncture alone can achieve a better total effective rate for AR than antihistamines and Bi Yan Kang Tablet. Lt is also better than antihistamines in improving clinical symptom scores; however, whether acupuncture is better than Bi Yan Kang Tablet needs further proof. As far as current data are concerned, there was no statistical difference between acupuncture and antihistamines in improving serum lgE; further study is neededi n this regard. The risk of bias due to absent randomization methods or blinding implementation decreased the evidence level of the overall conclusion.

1.1.6. Qu 2016

Qu Shu-Han, Liu Yun-Xia. [Systematic review and meta-analysis of the randomized controlled trial of acupuncture for allergic rhinitis]. World Journal of Integrated Traditional and Western Medicine. 2016;7:900-906. [187067].

Objectives	To evaluate the efficacy and safety of acupuncture for allergic rhinitis (AR) with the systematic review of evidence - based medicine.
Methods	The database of CNKI, VIP, Wanfang, Pubmed and Cochrane Library were retrieved. The relevant and unpublished conference paper and academic dissertation were traced. Additionally, the references of retrieved literatures and the reviews of paper were supplemented. The deadline time of retrieval was November 2015. The randomized controlled trials (RCTs)of AR were collected in terms of the treatments with simple acupuncture or combined therapy of acupuncture and relevant adjuvant treatment/ control positive medication (or sham - acupuncture/ blank control/ placebo). RevMan5. 2 was used for the combination of the literatures with low clinical heterogeneity for the Meta - anal-ysis. Otherwise, the qualitative analysis was followed.
Results	The effective rate in the **simple acupuncture group was apparently higher than that in the western medicine group**, that in the **combined group of acupuncture and electroacupuncture was apparently higher than that in the western medicine group**, and that in the **simple acupuncture group was apparently higher than that in the sham - acupuncture group**. The results of quantitative analysis showed: for the improvement of the effective rate of AR symptoms treated with basic ther-apy of acupuncture (or combined with other adjuvant treatment), the results were better than or equal to those in the control group. Limitation: due to the language issue, the literatures of Chinese and English version were included, which possibly induced selection bias. The results for the positive results were easily published, which could induce the potential publication bias of the included literatures.
Conclusions	Acupuncture or the adjuvant therapy with electric stimulation combined has a certain efficacy on the symptoms of AR and displays the long - term efficacy. The safety of acupuncture has not been evaluated definitely at present yet.

1.1.7. Feng 2015

Feng S, Han M, Fan Y, Yang G, Liao Z, Liao W, Li H. Acupuncture for the treatment of allergic rhinitis: a systematic review and meta-analysis. Am J Rhinol Allergy. 2015;29(1):57-62. [177791]

Background	Because acupuncture may modulate the immune system, it has been proposed as a useful treatment for patients with allergic rhinitis (AR). Here, we assessed the evidence for the clinical efficacy of acupuncture for the management of AR patients by performing a systematic review and meta-analysis of the published literatures.
Methods	By searching PubMed, EMBASE, the Cochrane clinical trials database, and the China National Knowledge Infrastructure from 1980 through July 11, 2013, we collected and analyzed the randomized controlled trials (RCTs) of acupuncture for the treatment of AR patients to assess its efficacy and safety.
Results	Thirteen full papers that met our inclusion criteria were included, and a total of 2365 participants, including 1126 as treatment group and 1239 as control group, were enrolled. Compared with control group, acupuncture treatment group exerted a significant reduction in nasal symptom scores (weighted mean difference [WMD]: -4.42, 95% confidence interval [CI]: -8.42 to -0.43, p = 0.03), medication scores (WMD: 1.39, 95% CI: -2.18 to -0.61, p = .0005), and serum IgE (WMD: -75.00, 95% CI: -91.17 to -58.83, p < 0.00001). Data relating to Rhinitis Quality of Life Questionnaire (RQLQ) and 36-Item Short-Form (SF-36) component score in included studies were analyzed, which ultimately point to the efficacy of acupuncture treatment in improving quality of life in AR patients. No fatal events were reported in any of the included studies, and no serious systemic reaction, which needed treatment in the hospital, was related to the acupuncture treatment.

Conclusion	Our meta-analysis suggests that that acupuncture could be a safe and valid treatment option for AR patients.

1.1.8. Li 2013 ☆

Li Xinrong, Zhang Qinxiu, Liu Min, Zhang Fubing, Wang Xiaopei. [Acupuncture for allergic rhinitis: a systematic review]. Journal of Liaoning University of Traditional Chinese Medicine. 2013;3:51-57. [187009].

Objectives	To examine the efficacy and safety of acupuncture in the treatment of allergic rhinitis.
Methods	A search was performed to gather randomized controlled trials about acupuncture treatment for allergic rhinitis in PubMed, ASP (Academic Source Premier)of ECSCO, MEDLINE, China National Knowledge Infrastructure (CNKI), Wanfang database, and the database of Chinese Clinical Trial Registry as well as the database of scientific dissertation and conference papers. The randomized controlled trials which involved acupuncture treatment for allergic rhinitis and met the inclusion criteria were selected. Then assessment was conducted for the qualities of these trials, interventions, outcome measurements and results.
Results	There were **8 clinical trials selected**. A Meta-analysis was performed on a total of **204 patients involved in 3 papers** in which nasal symptoms scores had been used as the primary outcome measurements. The SMD (standardized mean difference)was-0. 642, 95%CI (confidence interval)was-0. 942~-0. 360. The rhombus located on the leftward of the null line in the forest plots. This indicated that acupuncture could decrease nasal symptoms and be benefit to relieve allergic rhinitis. Because of clinical differences and various outcome measures, other data was not combined in Meta-analysis, and a descriptive analysis was performed. The result indicated a positive effect of acupuncture in improving the efficiency of allergic rhinitis. And two trials reported acupuncture was benefit for improvement of serum special IgE. Only one trial referred to eosinophils.
Conclusions	It suggested that **acupuncture is an effective treatment for allergic rhinitis and there is no severe side effect**. But there is still a need for more randomized controlled clinical trials in which correlated laboratory indexes should be reported besides symptoms. Moreover, trials with high quality to assure high internal validity are expected to be conducted in China.

1.1.9. Xiao 2009 ☆

Xiao L, Li B, Du Yh, Xiong J, Gao X.. [Systematic Evaluation of the Randomized Controlled Trials about Acupuncture and Moxibustion Treatment of Allergic Rhinitis]. Chinese Acupuncture and Moxibustion. 2009;29(6):512-6. [154891].

Objectives	To evaluate the clinical effect and safety of acupuncture and moxibustion treatment for allergic rhinitis and to analyze the present situation of clinical researches.
Methods	A search in PubMed, Cochrane Library, Chinese Biology Medicine (CBM) disk, and China National Knowledge Infrastructure (CNKI) databases was performed to gather the randomized controlled trials about acupuncture and moxibustion treatment for allergic rhinitis, identify additional clinical trials met the inclusion criteria and measure their qualities by using Cochrane Reviewers' Handbook 5.0. Statistical analysis was carried out by RevMan 4.2.8.

Results	A meta-analysis was performed on a total of **1076 patients involved in 12 papers** which met the inclusion criteria. There were **significant differences** in both cure rate (Incorporate RR = 1.86, 95% CI 1.51, 2.29, Z = 5.82, P < 0.00001) and marked improvement rate (Incorporate RR = 1.58, 95% CI 1.32, 1.89, Z = 4.94, P < 0.00001) **between acupuncture and moxibustion treatment and the routine medicine treatment** for allergic rhinitis.
Conclusions	**Acupuncture and moxibustion to treat allergic rhinitis is effective and safe and may have certain advantage over the routine medicine treatment**. However, as for the low quality of partial inclusion literatures, no definite conclusion can be obtained as yet and it still waits for higher quality researches to further prove the dominance of acupuncture and moxibustion treatment for allergic rhinitis.

1.1.10. Zhao 2009 ☆

Zhao Minghui, Huang Xiaodong, Xiong Jun, Qi Yingzhou Li Sheng. [Systematic evaluation on therapeutic effect of acupuncture for allergic rhinitis]. Chinese Journal of Otorhinolaryngology in Integrative Medicine. 2009;6:. [186960].

Objectives	To assess the therapeutic effect of acupuncture on allergic rhinitis.
Methods	A systematic review including all the relevant randomized controlled trials (RCT or CCT) of acupuncture for treatment of allergic rhinitis were performed using the method recommended by the cochrane collaboration. The data were statistically analyzed with a special analysis software RevMan 4. 2.
Results	**Eleven experiments** including randomized controlled trials (RCT or CCT) met the enrolled criteria. The number of included persons ranged from **70 to 420 and totaled 1733**. All of the trials were of lower methodological quality. **Meta-analysis of enrolled 11 trials showed that the acupuncture group had a better therapeutic effect on allergic rhinitis than the control group** (RR 1. 23, 95%CI (1. 14, 1. 33) Z =5. 15, P<0. 00001).
Conclusions	Although the **acupuncture group had a better therapeutic effect on allergic rhinitis than the control group and without toxic side effects**, but the included literatures on the study were not high quality studies. Therefore, it is necessary to perform more multi-central randomized controlled trials in good internal validity and high quality in future.

1.1.11. Lee 2009 ☆

Lee Ms, Pittler Mh, Shin Bc, Kim Ji, Ernst E. Acupuncture for allergic rhinitis: a systematic review. Ann Allergy Asthma Immunol. 2009;102(4):269-79. [153032].

Objective	To systematically evaluate the effectiveness of acupuncture for treating or preventing allergic rhinitis (AR).
Methods	Data Sources: We retrieved data from 17 electronic databases, nonelectronic searches of conference proceedings, our own files of articles, and bibliographies of located articles. Study selection: All randomized clinical trials (RCTs) of acupuncture for AR were considered for inclusion if they included placebo controls or were controlled against a comparator intervention.

Results	One hundred fifteen possibly relevant studies were identified and 12 RCTs met our inclusion criteria. The methodologic quality of the individual trials was variable. Our review includes 7 trials of high quality that met standards of methodologic rigor. All RCTs tested the effectiveness of acupuncture on AR symptoms and none on its curative value. Three RCTs failed to show superiority of acupuncture for treating or preventing symptoms for seasonal AR compared with placebo acupuncture. For perennial AR, 1 study reported favorable effects of acupuncture on a rhinitis symptoms score and 1 found positive results for a nasal symptoms score compared with placebo acupuncture (n = 152; standard mean difference, 0.45; 95% confidence interval, 0.13-0.78; P = .006; heterogeneity: chi2 = 0.45, P = .50, I2 = 0%). Two RCTs compared acupuncture with oral pharmacologic medications. Their results were in favor of acupuncture.
Conclusions	The evidence for the effectiveness of acupuncture for the symptomatic treatment or prevention of AR is mixed. The results for seasonal AR failed to show specific effects of acupuncture. For perennial AR, results provide suggestive evidence of the effectiveness of acupuncture.

1.1.12. Roberts 2008

Roberts J, Huissoon A, Dretzke J, Wang D, Hyde C. A systematic review of the clinical effectiveness of acupuncture for allergic rhinitis. Bmc Complement Altern Med. 2008;8(1):13. [148803].

Background	Allergies cause a considerable burden to both sufferers and the National Health Service. There is growing interest in acupuncture as a treatment for a range of conditions. Since acupuncture may modulate the immune system it could be a useful treatment for allergic rhinitis (AR) sufferers. We therefore assessed the evidence for the clinical effectiveness of acupuncture in patients with AR by performing a systematic review of the literature.
Methods	Searches (to 2007) were conducted in all major databases for randomised controlled trials (RCTs) evaluating the clinical effectiveness of acupuncture in the treatment of AR. No limits were placed on language. Studies were included if they compared acupuncture to a sham or inactive acupuncture treatment (placebo) with or without standard care. Meta-analysis was performed where feasible.
Results	Seven relevant RCTs were included after screening and application of inclusion and exclusion criteria. The trials were generally of poor quality as assessed by a modified Jadad scale, with the exception of two studies which scored highly. A wide variety of outcomes was measured but most assessed symptom severity on a visual analogue scale. A meta-analysis failed to show any summary benefits of acupuncture treatment for symptom severity scores or serum IgE measures which could not have been accounted for by chance alone. Acupuncture was not associated with any additional adverse events in the trials.
Conclusion	There is currently insufficient evidence to support or refute the use of acupuncture in patients with AR. A large well conducted RCT, which overcomes identified methodological problems in the existing RCTs, would be required to resolve this question.

1.1.13. Passalacqua 2006 Ø

Passalacqua G, Bousquet Pj, Carlsen Kh, Kemp J, Lockey Rf, Niggemann B, Pawankar R, Price D, Bousquet J. Aria Update: I-Systematic review of complementary and alternative medicine for rhinitis and asthma. J Allergy Clin Immunol. 2006;117(5):1054-62. [141267]

Background	Complementary-alternative medicines are extensively used in the treatment of allergic rhinitis and asthma, but evidence-based recommendations are lacking.
Methods	To provide evidence-based recommendations, the literature was searched by using MedLine and the Cochrane Library to March 2005 (Key words: Asthma [OR] Rhinitis, [AND] Complementary [OR] Alternative Medicine, [OR] Herbal, [OR] **Acupuncture**, [OR] Homeopathy, [OR] Alternative Treatment). Randomized trials, preferably double-blind and published in English, were selected. The articles were evaluated by a panel of experts. Quality of reporting was assessed by using the scale validated by Jadad. The methodology of clinical trials with complementary-alternative medicine was frequently inadequate.
Results	**Meta-analyses provided no clear evidence for the efficacy of acupuncture in rhinitis and asthma**. Some positive results were described with homeopathy in good-quality trials in rhinitis, but a number of negative studies were also found. Therefore it is not possible to provide evidence-based recommendations for homeopathy in the treatment of allergic rhinitis, and further trials are needed. A limited number of studies of herbal remedies showed some efficacy in rhinitis and asthma, but the studies were too few to make recommendations. There are also unresolved safety concerns.
Conclusions	Therapeutic efficacy of complementary-alternative treatments for rhinitis and asthma is not supported by currently available evidence.

1.2. Special Clinical Forms

1.2.1. Children

1.2.1.1. Xiao 2024

Xiao Q, Ni Z, Wang R, Jiang W, Yuan J. Efficacy of acupuncture for allergic rhinitis in children: Systematic review and meta analysis with trial sequential analysis. Int Forum Allergy Rhinol. 2024 Sep;14(9):1488-1500. https://doi.org/10.1002/alr.23414. Epub 2024 Jul 17. PMID: 39017391.

Backgound	Acupuncture has been shown for the treatment of allergic rhinitis in previous studies. Nevertheless, relevant evidence was lacked for paediatric patients with allergic rhinitis. We aim to validate the efficacy of acupuncture for allergic rhinitis in children by meta-analysis and trial sequence analysis.
Method	Comprehensive search of eight databases were conducted until August 27, 2023. Randomized controlled trials comparing acupuncture alone or in combination with drugs versus medication in children with AR were included. The primary outcome was total nasal symptom score (TNSS). The secondary outcomes were serum immunoglobulin E levels, and relapse rates.
Results	**Thirteen studies involving 1186 participants** were included. In results, acupuncture group (AC group) versus medication group (Med group) shows no significant difference in the treatment of AR in children (risk ratio [RR] = 1.10, 95% CI = 0.97 to 1.24, p = 0.13), while TSA suggested the included sample size did not exceed required information size (RIS). Significant differences were found between the AC + Med group versus the Med group (RR = 1.29, 95% CI = 1.17 to 1.42, p < 0.00001), with sufficient sample size. Results in serum IgE after treatment which favored the Med group (MD = 51.94, 95% CI [22.24, 81.65], p = 0.0006). In terms of relapse rate, The AC group had a lower relapse rate than the Med group (RR = 0.40, 95% CI = 0.26-0.63, p < 0.0001).

Conclusions	Acupuncture is an efficacious treatment for allergic rhinitis in children, but this conclusion might be limited by the generally low quality of evidence. TSA suggested additional high-quality trials with larger sample sizes and longer treatment durations were needed.

1.3. Special Acupuncture Techniques

1.3.1. Comparison of acupuncture techniques

1.3.1.1. Lin 2026

Lin L, Li X, Li L, Yang P, Lu L, Liu B, Su S. Multiple acupuncture and moxibustion therapies for allergic rhinitis in adults: a network Meta-analysis of randomized controlled trials. J Tradit Chin Med. 2026 Feb 15;46(1):1-13. https://doi.org/10.19852/j.cnki.jtcm.2026.01.001

OBJECTIVE	To evaluate the effectiveness and safety of multiple acupuncture therapies in the treatment of allergic rhinitis (AR) using a network Meta-analysis.
METHODS	This network Meta-analysis adhered to the PRISMA-NMA guideline. Eight databases were systematically searched from inception to December 31, 2023, and retrieved references were managed using EndNote 20. The risk of bias in individual studies was assessed with the Cochrane RoB 2.0 tool (ROB 2.0). Data analysis was performed using R 4.2.1 and STATA 15.1.
RESULTS	A total of **56 studies that had enrolled 4859 patients** with AR were included. Hand acupuncture (HA) combined with acupoint catgut embedding (AE), hand acupuncture with heat sensitive moxibustion (HA + HSM), and acupoint application were the most effective in attaining the clinical effective rate. HA + AE, hand acupuncture with indirect moxibustion (HA + IM), and electroacupuncture (EA) with AE ranked the highest with respect to the Rhinoconjunctivitis Quality of Life Questionnaire Score. HA + IM, HA, and HA + EA yielded the best Total Nasal Symptom Score, whereas HA + AE, EA + AE, and HA had the best results for the Total Non-Nasal Symptom Score. However, subgroup analyses of clinical efficacy revealed that HA + HSM had the best therapeutic effects in the short term, whereas HA + AE was the most effective in the medium to long term.
CONCLUSION	Combined acupuncture and moxibustion therapy may be a safe and effective intervention for patients with AR. HA + IM and HA + AE exhibited the most desirable therapeutic effects compared with other acupuncture and moxibustion therapies.

1.3.1.2. Sun 2021

Sun ZR, Wang CB, Yin HN, Luan YX, Liu YX, Gong RQ, Gong N, Wang BL, Miao CX. [Network Meta-analysis of acupuncture and moxibustion for allergic rhinitis]. Zhongguo Zhen Jiu. 2021 Nov 12;41(11):1295-302. https://doi.org/10.13703/j.0255-2930.20200916-0002

Objective	To review the therapeutic effect of acupuncture and moxibustion on allergic rhinitis based on the network Meta-analysis.
Methods	The randomized controlled trials of acupuncture and moxibustion for allergic rhinitis were retrieved from the databases, starting from the date of establishment to August 17, 2020, i.e. the PubMed, EMbase, Cochrane Library, CNKI, Wanfang and VIP. The traditional Meta-analysis and network Meta-analysis were performed by RevMan5.3 and GeMTC0.14.3.

Results	A total of 50 RCTs were included, including 4260 patients, involving 5 kinds of acupuncture and moxibustion therapies, such as acupuncture, moxibustion, acupoint application, acupoint thread-embedding and auricular point therapy.①In term of total effective rate, acupuncture, moxibustion and acupoint thread-embedding were superior to western medication and auricular point therapy (P<0.05); moxibustion was superior to acupoint application (P<0.05); acupoint thread-embedding was superior to acupoint application (P<0.05). Acupoint thread-embedding was most likely to be the best treatment (P<0.05). ②In term of total effective rate in follow-up, acupuncture, moxibustion, acupoint thread-embedding and auricular point therapy were superior to western medication (P<0.05); acupuncture and moxibustion were superior to acupoint application (P<0.05). Moxibustion was most likely to be the best treatment (P<0.05). ③In term of total score of nasal symptom, moxibustion and acupoint thread-embedding were superior to acupuncture (P<0.05).
Conclusion	The therapeutic effect of acupuncture and moxibustion on allergic rhinitis is better than western medication, and acupoint thread-embedding has the best curative effect.

1.3.2. Acupuncture combined with Yupingfeng powder

1.3.2.1. Li 2025

Li Z, Gao H, Shen F, Lu Y. Analysis of the efficacy of Yupingfeng powder combined with acupuncture on allergic rhinitis: a systematic review and meta-analysis. Review Allergol Immunopathol (Madr). 2025 Nov 1;53(6):175-184. https://doi.org/10.15586/aei.v53i6.1436

Objective	To systematically evaluate the efficacy of Yupingfeng powder combined with acupuncture and moxibustion in allergic rhinitis (AR) and to provide an evidence-based basis for combined treatment in AR patients.
Methods	Randomized controlled trials evaluating Yupingfeng powder combined with acupuncture for AR were searched in Chinese and English databases, including China National Knowledge Infrastructure, Wanfang Database, VIP, PubMed, Embase, and Cochrane, from database inception to May 2025. Stata 15.0 software was used to perform meta-analysis of eligible studies.
Results	**Nine studies with a total of 686 participants** were included, comprising 350 cases in the control group and 336 cases in the treatment group. Meta-analysis showed that, compared with other treatment methods, Yupingfeng powder combined with acupuncture was significantly more effective in treating AR (RR = 2.52, 95% CI 1.80–3.54, P < 0.001). The post-treatment follow-up effective rate was higher than in controls (RR = 2.03, 95% CI 1.32–3.13, P = 0.01), and the recurrence rate was lower in the treatment group (RR = 0.28, 95% CI 0.09–0.87, P = 0.028).
Conclusion	Yupingfeng powder combined with acupuncture demonstrates clinically relevant efficacy and maintenance effects in the treatment of allergic rhinitis. Wider clinical application may be considered following further validation through high-quality clinical studies.

1.3.3. Intranasal acupuncture

1.3.3.1. Chen 2025

Chen XY, Wang QY, Yan ZF, Wang YY, Pan XR, Ou MY, Liu XH, Liu JP, Jin XY. Intranasal acupuncture therapy for allergic rhinitis: A systematic review and meta-analysis of randomized controlled trials. Integr Med Res. 2025 Mar;14(1):101116. https://doi.org/10.1016/j.imr.2024.101116

Backgound	Allergic rhinitis (AR) is a prevalent allergic condition affecting the nasal mucosa. Intranasal acupuncture therapy (IAT), an innovative therapy that involves the precise insertion of acupuncture needles into specific nasal acupoints, has demonstrated potential effects in managing AR. The aim of this study was to evaluate the effectiveness and safety of IAT in the management of AR.
Methods	Nine databases were systematically searched for randomized controlled trials (RCTs) from their inception to September 2024. We included participants who were diagnosed with AR and who received IAT alone or as add-on treatment to conventional treatment. The Cochrane risk of bias 2.0 tool and the GRADE approach were used to assess the quality of the studies. A meta-analysis was performed via RevMan 5.4.1 software.
Results	**Twenty-one RCTs with 1889 participants** were included. The certainty of evidence was generally low or moderate. Compared with sham acupuncture, the IAT significantly reduced the total nasal symptom score (MD −2.65, 95% CI −4.01 to −1.29, 1 RCT, 30 participants, moderate evidence). Compared to an antihistamine, IAT was associated with a lower total nasal non-symptom score (MD −0.44, 95% CI −0.64 to −0.25, 5 RCTs, 295 participants, moderate evidence) and a better quality of life measured by the rhinoconjunctivitis quality of life questionnaire (MD −13.72, 95% CI −18.01 to −9.43, 4 RCTs, 255 participants, moderate evidence). No serious adverse events were reported.
Conclusion	The IAT may be beneficial for improving AR-related symptoms and quality of life. However, the safety of the IAT remains unclear due to inadequate reporting. Further high-quality, rigorously designed, and well-reported trials are needed.

1.3.3.2. Zhang 2025

Zhang YL, Sun WX, Peng YR, Ma X, Liu LL, Zhang LJ, Yan ZF. Clinical efficacy of intranasal acupuncture in the treatment of allergic rhinitis: a meta-analysis. Zhen Ci Yan Jiu. 2025 Dec 25;50(12):1482-1494. https://doi.org/10.13702/j.1000-0607.20241322

Objectives	To evaluate the efficacy and safety of intranasal acupuncture for allergic rhinitis (AR).
Methods	Randomized controlled trials on intranasal acupuncture for AR were searched in China National Knowledge Infrastructure, Wanfang Data Knowledge Service platform, VIP Database, PubMed, Web of Science, Embase, and The Cochrane Library from their inception to October 2024. The basic information, evaluation of the therapeutic efficacy, related scales, and laboratory indexes were screened and extracted by 2 independent reviewers. The scales included the Total Nasal Symptom Score (TNSS), the Total Nasal Symptom and Sneezing Score (TNNSS), Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ). Laboratory indicators focused on serum total IgE and serum interleukin-4 (IL-4) contents. Meta-analysis was conducted using RevMan software and Stata software.
Results	A total of **19 randomized controlled trials involving 1 482 participants** were included. The Meta-analysis indicated that, compared with conventional western medicines and nasal-external acupuncture, the intranasal acupuncture group achieved greater reductions in TNSS [MD=-1.67, 95% CI (-2.30, -1.04), P<0.000 01], RQLQ score [MD=-3.14, 95% CI(-4.16, -2.12), P<0.000 01], and TNNSS [MD=-0.52, 95% CI (-0.67, -0.36), P<0.000 01] from baseline to post-treatment, and greater decreases in serum IgE [SMD=-1.17, 95% CI (-1.46, -0.87), P=0.000 01] and IL-4 [SMD=-1.14, 95% CI (-1.80, -0.49), P=0.000 6] levels. Adverse events were mainly mild epistaxis and localized pain.
Conclusion	Intranasal acupuncture appears superior to nasal-external acupuncture and western medicines in reducing nasal symptom severity and improving life quality in AR, with no obvious adverse events reported. However, because the existing studies generally have small sample sizes, limited methodological rigor in randomized designs, and substantial heterogeneity across studies, the reliability of the findings is limited. Therefore, large-sample, multicenter, randomized controlled clinical trials are needed to improve the quality level of the evidence.

1.3.3.3. Li 2024

Li Y, Wang Y, Liang Y, Si X, Li Z, Wang Y. Intranasal acupuncture for allergic rhinitis: A systematic review and meta-analysis. Medicine (Baltimore). 2024 Nov 8;103(45):e40305. https://doi.org/10.1097/MD.0000000000040305

Backgound	To evaluate the efficacy of intranasal acupuncture as a treatment for allergic rhinitis (AR) through a comprehensive review.
Methods	Comprehensive searches were performed in both Chinese (CNKI, VIP, CBM, and Wanfang) and English databases (PubMed, Embase, Cochrane Library, and Web of Science) to gather randomized controlled trials available from the inception of the database until August 2024. The primary outcomes considered were the effectiveness rate, visual analog scale score, total nasal symptom scores, total nonnasal symptom scores, Rhinoconjunctivitis Quality-of-Life Questionnaire score, adverse effects, and follow-up observations. The quality of each study was assessed using the Cochrane Collaboration risk of bias tool, and data analysis was conducted using RevMan 5.4 software.
Results	This study incorporated **14 articles** involving a total of **1009 patients**. The meta-analysis revealed that patients with AR who underwent intranasal acupuncture experienced more significant improvements compared to the control group. Notably, the treatment considerably improved both nasal and nonnasal symptoms, along with the patients' quality of life. Moreover, during the follow-up, it was noted that intranasal acupuncture patients had a lower recurrence rate compared to the control group, indicating better long-term effects in alleviating symptoms like nasal congestion, runny nose, and sneezing. Nonetheless, there was no marked improvement of nasal itching. It's noteworthy that some adverse effects were reported, but all were mild.
Conclusions	The findings suggest that intranasal acupuncture serves as an effective intervention for AR, particularly in alleviating both nasal and nonnasal symptoms and enhancing quality of life. However, these positive outcomes should be approached with caution, and further high-quality and extensive studies to substantiate these results are warranted.

Yang S, Fu Q, Wu J, Zhang Q, Deng H, Chen S, Yang H, Yan M, Zhang L. Efficacy and safety of warm needle acupuncture for allergic rhinitis: A systematic review and meta-analysis with trial sequential analysis. Heliyon. 2024 Oct 9;10(21):e39058. https://doi.org/10.1016/j.heliyon.2024.e39058
Backgrounds: Warm needle acupuncture is a distinct form of acupuncture therapy in which, after the needle is inserted into the acupoint, a lit moxa stick is placed on the needle's handle.|

Objective	
Methods	Search strategies: Seven online databases were searched for study collection, which were published up to March 15th, 2022. Keywords of searching included “AR”, “allergic rhinitis”, “anaphylactic rhinitis”, “warming needle”, “warming needle acupuncture”, “needle warming moxibustion”, “warm needle”, “warm needling method” and “warmed needle”. The quality of the included trials was assessed using the Cochrane risk of bias tool. Interventions: Among the included trials, warm needle acupuncture-either alone or in combination with Western medicine or other acupoint-based therapies-served as the primary intervention for the experimental groups. In contrast, the control groups received treatments such as Western medicine alone, manual acupuncture alone, or a combination of electro and manual acupuncture. Systematic reviews and meta-analyses were conducted using RevMan 5.3, following the Cochrane systematic review methodology, while trial sequential analysis was performed with TSA 0.9. The quality of the findings was assessed using GRADEpro.

Results	Finally, 23 studies involving 2230 participants were covered. Results of this study revealed that warm needle acupuncture only, or with western medicine, or with other acupoint-based interventions were significantly superior to western medicine alone, manual acupuncture alone, or electro plus manual acupuncture for allergic rhinitis. Adverse events associated with warm needle acupuncture included sensations of chest tightness, throat itching, and allergic reactions to moxa smoke; however, these occurrences were not more frequent than those observed with Western medicine. There is need for RCTs of high quality with placebo or waitlist controls of the intervention for allergic rhinitis.
Conclusion	Warm needle acupuncture is with potential efficacy and is safe for patients with allergic rhinitis, but more trials are need for further confirmation of the evidence.

1.3.4. Warm needle acupuncture

1.3.4.1. Yang 2024

Yang S, Fu Q, Wu J, Zhang Q, Deng H, Chen S, Yang H, Yan M, Zhang L. Efficacy and safety of warm needle acupuncture for allergic rhinitis: A systematic review and meta-analysis with trial sequential analysis. Heliyon. 2024 Oct 9;10(21):e39058. https://doi.org/10.1016/j.heliyon.2024.e39058
Backgrounds: Warm needle acupuncture is a distinct form of acupuncture therapy in which, after the needle is inserted into the acupoint, a lit moxa stick is placed on the needle's handle.|

Objective	
Methods	Search strategies: Seven online databases were searched for study collection, which were published up to March 15th, 2022. Keywords of searching included “AR”, “allergic rhinitis”, “anaphylactic rhinitis”, “warming needle”, “warming needle acupuncture”, “needle warming moxibustion”, “warm needle”, “warm needling method” and “warmed needle”. The quality of the included trials was assessed using the Cochrane risk of bias tool. Interventions: Among the included trials, warm needle acupuncture-either alone or in combination with Western medicine or other acupoint-based therapies-served as the primary intervention for the experimental groups. In contrast, the control groups received treatments such as Western medicine alone, manual acupuncture alone, or a combination of electro and manual acupuncture. Systematic reviews and meta-analyses were conducted using RevMan 5.3, following the Cochrane systematic review methodology, while trial sequential analysis was performed with TSA 0.9. The quality of the findings was assessed using GRADEpro.
Results	Finally, 23 studies involving 2230 participants were covered. Results of this study revealed that warm needle acupuncture only, or with western medicine, or with other acupoint-based interventions were significantly superior to western medicine alone, manual acupuncture alone, or electro plus manual acupuncture for allergic rhinitis. Adverse events associated with warm needle acupuncture included sensations of chest tightness, throat itching, and allergic reactions to moxa smoke; however, these occurrences were not more frequent than those observed with Western medicine. There is need for RCTs of high quality with placebo or waitlist controls of the intervention for allergic rhinitis.
Conclusion	Warm needle acupuncture is with potential efficacy and is safe for patients with allergic rhinitis, but more trials are need for further confirmation of the evidence.

1.3.5. Moxas

1.3.5.1. Chen 2023 (comparison of different moxibustion treatments)

Chen K, Hou C, Liu C, Meng Y. Efficacy comparison of different moxibustion treatments for allergic rhinitis: A systematic review and Bayesian network meta-analysis. Medicine (Baltimore). 2023 Mar 3;102(9):e32997. https://doi.org/10.1097/MD.0000000000032997

Background	At present, there are many commonly used moxibustion methods in clinical practice, but it is unclear which moxibustion is more suitable for the treatment of allergic rhinitis (AR), so we used a network meta-analysis to analyze the effectiveness of various moxibustion types in the treatment of AR.
Methods	We searched 8 databases for comprehensive inclusion of randomized controlled trials (RCTs) for moxibustion in the treatment of allergic rhinitis. The search time was from the beginning of database establishment to January 2022. The Cochrane Risk of Bias tool was used to analyze the risk of bias of the included RCTs. Bayesian network meta-analysis of the included RCT was performed using the R software GEMTC and the RJAGS package.
Results	A total of **38 RCTs** were included, involving **4257 patients** and 9 types of moxibustion. The network meta-analysis results revealed that heat-sensitive moxibustion (HSM) not only has the best effect in terms of effective rate (Odd ratio [OR]: 32.77, 95% Credible intervals [Crls]: 1.86-1360.2) among the nine types of moxibustion, but also has good effect in improving the quality of life score (standard mean differences [SMD]: 0.6, 95% Crls: 0.07-1.29). In terms of improving IgE and VAS scores, various types of moxibustion were comparable to the efficacy of western medicine.
Conclusion	The results showed that HSM was the most effective treatment for AR compared with other types of moxibustion. Therefore, it can be regarded as a complementary and alternative therapy for AR patients with poor effects of traditional treatment and patients who are susceptible to adverse reactions of western medicine.

1.3.5.2. Huang 2022 (indirect moxibustion)

Yuan T, Xiong J, Wang X, Yang J, Jiang Y, Zhou X, Liao K, Xu L. Indirect moxibustion for the treatment of allergic rhinitis: A systematic review and meta-analysis of randomized controlled trials. Complement Ther Med. 2022 Mar;64:102804. https://doi.org/10.1016/j.ctim.2022.102804

Objective	To synthesize the results of randomized clinical trials (RCTs) and evaluate the effectiveness and safety of indirect moxibustion for the treatment of allergic rhinitis (AR).
Methods	PubMed, the Cochrane Library, Embase, Web of Science, CNKI, WanFang, VIP, and CBM from the establishment to May 22, 2020 were searched. This was a PRISMA review. Reviewers identified studies, extracted data, and assessed the quality, independently. RCTs for AR patients treated with IM alone or IM combined with other positive interventions (e.g. western medicine, conventional therapy, etc.) were included. The main outcomes included: total effective rate and TNSS. The secondary outcomes included: TNNSS, Graded symptom score, RQLQ, VAS, Serum IgE level and adverse events. RCTs were collected, methodological quality was evaluated using the Cochrane risk-of-bias assessment tool (RoB), and the level of evidence was rated using the GRADE approach. Meta-analysis was performed using the RevMan5.3.0 manager.

Results	We included **21 RCTs involving 1549 patients**. Five RCTs adopt IM treatment alone; 16 RCTs adopt IM+other positive interventions. In the assessment of the quality, the evidence differs from low to high based on the Cochrane Bias Evaluation Tools. Six trials were high quality, twelve were moderate quality, and three were low quality. Therefore, the quality of the included studies was moderate. The total evidence quality of all outcome indicators was low. The main adverse reactions of moxibustion are burns and blisters, whereas the western medicine group was nasal bleeding. The results of pooled analysis indicated a statistically significant effect in total effective rate of (RR=1.16, 95%CI=1.11-1.21, I2 =30%, P = 0.10). Besides, indirect moxibustion intervention also showed significant difference in graded symptom score (SMD=-1.10; 95% CI [-1.58, -0.61]; P < 0.00001; I2 =88%), TNSS score (SMD=-1.36; 95% CI [-2.14, -0.58]; P = 0.76; I2 =0%), and RQLQ scale (SMD=-2.60; 95% CI [-4.06, -1.14]; P < 0.00001; I2 =92%) in patients with AR. However, there was no statistical significance in VAS score (SMD=-0.38; 95% CI [-1.06, 0.30]; P < 0.003; I2 =83%). Since only one literature was included in TNNSS and Serum IgE levels, descriptive analysis was conducted.And the results showed that the trial group was better than the control group in reducing TNNSS score (P < 0.05). In serum IgE levels,there was no significant difference between the two groups (P > 0.05).
Conclusion	From the analysis results, indirect moxibustion may have a good clinical effect on the overall treatment of AR, and improve the clinical symptoms of patients;but there was no obvious advantage in improving VAS score and Serum IgE level.Due to the limitations of small sample size, moderate quality and low level of evidence in the included literature, clinical trials should be designed in strict accordance with the standard of RCT in the future to verify this result.

1.3.5.3. Yuan 2020 (Thunder Fire Moxibustion)

Yuan T, Xiong J, Yang J, Wang X, Jiang Y, Zhou X, Liao K, Xu L. The Effectiveness and Safety of Thunder Fire Moxibustion for Treating Allergic Rhinitis: A PRISMA Compliant Systematic Review and Meta-Analysis. vid Based Complement Alternat Med. 2020. [212552]. doi

Background	Allergic rhinitis (AR) is a noninfectious inflammatory disease caused by allergic individuals exposed to allergens. Western medicine therapy for treating AR causes obvious adverse events, while thunder fire moxibustion (TFM) is known as a safe and effective treatment for AR. Therefore, we conducted this meta-analysis to evaluate the effectiveness and safety of TFM for treating AR.
Methods	PubMed, Web of Science, Embase, the Cochrane Library, CNKI, WanFang, VIP, and CBM from inception to April 5, 2020, were searched without any language restriction. Reviewers identified studies, extracted data, and assessed the quality, independently. The primary outcomes were the total effective rate and the TNSS. The secondary outcomes included TNNSS, RQLQ, VAS, serum IgE, IgA, or IgG level, and adverse events. Randomized controlled trials (RCTs) were collected; methodological quality was evaluated using the Cochrane risk of bias assessment tool (RoB), and the level of evidence was rated using the GRADE approach. Meta-analysis was performed using the RevMan5.3.0 software.
Results	A total of **18 RCTs were included, including 1600 patients**. The results of this meta-analysis showed a statistically significant effect in a total effective rate of T = TFM (RR = 1.07; 95% CI [1.03, 1.12]; P = 0.45; I 2 = 0%) and T = TFM + other treatments (RR = 1.18; 95% CI [1.11, 1.25]; P = 0.03; I 2 = 53%). In addition, TFM intervention also showed significant difference in total symptom score (T = TFM + other treatments) (MD = -1.42; 95% CI [-1.55, -1.29]; P = 0.03; I 2 = 60%) in patients with AR.

Conclusion	Existing evidence shows that TFM is safe and effective for AR. Due to the universal low quality of the eligible trials and low evidence level, we should draw our conclusions with caution. Therefore, clinical researchers should carry out more large-sample, multicentre, high-quality randomized controlled clinical trials in the future to verify the clinical efficacy of TFM in treating AR.

1.3.6. Acupoint herbal patching

1.3.6.1. Mengxia 2022

Mengxia S, Wenfang S, Jiangxia WU, Zelin YU, Lihua X. Efficacy and safety of acupoint application for allergic rhinitis: a systematic review and Meta-analysis of randomized controlled trials. J Tradit Chin Med. 2022 Dec;42(6):858-868. https://doi.org/10.19852/j.cnki.jtcm.2022.06.003

Objective	To use evidence-based medicine to explore the efficacy of acupoint application (AA) for allergic rhinitis (AR) at different time points and its safety.
Methods	We searched 7 databases (PubMed, Cochrane, Embase, China National Knowledge Infrastructure, Wanfang Database, China Science and Technology Journal Database, and China Biology Medicine disc) as well as the international clinical trial registration platform from January 2010 to March 2020 for randomized controlled trials (RCTs) comparing the efficacy of AA versus placebo, Western Medicine or other alternative therapies on AR. Risk of bias was assessed according to the Cochrane handbook, and statistical analysis was performed using RevMan 5.3. Outcomes included the total effective rate, recurrence rate, total nasal symptom score (TNSS), visual analogue scale (VAS), quality of life measured by the Rhinitis Quality of Life Questionnaire (RQLQ) or Short Form-36 (SF-36), adverse events, and biomarkers including immunoglobulin E (IgE), peripheral blood eosinophil count (EOS), interleukin-4 (IL-4), and interferon gamma (INF-γ).
Results	**Twenty-eight RCTs involving 3282 participants** were included. The short-term and long-term efficacy of AA was significantly better than placebo, including better total effective rate [: 3.05, 95% (1.84, 5.07), after treatment; : 9.29, 95% (2.57, 33.66), at 6 months], lower recurrence rate [: 0.55, 95% (0.45, 0.66), at 6 months; : 0.65, 95% (0.57, 0.74), at 1 year], lower TNSS [: -3.09, 95% (-3.58, -2.61), after treatment], and lower RQLQ [: -14.79, 95% (-21.49, -8.10), after treatment; : -11.92, 95% (-17.40, -6.45), at 4-6 months]. Compared with Western Medicine, AA had better long-term total effective rate [: 1.33, 95%CI (1.05, 1.69), at 3 months; : 1.49, 95% 1.22 to 1.81, at 1 year) and lower recurrence rate [: 0.48, 95% (0.39, 0.58), at 6 months; : 0.45, 95% (0.33, 0.60), at 1 year]. AA had better long-term total effective rate versus acupuncture [: 2.06, 95% (1.28, 3.31), at 1 year] or oral Chinese medicine [: 1.21, 95% (1.09, 1.34), ≥ 6 months]. Both AA and Western Medicine can reduce serum levels of IgE, EOS, and IL-4 after treatment. The main adverse event of AA was local skin reaction without systemic side effects.
Conclusions	The short-term (within one month) and long-term (at 3 months, 6 months and 1 year) efficacy of acupoint application on AR was better than that of placebo. The long-term efficacy of acupoint application was superior to that of Western Medicine (at 3 months, 6 months and 1 year), oral Chinese medicine (at more than 6 months) and acupuncture (at 1 year). AA can reduce serum IgE, EOS, and IL-4 level of AR patients in a short run. Acupoint application is safe, but severe skin reactions can reduce patient compliance.

1.3.6.2. Zhou 2015

Zhou F, Yan LJ, Yang GY, Liu JP. Acupoint herbal patching for allergic rhinitis:a systematic review and

meta-analysis of randomised controlled trials. Clin Otolaryngol. 2015; 40(6):551-68. [159435].

Objective	To evaluate the effectiveness and safety of AHP in treating allergic rhinitis.
Methods	We searched seven electronic databases for RCTs from inception until August 2014. Two authors selected studies, extracted data and evaluated risk of bias independently. The Cochrane risk of bias tool was applied to assess the methodological quality of the included trials and RevMan 5.2 software was utilised to perform data analysis.
Results	**Twenty RCTs involving 2438 participants** were included. Most of them were evaluated as high risk of bias. AHP significantly decreased the recurrence rate at six months compared with western medicine (RR 0.52; 95% CI 0.42 to 0.64), and similar effect was found for AHP plus western medicine versus western medicine (RR 0.53; 95% CI 0.44 to 0.65). AHP appeared to be more effective than placebo in improving total clinical symptoms and signs after treatment and at 6 months, and in improving quality of life at less than 3 months and over 3 months. No severe adverse effects were found in the AHP groups.
Conclusion	**AHP alone or combined with western medicine appears to be more effective than placebo or western medicine** respectively. AHP seems to be a safe treatment. However, the findings should be interpreted with caution. Further large-scale, rigorously designed trials are warranted to confirm the findings .

1.3.6.3. Wen 2015 (in summer)

Wen CYZ, Liu YF, Zhou L, Zhang HX, Tu SH. A Systematic and Narrative Review of Acupuncture Point Application Therapies in the Treatment of Allergic Rhinitis and Asthma during Dog Days. Evidence-Based Complement Alternat Med. 2015. ID 846851, [184039].

Introduction	Acupuncture point application therapies, including San-Fu-Tie and San-Fu-Jiu, have been widely employed to **treat diseases with attacks in winter during dog days** in China. The therapies combine Chinese herbal medicine and acupuncture points with the nature. However, the previous studies were reported to be unsystematic and incomplete.
Methods	To develop a more comprehensive understanding of the effects of acupuncture point application therapies on allergic rhinitis and asthma, a systematic review of the literature up to 2015 was conducted.
Results	After filtering, **eighteen randomized controlled trials (RCTs) involving 1,785 subjects** were included. This systematic and narrative review shows that acupuncture point application therapies have been extensively applied in the treatment of allergic rhinitis and asthma with advantages of favorable treatment effect, convenient operation, receiving patients' good acceptability and compliance, and few side effects. Meanwhile, the study elaborated the operating process of San-Fu-Tie and San-Fu-Jiu in detail.
Conclusion	The review may provide a reference for clinical application in future. However, the efficacy, safety, and mechanisms of San-Fu-Tie and San-Fu-Jiu in treating the above diseases need to be validated by more well-designed and fully powered RCTs in a larger population.

1.3.7. Catgut Embedding

1.3.7.1. Tang 2024

Tang M, Wang J, Zhang Q. Clinical efficacy of acupoint catgut embedding in the treatment of allergic

rhinitis: A systematic review and meta-analysis. Am J Otolaryngol. 2024 Mar-Apr;45(2):104135. https://doi.org/10.1016/j.amjoto.2023.104135

Objective	To evaluate the efficacy of acupoint catgut embedding in the treatment of allergic rhinitis by Meta-analysis.
Methods	Pubmed, Web of Science, Embase, Elsevier, CNKI, and VIP databases were searched for clinical randomized controlled trials (RCTS) on acupoint catgut embedding for allergic rhinitis from the establishment of the database to December 30, 2022. RevMan5.4 and Stata12 software were used for Meta-analysis.
Results	A total of **17 articles were included, involving 1231 patients**. Meta-analysis showed that the total effective rate of acupoint catgut embedding for allergic rhinitis was higher than that of the control group [Pooled Odds Ratio = 5.19, 95%CI (3.14, 8.58), P < 0.00001]. Sensitivity analysis indicated that the total effective rate of acupoint catgut embedding in the treatment of allergic rhinitis was stable. The efficacy of the acupoint embedding group was better than that of the western medicine group [OR = 5.78, 95%CI (3.25, 10.27), P < 0.00001]. Acupoint embedding decreased serum IL-33 levels [MD = -70.79, 95%CI (-102.60, -38.98), P < 0.0001] and improved TNNSS score [MD = -0.25, 95%CI (-0.40, -0.11), P = 0.0005] was statistically different from the control group.
Conclusion	Acupoint catgut embedding in the treatment of allergic rhinitis has a certain effect, but the accuracy of this conclusion still needs to be verified by higher-quality RCT in the later stage.

1.3.8. Thumbtack needle

1.3.8.1. Du 2026

Du H, Lu S, Cai D, Zhang W. Efficacy and safety of press-needle therapy for allergic rhinitis in children: A systematic review and meta-analysis. Int J Pediatr Otorhinolaryngol. 2026;208:112954. https://doi.org/10.1016/j.ijporl.2026.112954

Aims	This systematic review and meta-analysis aimed to evaluate the efficacy and safety of press-needle therapy for allergic rhinitis in children.
Methods	We comprehensively searched for relevant randomized controlled trials (RCTs) on press-needle therapy for pediatric AR. After strict screening of literature, data extraction and assessment of methodological quality, meta-analysis was performed using appropriate statistical methods. A random-effects model was adopted to synthesize the results, considering differences in follow-up duration and intervention period among included studies. Pre-specified further analyses were conducted for the primary outcome to compare press-needle plus medication vs medication alone, press-needle alone vs medication alone, and press-needle plus medication vs press-needle alone. The primary and secondary outcome measures included clinical efficacy, symptom and sign score, Visual Analogue Scale (VAS) score, Total Nasal Symptom Score (TNSS), Pediatric Rhinoconjunctivitis Quality of Life Questionnaire (PRQLQ) score, Eosinophil Ratio (EOSR), serum immunoglobulin E (IgE) levels, adverse drug reactions (ADRs) and recurrence rate.

Results	**24 RCTs with 1625 participants** were included. Press-needle therapy significantly improved clinical efficacy (OR = 3.75, 95 CI: 2.59-5.42; I2 = 0%). Further analysis showed that press-needle plus medication was superior to medication alone (OR = 4.60, 95% CI: 3.08-6.86), whereas press-needle monotherapy did not show a significant advantage over medication alone. Significant reductions were observed in VAS (SMD = -1.30), TNSS (SMD = -0.74), PRQLQ (SMD = -1.16), and serum IgE (SMD = -2.06; based on only 3 studies, I2 = 96%, interpret with caution). No significant differences were found in symptom and sign score, EOSR, or ADRs. Recurrence rate was significantly lower in the intervention group (OR = 0.37, 95% CI: 0.23-0.61).
Conclusion	Press-needle therapy, primarily as an adjunct to pharmacotherapy, may be a well-tolerated and potentially effective option for pediatric AR, improving clinical response, symptoms, quality of life, and recurrence without increasing adverse events. Evidence for press-needle monotherapy and for immunological outcomes (IgE, EOSR) remains limited. Multi-center, three-arm RCTs with standardized protocols and long-term follow-up are needed to isolate its independent effect.

1.3.8.2. He 2024

He SE, Ling XT, Liu YM, Chen HH. [Meta-analysis on clinical efficacy of ringheaded thumbtack needle in the treatment of allergic rhinitis]. Zhen Ci Yan Jiu. 2024 May 25;49(5):534-543. https://doi.org/10.13702/j.1000-0607.20230099

Objectives	To evaluate the efficacy and safety of ringheaded thrumbtack needle in the treatment of allergic rhinitis (AR).
Methods	Clinical studies about treatment of AR with ringheaded thrumbtack needle were searched from databases of CNKI, Wanfang, China Science and Technology Journal, China Biology Medicine disc, PubMed, Embase and Web of Science from their inception to November 2022. Two researchers independently screened the literature and collected related information. The total effective rate, visual analogue scale (VAS) for AR, rhinoconjunctivitis quality of life questionnaire (RQLQ), and recurrence rate were the main outcome indicators. Secondary outcome indicators included quantitative scores of symptoms and signs, 'quartering' symptom evaluation scale, etc. All the included studies were subjected to Meta-analysis using Stata software.
Results	A total of 22 clinical studies involving 1 491 participants were included. The results of Meta-analysis indicated that the total effective rate of ringheaded thrumbtack needle in the treatment of AR was higher than that of traditional Chinese and Western medicine [RR=1.20, 95%CI (1.14, 1.26), P<0.001], and recurrence rate is lower than conventional therapy [OR=0.35, 95%CI (0.14, 0.89), P=0.027]. Moreover, The VAS score [WMD=-1.30, 95%CI (-1.85, -0.75), P<0.001] and RQLQ score [WMD=-6.75, 95%CI (-12.74, -0.76), P=0.027] of AR treated by ringheaded thrumbtack needle were lower than those of traditional Chinese and Western medicine.
Conclusions	Ringheaded thrumbtack needle can improve the total effective rate, reduce the disease recurrence, and improve the symptoms of discomfort when AR outbreaks, and has no significant adverse reactions. However, the reliability is limited. Thus, it is still necessary to improve the level of evidence quality by including researches with large samples, rigorous design and international standards.

1.3.8.3. Li 2014 ☆

Li XR, Zhang QX, Liu M, Chen Q, Liu Y, Zhang FB, Deng J, Zhong ZD. Catgut implantation at acupoints for allergic rhinitis: a systematic review. Chin J Integr Med. 2014;20(3):235-40. [171643]

Objective	To assess the effectiveness and the possible adverse effects of catgut implantation at acupoints for allergic rhinitis (AR).
Methods	This systematic review was carried out in accordance with the Cochrane Handbook version 5.1.0 and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement. Extensive literature searches were conducted in PubMed, Excerpta Medical Databases, the Cochrane Library, the China National Infrastructure, Wanfang Chinese Digital Periodical and Conference Database, and the Weipu Chinese Science and Technique Journals Database. The Chinese Clinical Trial Registry Center was also searched for ongoing trials up to September 2012. Randomized controlled trials (RCTs)or quasi-RCTs were included. Risk of bias assessment was performed using the Cochrane tool for assessing risk of bias.
Results	**Five RCTs with 285 participants** were found from 49 relevant studies, but there was just one RCT which met the inclusion criteria for this review. The study showed that treatment of catgut implantation at acupoints could lead to a better alleviation of the signs and symptoms of AR than the crude herb moxibustion. No adverse events were reported in this study.
Conclusions	Because of the methodological shortcoming and the risk of bias of the included trial, catgut implantation was proved with only limited evidence for the treatment of AR. Robust RCTs with high quality and larger sample size in this field are hoped to be carried out in the future.

1.3.9. Auricular Acupuncture

1.3.9.1. Cheng 2024

Cheng S, Rong K, Wu J, Zhou J, Li M, Li C, Liang X, Zhang Y. The combined application of ear acupuncture in the treatment of allergic rhinitis: A meta-analysis. Heliyon. 2024 Feb 6;10(4):e25181. https://doi.org/10.1016/j.heliyon.2024.e25181

Objective	Meta-analysis was used to evaluate the clinical efficacy of auricular acupressure in the treatment of allergic rhinitis.
Methods	Randomised controlled trials (RCTS) on the treatment of allergic rhinitis with ear acupuncture were searched by computer in PubMed, Cochrane Library, Embase□Web of Science□China National Knowledge Infrastructure (CNKI), Wanfang Database (Wanfang), VIP database, and China Biomedical Literature Service System (CBM). The search time was from the establishment of the database to September 18, 2022. Meta-analysis was performed using RevMan 5.4 software.

Results	A total of **15 papers with 1002 patients** were included in the final study. ①Clinical efficiency: The clinical efficiency of ear acupuncture combined with control group was higher than that of control group, and the difference was statistically significant (P < 0.00001); ② Nasal symptom score: the effect of ear acupuncture combined with control group on allergic rhinitis on nasal symptoms was more obvious than that of control group, and the difference was statistically significant (P = 0.004); ③ Nasal itching symptom score: the efficacy of ear acupuncture combined with control group on allergic rhinitis on nasal itching symptom was significantly higher than that of control group, and the difference was statistically significant (P = 0.01). ④Sneeze symptom score: the effect of ear acupuncture combined with control group on allergic rhinitis on nasal itching symptom was more effective than that of control group, and the difference was statistically significant (P < 0.00001); ⑤Score of runny nose symptom: the effect of ear acupuncture combined with control group on allergic rhinitis on runny nose symptom was more obvious than that of control group, the difference was statistically significant (P = 0.004); ⑥Nasal congestion symptom scores: The effect of ear acupuncture combined with control group on allergic rhinitis on nasal congestion symptom was more obvious than that of control group, and the difference was statistically significant (P = 0.003).
Conclusion	Ear acupuncture as an adjunctive therapy of allergic rhinitis can achieve better clinical efficacy.

1.3.9.2. Zhang 2010 (acupression)

Zhang Cs, Yang Aw, Zhang Al, Fu Wb, Thien Fu, Lewith G, Xue Cc. Ear-acupressure for allergic rhinitis: a systematic review. Clin Otolaryngol. 2010;35(1):6-12. [155500].

Background	Allergic rhinitis affects 10-40% of the population globally with a substantial health and economic impact on the community.
Objective	To assess the effectiveness and safety of ear-acupuncture or ear-acupressure for the treatment of allergic rhinitis by reviewing randomised controlled trials and quasi-randomised controlled trials.
Methods	Type of review: This review followed the methods specified in the Cochrane Handbook for Systematic Reviews of Interventions.Search strategy. A total of 21 electronic English and Chinese databases were searched from their respective inceptions to April 2008. Key words used in the search included the combination of ear, auricular, acupuncture, acupressure, acupoint, allergic, allergy, rhinitis, hayfever, randomised clinical trial and their synonyms. Evaluation method: The methodological quality was assessed using Jadad's scale. The effect size analysis was performed to explore the difference between interventional groups.
Results	Ninety-two research papers were identified and seven of them referring to five studies met the inclusion criteria. All included studies involved ear-acupressure treatment. These studies mentioned randomisation, but no details were given. None of the five studies used blinding or intention-to-treat analysis. Ear-acupressure was more effective than herbal medicine, as effective as body acupuncture or antihistamine for short-term effect, but it was more effective than anti-histamine for long-term effect.
Conclusions	The benefit of ear-acupressure for symptomatic relief of allergic rhinitis is unknown due to the poor quality of included studies.

1.3.10. Sphenopalatine Ganglion Acupoint

1.3.10.1. Liu 2026

Liu Q, Zhu W, Sun Y, Chen L. A meta-analysis of acupuncture at the sphenopalatine ganglion for the treatment of allergic rhinitis. Front Allergy. 2026;7:1780330.
https://doi.org/10.3389/falgy.2026.1780330

Background	Allergic rhinitis (AR) imposes a significant global health burden. While conventional treatments include medications and immunotherapy, acupuncture at the sphenopalatine ganglion (SPG) has emerged as a promising alternative. This meta-analysis evaluates the efficacy of SPG acupuncture for AR.
Methods	Search strategy: CNKI, PubMed, Web of Science, SinMed and Cochrane Library were searched from inception to May 2024. Inclusion criteria: randomized controlled trials comparing SPG acupuncture with conventional acupuncture, sham acupuncture or medications. Outcomes: Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ), Total Nasal Symptom Score (TNSS), total effective rate and IgE. Risk of bias was assessed using Cochrane criteria. Meta-analyses were performed with RevMan 5.3 and evidence quality was evaluated using GRADE.
Results	**Eleven RCTs involving 732 participants** were included. SPG acupuncture significantly improved quality of life (RQLQ: MD = 7.63; 95% CI 2.81–12.45; P = 0.002; low-quality evidence), reduced nasal symptoms (TNSS: MD = 2.23; 95% CI 0.92–3.55; P = 0.0009; low-quality evidence) and increased the total effective rate (RR = 1.17; 95% CI 1.06–1.29; P = 0.002; moderate-quality evidence). No significant improvement in IgE levels was observed (P = 0.23). Heterogeneity was substantial for RQLQ (I^2 = 89%) and TNSS (I^2 = 83%).
Conclusion	SPG acupuncture improves quality of life, nasal symptoms and overall clinical efficacy in patients with allergic rhinitis compared with conventional treatments. However, the certainty of evidence ranges from low to moderate and further high-quality randomized trials are needed to confirm these findings.

1.3.10.2. Fu 2019

Fu Q, Zhang L , Liu Y , Li X , Yang Y , Dai M , Zhang Q. Effectiveness of Acupuncturing at the Sphenopalatine Ganglion Acupoint Alone for Treatment of Allergic Rhinitis: A Systematic Review and Meta-Analysis. Evid Based Complement Alternat Med. 2019. [197230].

Aims	To evaluate the efficiency of acupuncturing at the sphenopalatine ganglion acupoint alone for treatment of allergic rhinitis.
Design	A total of ten online databases were searched to find studies published up to Jan. 2018. Primary outcome measures include the TNSS, the RQLQ score, the VAS score, total effective rate, score for signs and symptoms, and the improvement of disease classification. Study quality of each included article was evaluated by the Cochrane Collaboration risk of bias tool. A meta-analysis was conducted based on the Cochrane systematic review method by using RevMan 5.3 software. Interventions: Acupuncturing SGA alone was the only therapy in experimental group. Interventions in control groups includes sham acupuncture, acupuncturing other regular acupoints, and western medicine. Specific techniques included manual acupuncture and electroacupuncture only. Primary Outcomes: They include TNSS, RQLQ, VAS score, total effective rate, the improvement of disease classification.
Results	**Ten studies of eight articles involving 1004 participants** were included. Result of meta-analysis showed that acupuncturing sphenopalatine ganglion acupoints alone was more effective than control groups. However, several adverse effects were reported.

Conclusion	These findings show that acupuncturing the sphenopalatine ganglion acupoint alone has a potential role in alleviating nasal symptoms, improving quality of life for patients, and the effectiveness of acupuncture in the treatment of allergic rhinitis, suggesting it as a considerable therapy for allergic rhinitis. However, more studies are needed to execute a subgroup analysis of various variables and to evaluate the publication bias of the study.

1.3.10.3. Chen 2016 ☆☆

Chen Lihe, Zhang Lu, Mao Wenhong, Shen Jianwu, Li Bo, Xu Zhixian, Guo Mengmeng, Wang Kejian, Zhang Lijuan, Xu Feng. [Evaluation on allergic rhinitis treated by sphenopalatine ganglion stimulation with acupuncture: a systematic review]. International Journal of TCM. 2016;38(3):254-60. [154940].

Objectives	The advantages of the treating allergic rhinitis (AR) by sphenopalatine ganglion stimulation with acupuncture were evaluated.
Methods	Databases including CBMDisk, CNKI, WanFang, VIP, Cochrane Library, PubMed, ProQuest, ChiCTR, ISRCTN, ClinicalTrials.gov and CENTRAL were searched from the beginning of database established to Jan 2015. All issues from Jan 2004 to Jan 2015 published on journals Chinese Acupuncture & Moxibustion, Shanghai Journal of Acupuncture and Moxibustion, Acupuncture Research, Journal of Clinical Acupuncture and Moxibustion, Chinese Journal of Integrated Traditional and Western Medicine and Chinese Journal of Otorhinolaryngology in Integrative Medicine were searched by hand at meantime. All data were extracted based on the inclusive and exclusive criteria which was pre-designed, the Revman5.3 was applied for meta-analysis, and the studies qualities were analyzed by grade score.
Results	118 articles were collected, **7 studies that involving 1 230 patients** met the inclusive criteria. The result indicated that the sphenopalatine ganglion stimulation with acupuncture as the main treatment of AR showed the better total response rate compared to conventional drugs, the OR (95% CI) was 3.22(1.81 - 5.75); however the change of total symptom score had no statistical significant difference, the MD (95% CI) was 0.69 (-0.56 - 1.93), the change of IgE had no statistical significant difference,the SMD (95% CI) was -0.07 (-0.97 - 0.83).
Conclusions	The main **treatment on AR by sphenopalatine ganglion stimulation with acupuncture may has better efficacy than western medicine**. But due to the methodological biases existed in most studies, future high-quality RCTs were needed to be included into Meta-analysis to test today’s study conclusion.

2. Overviews of Systematic Reviews

2.1. Zhang 2020

Zhang J, Zhang Y, Huang X, Lan K, Hu L, Chen Y, Yu H. Different Acupuncture Therapies for Allergic Rhinitis: Overview of Systematic Reviews and Network Meta-Analysis. Evid Based Complement Alternat Med. 2020. [208853]. doi

Objective	To evaluate the quality of methodologies used in previous systematic reviews (SRs) and compare efficacy of different acupuncture therapies for allergic rhinitis.

Methods	Seven electronic databases were searched for systematic reviews (SRs) performed on different acupuncture therapies for allergic rhinitis from inception to 15 November 2019. The AMSTAR2 instrument was employed to assess the methodological quality of included SRs. Eligible randomized controlled trials (RCTs) were selected from the included systematic reviews. We also included recent RCTs published by 15 November 2019. Cochrane risk of bias tool was utilized to determine risk of bias of the included RCTs. Pairwise meta-analyses were performed using the random-effects model. Network meta-analysis of the included RCTs was carried out using frequentist framework.
Results	We identified 2 SRs with low quality and 18 SRs with very low quality, both of which contained 33 eligible RCTs (n = 3769). Most of these studies had unclear risk of bias. On the basis of ranking probability, NMA analysis showed that acupuncture at the sphenopalatine ganglion acupoint (OR: 1.31, 95% CI 1.07 to 1.61) had the highest probability of improving global allergic rhinitis symptoms, followed by San-Fu-Tie (OR: 1.17, 95% CI 1.08 to 1.27), manual acupuncture (OR:1.15, 95% CI 1.07 to 1.24) compared with conventional western medicine treatment. Moreover, direct comparison of the follow-up period showed that the clinical outcomes of acupuncture and related therapies at three-month (OR:1.34, 95% CI 1.17 to 1.55), six-month (OR: 1.31, 95% CI 1.10 to 1.57), and twelve-month (OR: 1.30, 95%CI 1.11 to 1.53) follow-up were better than those of traditional western medicine.
Conclusion	These results indicate that for patients with allergic rhinitis who are unresponsive to conventional western medicine or cannot tolerate the side effects, acupuncture at the sphenopalatine ganglion acupoint is an effective alternative therapy. Further studies are advocated to deeply explore methodological quality of SRs by incorporating high-quality RCTs.

2.2. Zhou 2020 ☆

Zhou Jun. [Revaluation of Acupuncture for Allergic Rhinitis by AMSTAR and GRADE System: An Overview of Systematic Reviews and Meta-analyses]. Chinese Journal of Integrated Traditional and Western Medicine. 2020. [212958].

Objective	To evaluate the methodological quality and outcomes of the systematic reviews（SRs） of acupuncture and moxibustion for allergic rhinitis（AR）.
Methods	Electronic retrieving The Cochrane Library, Medline（OvidSP）, Embase（OvidSP）, CNKI, CBM, VIP and WF databases to screen out the SRs/Meta-analyses that met the inclusion criteria, the retrieval time of each database was from inception to August 31st 2018. The AMSTAR scale was used to evaluate the methodological quality of the included studies, and the GRADE system was utilized to grade the outcome indicators of the included studies.
Results	A total of **17 systematic reviews/Meta-analyses** were included, with AMSTAR scores ranging from 9 to 22, among which 14 were of moderate quality and 3 were of high quality. Most results of studies showed that in the treatment of AR, acupuncture and moxibustion was superior to conventional drugs in response effect, improving nasal symptoms and other aspects.
Conclusions	At present, available evidence suggested that systematic reviews/meta-analyses of acupuncture and moxibustion for AR had moderate methodological quality. The quality of evidence for most outcome indicators was low, and there was a small amount of moderate-quality evidence supported that acupuncture and moxibustion could effectively improved the symptoms and signs of AR.

3. Clinical Practice Guidelines

⊕ positive recommendation (regardless of the level of evidence reported)
Ø negative recommendation (or lack of evidence)

3.1. International Consensus Statement on Allergy and Rhinology: Allergic Rhinitis (ICAR) 2023 ⊕

Wise SK, Damask C, Roland LT, Ebert C, Levy JM, Lin S, Luong A, Rodriguez K, Sedaghat AR, Toskala E, Villwock J, Abdullah B, Akdis C, Alt JA, Ansotegui IJ, Azar A, Baroody F, Benninger MS, Bernstein J, Brook C, Campbell R, Casale T, Chaaban MR, Chew FT, Chambliss J, Cianferoni A, Custovic A, Davis EM, DelGaudio JM, Ellis AK, Flanagan C, Fokkens WJ, Franzese C, Greenhawt M, Gill A, Halderman A, Hohlfeld JM, Incorvaia C, Joe SA, Joshi S, Kuruvilla ME, Kim J, Klein AM, Krouse HJ, Kuan EC, Lang D, Larenas-Linnemann D, Laury AM, Lechner M, Lee SE, Lee VS, Loftus P, Marcus S, Marzouk H, Mattos J, McCoul E, Melen E, Mims JW, Mullol J, Nayak JV, Oppenheimer J, Orlandi RR, Phillips K, Platt M, Ramanathan M Jr, Raymond M, Rhee CS, Reitsma S, Ryan M, Sastre J, Schlosser RJ, Schuman TA, Shaker MS, Sheikh A, Smith KA, Soyka MB, Takashima M, Tang M, Tantilipikorn P, Taw MB, Tversky J, Tyler MA, Veling MC, Wallace D, Wang Y, White A, Zhang L. International consensus statement on allergy and rhinology: Allergic rhinitis - 2023. Int Forum Allergy Rhinol. 2023 Apr;13(4):293-859. https://doi.org/10.1002/alr.23090

Value judgments: The evidence is generally supportive of acupuncture. Acupuncture may be appropriate for some patients to consider as an adjunct/alternative therapy. *Policy level:* Option. *Intervention:* In patients who are interested in avoiding medications, acupuncture can be suggested as a possible therapeutic adjunct.

3.2. Turkish Guideline for Diagnosis and Treatment of Allergic Rhinitis (Turkey) 2021 ⊕

Ecevit MC, Özcan M, Haberal Can İ, Çadallı Tatar E, Özer S, Esen E, Atan D, Göde S, Elsürer Ç, Eryılmaz A, Uslu Coşkun B, Yazıcı ZM, Dinç ME, Özdoğan F, Günhan K, Bilal N, Korkut AY, Kasapoğlu F, Türk B, Araz Server E, Önerci Çelebi Ö, Şimşek T, Kum RO, Adalı MK, Eren E, Yüksel Aslıer NG, Bayındır T, Çakır Çetin A, Enise Göker A, Adadan Güvenç I, Köseoğlu S, Soylu Özler G, Şahin E, Şahin Yılmaz A, Güne C, Aksoy Yıldırım G, Öca B, Durmuşoğlu M, Kantekin Y, Özmen S, Orhan Kubat G, Köybaşı Şanal S, Altuntaş EE, Selçuk A, Yazıcı H, Baklacı D, Yaylacı A, Hancı D, Doğan S, Fidan V, Uygur K, Keleş N, Cingi C, Topuz B, Çanakçıoğlu S, Önerci M. Turkish Guideline for Diagnosis and Treatment of Allergic Rhinitis (ART). Turk Arch Otorhinolaryngol. 2021 May;59(Suppl 1):1-157. https://doi.org/10.4274/tao.2021.suppl.1

Acupuncture: Clinicians may recommend acupuncture, or patients with AR who are interested in non-pharmacological treatment can contact a clinician who can offer acupuncture treatment. Option based on randomized controlled trials with limitations, observational studies with consistent effects, and benefit over harm.

3.3. American Academy of Allergy, Asthma, and Immunology (AAAAI, USA) American College of Allergy, Asthma, and Immunology (ACAAI, USA) 2020 Ø

Dykewicz MS, Wallace DV, Amrol DJ, Baroody FM, Bernstein JA, Craig TJ, et al. Rhinitis 2020: A practice parameter update. J Allergy Clin Immunol. 2020;146(4):721-67. [214667]. doi

Recommendation : We cannot make a recommendation for or against the use of acupuncture for the treatment of AR. Strength of recommendation: not applicable; Certainty of evidence: very low.

3.4. Société Française ORL et de Chirurgie de la Face et du Cou (SFORL, France) 2020 Ø

Crampette L, J. Michel J. Recommandation SFORL : Prise en charge diagnostique et thérapeutique des Rhinites Allergiques par l'ORL. Société Française ORL et de Chirurgie de la Face et du Cou. 2020. [182785]. URL

[L'acupuncture est abordée, sans recommandation formulée].

3.5. US expert consensus 2020 ⊕

Wu AW, Gettelfinger JD, Ting JY, Mort C, Higgins TS. Alternative therapies for sinusitis and rhinitis: a systematic review utilizing a modified Delphi method. Int Forum Allergy Rhinol. 2020;10(4):496-504. [219449]. https://doi.org/10.1002/alr.22488

Acupuncture. Evidence of Efficacy: Moderate to High (allergic rhinitis). Risks: Low Costs:High Recommendation: Option as adjunct treatment

3.6. Chinese Society of Allergy (China) 2018 ⊕

Cheng L, Chen J, Fu Q, He S, Li H, Liu Z, Tan G, Tao Z, Wang D, Wen W, Xu R, Xu Y, Yang Q, Zhang C, Zhang G, Zhang R, Zhang Y, et al. Chinese Society of Allergy Guidelines for Diagnosis and Treatment of Allergic Rhinitis. Allergy Asthma Immunol Res. 2018;10(4):300-53. [183054]. doi: doi

To sum up, an increasing body of evidence indicates that acupuncture is a safe treatment option, and most of the acupunc¬ture methods employed can improve AR symptoms of nasal itching, sneezing, rhinorrhea, and especially nasal stuffiness. Acupuncture at either general or special acupoints needs to be continued over several weeks to observe significant beneficial and stable effects on symptom improvement.

3.7. International Consensus Statement on Allergy and Rhinology (ICAR) 2018 ⊕

Wise SK, Lin SY, Toskala E, Orlandi RR, Akdis CA, Alt JA, Azar A, Baroody FM, Bachert C, Canonica GW, Chacko T, Cingi C, et al. International Consensus Statement on Allergy and Rhinology: Allergic Rhinitis. Int Forum Allergy Rhinol. 2018;8(2):108-352. [183055]. doi

In patients who wish to avoid medications, acupuncture may be suggested as possible therapeutic adjunct.

3.7.1. British Society of Allergy and Clinical Immunology 2017 (BSACI, GB) Ø

Scadding GK, Kariyawasam HH, Scadding G, Mirakian R, Buckley RJ, Dixon T, Durham SR, Farooque S, Jones N, Leech S, Nasser SM, Powell R, Roberts G, Rotiroti G, Simpson A, Smith H, Clark AT. BSACI guideline for the diagnosis and management of allergic and non-allergic rhinitis (Revised Edition 2017; First edition 2007). Clin Exp Allergy. 2017 Jul;47(7):856-889. https://doi.org/10.1111/cea.12953

The levels of evidence for all complementary therapies, including acupuncture, herbal medicine, phototherapy and homoeopathy are not considered sufficient for recommendation for clinical use at present.

3.8. Malaysia Health Technology Assessment Section (MaHTAS, Malaysia) 2016 Ø

Malaysia Health Technology Assessment Section (MaHTAS). Management of rhinosinusitis in adolescents and adults. Ministry of Health (MoH). 2016:51P. [172206]. URL

There is insufficient evidence to support the use of complementary alternative medicines in rhinosinusitis (acupuncture).

3.9. European Academy of Allergy and Clinical Immunology 2015 (EAACI, Europe) ⊕

Nematian-Semani M, Eichel A, Mosges R. Conservative non-drug treatment for allergic rhinitis In Akdis CA,Hellings PW, Agache I, eds. Global Atlas of AllergicRhinitis and Chronic Rhinosinusitis. European Academy of Allergy and Clinical Immunology. 2015. 442p. [185647].

Nonpharmacological treatment options for allergic rhinitis gainpopularity and may be applied alone or complementarily. Apart from isotonic and hypertonic nasal sprays, which arealready widely used, alternative methods, such as thermalwater applications, endonasal phototherapy or acupunctureare available and have been investigated in clinical trials. Although the exact mechanism of action is not yet fullyunderstood, clinical evidence assigns similar efficacy tononpharmacological treatments compared to traditional agentswith hardly any side effects (p 202).
Acupuncture can be recommended as adjunct therapy for AR. Other therapies have shown some clinical promise (p 228).

3.10. American Academy of Otolaryngology-Head and Neck Surgery Foundation (AAO-HNSF, USA) 2015 ⊕

Seidman MD, Gurgel RK, Lin SY, Schwartz SR, Baroody FM, Bonner JR, Dawson DE, Dykewicz MS. ClinicaL practice guideline: allergic rhinitis executive summary. Otolaryngol Head Neck Surg. 2015;152(2):197-206. [178221].

Statement 13. Acupuncture. Clinicians may offer acupuncture, or refer to a clinician who can offer acupuncture, for patients with allergic rhinitis who are interested in nonpharmacologic therapy (option). based on randomized controlled trials with limitations, observational studies with consistent effects, and a preponderance of benefit over harm.

3.11. Michigan Medicine, University of Michigan (USA) 2013 Ø

Allergic Rhinitis. Guidelines for Clinical Care Ambulatory. Michigan medicine University of Michigan. 2013:17P. [198404].

Some studies have shown some decrease in symptoms with acupuncture and probiotics; however medication therapy has not been able to be decreased. More studies need to be done in this area.

3.12. Global Allergy and Asthma European Network (Europe) 2010 Ø

Brozek JL, Bousquet J, Baena-Cagnani CE, Bonini S, Canonica GW, Casale TB, van Wijk RG, Ohta K, Zuberbier T, Schünemann HJ; Global Allergy and Asthma European Network; Grading of Recommendations Assessment, Development and Evaluation Working Group. Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines: 2010 revision. J Allergy Clin Immunol. 2010 Sep;126(3):466-76. https://doi.org/10.1016/j.jaci.2010.06.047

38 Should acupuncture be used for treatment of AR?. Recommendation : In patients with AR, we suggest clinicians do not administer and patients do not use acupuncture (conditional recommendation very low-quality evidence). Underlying values and preferences : This recommendation places a relatively high value on avoiding the potential complications of acupuncture and a relatively low value on uncertain reduction in symptoms of rhinitis. Remarks : In patients who choose to be treated with acupuncture, only disposable needles should be used.

3.13. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008 Ø

Bousquet J, Khaltaev N, Cruz AA, Denburg J, Fokkens WJ, Togias A, Zuberbier T, Baena-Cagnani CE, Canonica GW et al. Allergic Rhinitis and its Impact on Asthma (ARIA) 2008 update (in collaboration with the World Health Organization, GA(2)LEN and AllerGen). Allergy. 2008;63 Suppl 86:8-160. [212225]. doi

Considering the RCTs, there is no clear evidence of the efficacy of acupuncture in rhinitis and asthma.

4. Overviews of Clinical Practice Guidelines

4.1. Duan 2026

Duan X, Sun D, Cao S, Yang T, Lin Y, Wang Y, Shi Y, He H, An L, Huang X, Su X, Deng Y, Hu J. Assessment of diagnosis and treatment guidelines for allergic rhinitis. Eur Arch Otorhinolaryngol. 2026 Mar;283(3):1409-1421. https://doi.org/10.1007/s00405-025-09769-z

Objective	This study aims to evaluate the quality of clinical practice guidelines for diagnosing and treating allergic rhinitis and analyse the heterogeneity of recommendations and supporting evidence among these guidelines.
Methods	A systematic search was conducted to identify clinical guidelines related to allergic rhinitis. Evaluators use the AGREE II instrument to assess the quality of the included guidelines. The Consistency Measurement Scale (MSRA) was applied to evaluate the scientific consistency of diagnostic and treatment recommendations, and the evidence supporting these recommendations was extracted and analysed.
Results	**Twelve guidelines** for diagnosing and treating allergic rhinitis were ultimately included. After further review and analysis, 7 clinical guidelines with an overall score of more than 60% were recommended. Heterogeneity was observed in the recommendations and supporting evidence across different guidelines. Contributing factors included contradictions between recommendations on **traditional Chinese medicine, acupuncture, and moxibustion treatment**, the regional specificity of these treatments, and the inappropriate citation of surgical treatment evidence.

Conclusion	This study revealed significant differences in the levels of evidence in the same field across different guidelines. Even within individual guidelines, inconsistencies in recommendations across different areas were identified. Further analysis to determine the underlying causes and efforts to rectify existing issues may help improve the quality of clinical guidelines for diagnosing and treating allergic rhinitis.

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