

Complementary and Alternative Treatment for Allergic Conditions



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KEYWORDS

- Complementary and alternative medicine • Traditional Chinese medicine
- Acupuncture • Homeopathy • Asthma • Allergic rhinitis • Atopic dermatitis
- Allergies

KEY POINTS

- Complementary and alternative medicine (CAM) is increasingly utilized in the western countries for allergic conditions despite the paucity of conclusive study results.
- Several CAM modalities have showed promising therapeutic efficacy in allergic conditions, although the mechanisms of action are still largely unclear.
- Clinicians should be familiar with these therapies in advising patients about the alternative treatment options for allergic conditions.

INTRODUCTION

Complementary and alternative medicine (CAM) is any therapeutic intervention outside the realm of conventional allopathic medicine. Although CAM is commonly used by 80% of the world's population, its utilization is growing in western countries and has increased to near 50% of the US population in 2015. Given this increasing prevalence, it is essential that clinicians have the resources and knowledge to advise their patients in the utilization, benefits, and potential adverse effects of these alternative therapies.

More than 20% of the US population suffers from allergic disorders, which include asthma, allergic rhinitis, and atopic dermatitis. Epidemiologic data in patients with allergic disorders indicate that 42% of people have used CAM for these conditions.^{1,2} This increase in popularity of CAM for allergic conditions is largely due to the reputed

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effectiveness, low cost, and favorable safety profiles of CAM. It is also related to the unsatisfactory results of many conventional therapies, concerns about adverse effects of synthetic drugs, and the paucity of preventive or curative therapies for these chronic diseases. In this article, several CAM therapies for allergic conditions are discussed based on results of randomized controlled trials.

Traditional Chinese Medicine Formula for Asthma

Traditional Chinese medicine (TCM) views allergic disease as resulting from the loss of homeostasis in interactions between human organs, such as the lungs, skin, and gut, with the environment, and foods. TCM practice focuses on establishing and maintaining the balance of yin–yang (2 opposite, but complementary forces), the homeostasis of organ systems in the body, and interactions with the environment. A Chinese herbal formulation is a mixture of many herbs.

Chinese herbs have been used for centuries in Asia to treat asthma. There is increasing scientific evidence to support the use of TCM herbal therapy for asthma. There have been many randomized trials of TCM herbal formulas for asthma,³ including modified Mai Men Dong Tang (mMMDT),⁴ STA-1,⁵ and antiasthma herbal medicine intervention (ASHMI).^{6,7} ASHMI has received investigational new drug approval in the United States (Table 1).

TCM Formula	Mechanism of Action	Evidence of Efficacy	Adverse Effects
ASHMI	<ul style="list-style-type: none"> • Blocking the IgE-mediated early phase airway response, airway hyper-reactivity, pulmonary inflammation, and airway remodeling^{8,9} • Reducing histamine and leukotriene release modulates airway smooth muscle contraction associated with increased prostaglandin I₂, a potent muscle relaxer⁸ 	<ul style="list-style-type: none"> • In 2 randomized trials, ASHMI was found nearly equivalent to oral or inhaled steroid in improving forced expiratory volume in 1 second (FEV1) and peak expiratory flow values, as well as reducing symptoms and inhaled beta 2-agonist use in patients with moderate-to-severe asthma⁶ • The improvement in symptom scores, particularly nasal symptoms, was greater in the ASHMI group than in the steroid group 	Gastric discomfort ⁷
mMMDT	<ul style="list-style-type: none"> • Affecting steroid metabolism (licorice) and • Immunomodulatory effects (ginseng)⁴ 	Studies in atopic children with mild-to-moderate persistent asthma ⁴ showed significant improvements in FEV1 and asthma symptom scores	No
STA-1	Anti-inflammatory and antiallergic properties	Patients treated with STA-1 had improved symptoms scores, increased lung function (FEV1), less systemic glucocorticoid treatment, and decreased total and dust mite-specific IgE compared with baseline ⁵	No

Data from Refs.^{4–9}

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