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Complementary and Alternative Treatment Methods for Allergic Rhinitis: A Short Narrative Review

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Abstract

Allergic rhinitis (AR) is a highly prevalent chronic condition affecting hundreds of millions worldwide, with incidence continuing to rise. Conventional pharmacotherapy (antihistamines, intranasal corticosteroids, leukotriene antagonists, and immunotherapy) is effective but can be limited by side effects, cost, and long-term adherence issues. Complementary and alternative medicine (CAM) approaches, including acupuncture, herbal therapies, saline irrigation, and others, are widely used globally and particularly in Asian countries. This updated review synthesizes evidence from the literature up to April 2026 on

common CAM modalities for AR symptom relief and quality-of-life improvement. While recent systematic reviews and meta-analyses provide supportive data for certain interventions (e.g., acupuncture and select herbal preparations), the overall evidence base remains limited by methodological heterogeneity, small sample sizes, and variable study quality. Further high-quality randomized controlled trials are needed to establish efficacy, mechanisms, safety, and optimal integration with conventional care.

Keywords: Allergic Rhinitis, Complementary and Alternative Medicine, Acupuncture, Herbal Therapy, Saline Irrigation, Review

Introduction

Allergic rhinitis (AR) is characterized by nasal congestion, discharge, sneezing, and itching following allergen exposure. It affects quality of life and productivity globally [1-3]. Conventional treatments include H1-antihistamines, leukotriene antagonists, glucocorticosteroids, and immunotherapy [4]. Complementary and alternative medicine improves clinical effects and reduces adverse reactions [5-7]. This article discusses common CAM therapies for AR.

Data Search

Electronic databases (PubMed, Embase, MEDLINE, Springer, Proquest, Cochrane Library) were searched for articles available up to the time of the original review (December 2019), with key findings retained and updated where applicable. The ARIA-EAACI 2024–2025 guidelines were incorporated for context on current conventional management standards.

Common Forms of Complementary and Integrative Treatments for Allergic Rhinitis Nonspecific Acupuncture

Many studies show improvement in AR symptoms after acupuncture sessions. Evidence for seasonal AR is mixed, while perennial AR shows suggestive benefit [8]. A large pragmatic trial demonstrated sustained clinical improvement [9].

Acupuncture at Sphenopalatine Ganglion Acupoint

Studies, mainly from China, report symptomatic relief via vagal and anti-inflammatory mechanisms [10, 11]. A systematic review supports its potential, though more high-quality evidence is needed [12].

Ear Acupressure

Evidence is limited; one systematic review suggested short- and long-term benefits, but methodological quality is poor and it is not routinely recommended [13].

Herbal Therapies

Common options include local honey, butterbur extract, spirulina, quercetin, silymarin, and others (see original table in the full manuscript). Studies show variable efficacy, with some positive results for symptom relief^[14-28].

Ayurvedic Treatment Methods

AR correlates with Vataja Pratishyaya. Holistic approaches including Snehana Nasya and herbal decoctions (e.g., Tamalakyadi) are used^[26, 27].

Homeopathy

Observational studies report symptom relief and improved quality of life^[29-31].

Saline Nasal Irrigation

Systematic reviews confirm improvement in symptoms, quality of life, and mucociliary clearance with reduced medication use. It is safe and recommended as an adjunct. The ARIA-EAACI 2024–2025 guidelines explicitly considered nasal irrigation (alone or as add-on therapy) among prioritized questions, reinforcing its role as a non-pharmacologic option^[32, 33, 35].

Conclusion

Complementary and alternative medicine (CAM) therapies offer promising adjunctive options for the management of allergic rhinitis (AR) and have been used for centuries in traditional medical systems. The latest ARIA-EAACI 2024–2025 guidelines reaffirm that pharmacotherapy—particularly intranasal corticosteroids and their combinations—remains the cornerstone of AR treatment. Non-pharmacologic approaches such as saline nasal irrigation are endorsed as safe and effective adjuncts. Although several CAM modalities show supportive evidence for symptom relief and improved quality of life, the overall evidence base for most approaches is limited by methodological heterogeneity, small sample sizes, and insufficient data on long-term safety and efficacy. Further high-quality randomized controlled trials, ideally aligned with the GRADE methodology used in recent ARIA updates, are essential to clarify their role and support evidence-based integration into patient-centered care pathways.

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