**Allergic Rhinitis (Sniveling or Runny Nose)/Bí Qiú**

A condition characterized by seasonal or perennial runny nose with clear, watery mucus, nasal congestion, sneezing, and often conjunctivitis and pharyngitis in response to airborne allergens.

**Seasonal allergic rhinitis (a.k.a. hayfever):**
- Spring: tree pollens
- Summer: grass pollens
- Fall: weed pollens (ragweed)
- Perennial allergic rhinitis: fungus spores, animal dander, dust containing insect feces and protein

**Etiology and Pathogenesis**

- Exogenous pathogenic factors: unseen airborne pathogens are characterized as exogenous Wind evils in Chinese medicine. During an acute attack, all patients are considered to be suffering from an attack of Wind-Cold Invading the Lungs.

- Improper diet and iatrogenesis: excessive consumption of uncooked, cold, sweet foods or dairy products – particularly during infancy – can damage the Spleen, as can excess of antibiotic use. Impairment of the Spleen’s transformation in transportation function results in the production of Dampness and, ultimately, Phlegm. This Phlegm gets stored in the Lungs as latent Phlegm that gets stirred up by exogenous Wind.

- Constitutional vacuity, overwork: as the Lungs, Spleen, and Kidneys are the three organs most involved in fluid metabolism, Qi vacuity from the above causes can result in the production of Dampness and Phlegm. Furthermore, all three organs are responsible for the production and dissemination of Wei Qi; Qi vacuity in one or more of them results in lack of consolidation on the surface and a propensity toward Wind invasion.

Allergic Rhinitis (Sniveling or Runny Nose)/Bí Qiú involves vacuity of the Lungs, Spleen, and Kidneys (Root) with Invasion of the Lungs by Wind-Cold (Branch).

**Acupuncture for Allergic Rhinitis/Bí Qiú**

**Basic points:** LI4, LI20, GB20, LU7, BL7, GV23, BL12
**LU Qi xu:** BL13, LU9, BL43, ST36, LU1
**SP Qi Xu:** BL20, ST36, SP3, LV13
**KI Yang Qi xu:** CV6, CV4, GV4, BL23, KI3
TCM Pattern Differentiation

**Invasion of the Lungs by Wind-Cold**
profuse, clear nasal discharge with nasal congestion, frequent sneezing, itchy eyes, nose, and throat

Additional Symptoms: aversion to wind and cold, possible headache, possible cough, no sweating, hyposmia or anosmia

Tongue: pale with thin, white coat
Pulse: floating, tight or wiry

Treatment Principles: Release the exterior, expel Wind, scatter Cold

Herbal Treatment: Cang Er Zi San (Cocklebur Fruit Powder*)
[Cang Er Zi (9g.), Xin Yi Hua (9g.), Bai Zhi (9g.), Bo He (6g.)] *Dosages are for decoction

**Lung-Spleen Qi Vacuity**
frequent contraction of Wind evils with symptoms of profuse, clear nasal discharge with nasal congestion, frequent sneezing, itchy eyes, nose, and throat

Additional Symptoms: fatigue, shortness of breath, disinclination to speak, spontaneous sweating (if severe), poor appetite, loose stools, pale complexion

Tongue: pale, puffy, possibly teeth-marked with thin, moist, white coat
Pulse: thin, weak or soft

Treatment Principles: Strengthen the Spleen, boost the Qi, supplement Wei Qi and secure the exterior

Herbal Treatment: Bu Zhong Yi Qi Tang (Center-Supplementing Qi-Boosting Decoction)
[Huang Qi (15g.), Ren shen (9g.), Bai Zhu (9g.), Dang Gui (9g.), Chen Pi (6g.), Chai Hu (3g.), Sheng Ma (3g.), Zhi Gan Cao (6g.)]

**Kidney Yang Qi Vacuity**
chronic, profuse, clear nasal discharge with nasal congestion, frequent sneezing, itchy nose, hyposmia or anosmia

Additional Symptoms: aversion to cold, cold limbs, pale complexion, sore low back and knees, frequent urination, nocturia

Treatment Principles: Warm the Kidneys, supplement the Lungs

Herbal Treatment: Jin Gui Shen Qi Wan (Golden Coffer Kidney Qi Pill)
[Shu Di Huang (12g.), Shan Zhu Yu (9g.), Shan Yao (12g.), Ze Xie (6g.), Mu Dan Pi (6g.), Fu Ling (6g.), Rou Gui (3g.), Pao Fu Zi (3g.)]

**Allergic Rhinitis/Bí Qiú: Clinical Remarks**

- During acute attacks, use Cang Er Zi San alone or combined with whatever formula addresses the patient’s underlying pattern.
- In between attacks, the patient should take the formula indicated for the underlying pattern.
- If the rhinitis is seasonal, begin supplementing the Root 2-3 months before the offending season.
- Dietary therapy is essential for the effective treatment of allergic rhinitis.
- There is no Wind-Heat pattern for allergic rhinitis (despite what is written in the Maciocia book). Allergic rhinitis can transform into acute sinusitis with yellow mucus, but the change in symptomatology requires a different biomedical and TCM disease diagnosis.
Biomedical Treatment of Allergic Rhinitis

1. Allergen avoidance
- Allergen avoidance is accomplished through environmental control aimed at reducing exposure to potential allergens.
- This may require patients to stay indoors as much as possible during times when the offending allergen is at its seasonal peak.
- Other measures include enclosing mattresses or pillows with allergen-proof casings, and eliminating carpeting.
- When these measures fail, pharmacologic intervention is appropriate.

2. Pharmacologic treatment to prevent and control symptoms

   *Antihistamines:*
   - The first generation oral anti-histamines, which includes Benadryl, can relieve mild to moderate symptoms, but are generally considered too sedating for routine use.
   - Newer antihistamines cause little or no drowsiness. Some are available over the counter. These prescription medication include cetirizine (Zyrtec), fexofenadine (Allegra), desloratadine (Clarinex), and loratadine (Claritin, Alavert and generic forms).
   - Azelastine (Astellin) is a antihistamine nasal spray that is used to treat allergic rhinitis.

   *Decongestants:*
   - Decongestants may also be helpful in reducing symptoms such as nasal congestion.
   - Use of nasal spray decongestants like Afrin, NeoSynephrine, Zicam Extreme Congestion for more than 3 days can cause rhinitis medicamentosa, nasal inflammation (rhinitis) from medication (medicamentosa)

   *Nasal corticosteroids*
   - Probably the most effective class of allergy medications at treating nasal allergies.
   - This group of medications includes fluticasone (Flonase), mometasone (Nasonex), budesonide (Rhinocort Aqua), flunisolide (Nasarel), triamcinolone (Nasacort AQ) and beclomethasone (Beconase AQ).

3. Allergen immunotherapy (desensitivation) for recalcitrant patients.
- A considerable body of clinical research has established the effectiveness of high-dose allergy shots in reducing symptoms and medication requirements.
- It is a long-term process; noticeable improvement is often not observed for 6-12 months, and, if helpful, therapy should be continued for 3-5 years.

   - Immunotherapy is not without risk because severe systemic allergic reactions can sometimes occur.
   - Indications: Immunotherapy may be considered more strongly with severe disease, poor response to other management options, and the presence of comorbid conditions or complications. Immunotherapy is often combined with pharmacotherapy and environmental control.