

Clinical Report

Treatment of “itching symptom” of allergic rhinitis from the perspective of “wind”

从“风”论刺过敏性鼻炎之“痒症”

FENG Gang (冯 罡)

Rehabilitation Department of Hebi Jingli Hospital, Hebi City 458030, Henan Province, China (鹤壁京立医院 康复科, 河南 458030)

ARTICLE INFO

Author: FENG Gang (1979-), male, associate professor.
Research field: Acupuncture for stubborn disease.
E-mail: fenggang0304@163.com
Accepted on July 25, 2017

ABSTRACT

Objective To observe the clinical efficacy of “itching symptom” of allergic rhinitis treated from the perspective of “wind”. **Methods** Forty patients were given acupuncture therapy, Fēngchí (风池 GB 20, bilaterally), Dàzhū (大椎 GV 14), Fēngmén (风门 BL 12, bilaterally), Fèishū (肺俞 BL 13, bilaterally) and Shàngyíngxiāng (上迎香 EX-HN8, bilaterally) were selected. After needle withdrawal, a fire cup was applied between GV 14 and BL 13, and the cup was retained for 10 min. Treatment for 15 times was considered as 1 course of treatment. Three days were free from treatment between 2 courses, and 3 courses were needed. The curative effect was evaluated after treatment ends, and follow-up visit was performed one year after treatment. **Results** The scores of nasal symptom and itching symptom after treatment ends and one year after treatment significantly reduced when compared with that before treatment (all $P < 0.05$), the difference was not statistically significant when compared the scores of nasal symptom and itching symptom one year after treatment with that after treatment ends (both $P > 0.05$). According to the follow-up visit performed one year after treatment, the markedly effective and effective cases reduced, ineffective cases increased, and the total effective rate declined slightly. The serum IgE levels, after treatment ends $[(164.79 \pm 44.29) \text{ IU/mL}]$ and one year after treatment $[(180.71 \pm 52.81) \text{ IU/mL}]$, both significantly reduced when compared with that before treatment $[(380.12 \pm 61.45) \text{ IU/mL}]$, both $P < 0.05$, the serum IgE level one year after treatment increased when compared with that after treatment ends, but the difference was not statistically significant ($P > 0.05$). **Conclusion** (1) Significant short-term and long-term curative effects have been obtained during the treatment of “itching symptom” of allergic rhinitis from the perspective of “wind”, (2) the mechanism of action may be related with the decrease of serum IgE level, (3) it is indicated that there are correlations between allergic rhinitis and atopic diseases such as atopic dermatitis and allergic conjunctivitis, etc.

KEY WORDS: allergic rhinitis; itching symptom; wind-evil; serum IgE

Allergic rhinitis (AR), a kind of allergic disease of nasal mucosa involving various immunocompetent cells and cytokines^[1], is mediated by IgE, with rhinocnesmus, sneezing, runny nose, eye itching, and throat itching, etc. as the major symptoms. Both AR and atopic dermatitis (AD) are allergic diseases, which are related with type I allergic reaction, with the same pathogenesis^[2]. It has been found according

to investigation^[3] that AR is closely related with such diseases as AD, allergic conjunctivitis, and drug allergy, etc., AD is considered as the skin manifestation of “atopic diseases”^[2]. Clinically, a part of AR patients visit the department of dermatology for treatment due to “itching symptom”, thus neglecting the therapy for allergic rhinitis. The author has obtained satisfactory curative effect during the treatment of “itching

symptom” of AR patients from the perspective of “wind”, and the details are summarized as follows.

CLINICAL DATA

Forty patients, including 15 males and 25 females, were from the outpatient service who visited Hebi Jingli Hospital, Rehabilitation Department from March, 2014 to June, 2016, with the age of 22–61 years old, and the mean age of (39 ± 12) years old. The shortest course of disease was 1 year, and the longest was 10 years, with an average of (6.5 ± 1.4) years. All the cases conformed to the criteria in *Diagnostic and Treatment Guidelines for Allergic Rhinitis*^[4]: (1) with two or more symptoms of sneezing, watery nasal discharge, nasal congestion, and rhinocnesmus, etc., concomitantly with such ocular symptoms as eye itching, conjunctival congestion, etc., (2) pale nasal mucosa with edema and watery secreta, (3) positive result of skin prick test, (4) specific serum IgE detection result can be used as one of the laboratory indices of diagnosis of allergic rhinitis. Allergic rhinitis was diagnosed on the premise of consistency between the clinical manifestations and skin prick test result or specific serum IgE detection result. All the 40 patients were manifested as obvious “rhinocnesmus, eye itching, throat itching, skin itching” and other symptoms. The patients with nasal tumor or other nasal mucosa lesions, severe physical or mental diseases were excluded.

METHODS

Acupoint selection: Fēngchí (风池 GB 20, bilaterally), Dàzhū (大椎 GV 14), Fēngmén (风门 BL 12, bilaterally), Fèishū (肺俞 BL 13, bilaterally) and Shàngyíngxiāng (上迎香 EX-HN8, bilaterally).

Manipulations: The patient was asked in sitting position. After conventional disinfection, disposable

0.30 mm × 25 mm filiform needles were adopted at GB 20, BL 12, BL 13 and EX-HN8, and a disposable 0.30 mm × 40 mm filiform needle was used for needling at GV 14. When needling at GB 20, oblique insertion was carried out with a depth of 13–20 mm towards the direction of nasal tip, twirling for reducing method was adopted to make the needling sensation spread to eyes. Perpendicular insertion was carried out with a depth of 25–30 mm at GV 14, and 13–20 mm at BL 12 and BL 13. Even reinforcing and reducing method was adopted at the three points to the extent that heavy and swelling sensation generated in the point areas and chest. Downward penetration needling towards Yíngxiāng (迎香 LI 20) was carried out with a depth of 13–20 mm at EX-HN8, and twirling method was performed to the extent that sore and swollen sensation generated in the nose. Acupuncture was conducted for once a day with the needle retention of 30 min, and manipulation was carried out for twice during needle retention. After needle withdrawal, a fire cup was applied between GV 14 and BL 13, and the cup was retained for 10 min. Treatment for 15 times was considered as 1 course of treatment. Three days were free from treatment between courses, and 3 courses were needed. The curative effect was evaluated after treatment ends, and follow-up visit was performed one year after treatment.

OBSERVATIONAL INDICES

Symptom score criteria

The score of “itching symptom” was refined by reference to the criteria in *Diagnostic and Treatment Guidelines for Allergic Rhinitis*^[4], and the details are shown in Table 1 and Table 2.

Efficacy evaluation criteria

By reference to the criteria in *Diagnostic and Treatment Guidelines for Allergic Rhinitis*^[4]. Curative

Table 1 Score criteria of itching symptom for allergic rhinitis

Symptom	Mild (1 point)	Moderate (2 points)	Severe (3 points)
Rhinocnesmus	Intermittent	Tolerable formication sign	Intolerable formication sign
Eye itching	Intermittent	Tolerable	Intolerable
Throat itching	Intermittent	Tolerable	Intolerable
Skin itching	Intermittent	Tolerable	Intolerable

Table 2 Score criteria of nasal symptom for allergic rhinitis

Symptom	Mild (1 point)	Moderate (2 points)	Severe (3 points)
Sneezing	3–9 sneezes/time	10–14 sneezes/time	Over 15 sneezes/time
Runny nose	4 times/day	5–9 times/day	Over 10 times/day
Nasal congestion	Occasional	Between mild and severe	Breathing through the mouth almost all the day

Download English Version:

<https://daneshyari.com/en/article/8694254>

Download Persian Version:

<https://daneshyari.com/article/8694254>

[Daneshyari.com](https://daneshyari.com)