Evidence Based Medicine

中藥和過敏性鼻炎

http://www.commonhealth.com.tw/article/article.action?nid=72775

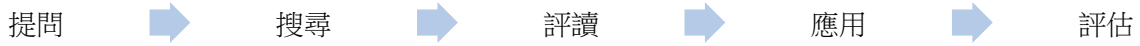
指導醫師：鄭為仁醫師（V）

報告日期：2018/1/26

報告醫師：Intern 王毓翔、江敬益、王聖棻、張育佳、洪敏文、R1趙晏琳

執行實證醫學五大步驟

1. 提出問題：Ask-PICO
2. 搜尋證據：Acquire
3. 嚴格評讀：Appraisal-VIP
4. 恰當應用：Apply-3E
5. 評估結果：Audit



臨床情境

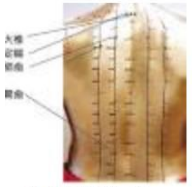
- 患者為 32 歲女性，患者自幼嗜食冰涼冷飲，晨起打噴嚏，鼻塞，鼻癢，目癢；噴嚏出清水涕偶發；在西醫診斷為過敏性鼻炎，長期服用西藥抗組織胺藥物
- 病患在新聞上及網路上看到中醫藥物和針灸對於過敏性鼻炎有許多的療效，因此來門診尋求幫助

中醫養肺防過敏慢性鼻炎對症治療
NOWnews - 2017年5月16日
西醫治療過敏性鼻炎，楊永榮醫師說，有的是使用抗組織胺藥物舒緩症狀，不過藥效過後容易復發；也有的採鼻噴劑加以控制，但長期使用恐會出現抗藥性；此外，西醫針對嚴重鼻過敏的患者，會建議手術治療的方式來加以改善。然而中醫觀點則認為，過敏性鼻炎的發生與身體免疫系統有關，應以改善體質為首要。

慢性病難痊癒中醫治療占優勢
中時電子報 (新聞發布) - 2017年9月15日
過敏性疾病：濕疹、蕁麻疹、過敏性鼻炎、過敏性哮喘等，多屬於免疫功能紊亂。由於免疫系統具有牽一髮而動全身的特點，用西藥很難根除，往往只能抑制免疫功能，停藥後容易復發。而中醫認為，過敏是因正氣不足，邪氣入侵所致，治療多以輔助正氣，排出邪氣。 婦科疾病：婦科疾病常屬於激素分泌紊亂，若僅調節某種 ...

中醫5方法趕走過敏性鼻炎
ETNEWS - 2017年7月24日
健康的腎臟精氣充盛，肺就能獲得溫養；若腎氣不足，就會出現呼多吸少、吸氣困難的情形，更容易發生過敏性鼻炎。 5種治療方針. 圖片來源／退休好幸福. 何孟杰醫師指出，過敏性鼻炎在中醫方面，於國內外有相當多的研究與臨床治療，能達到改善的方式常見有下列5種： 1.內服中藥：中醫根據臨床的辨證論治，將過敏 ...

西醫難治小兒鼻過敏中醫有解
中時電子報 (新聞發布) - 2017年3月4日
台灣的小兒過敏性鼻炎發生率居高不下，以台北市而言，每三位學齡學童，就有一位患有過敏性鼻炎，家有鼻過敏兒往往讓家長頭痛不已。西醫治療效果不甚滿意，帶來中醫試試看，究竟小兒鼻過敏該選擇西醫還是中醫治療呢？ 目前西醫治療鼻過敏的內服藥約分成五類：抗組織胺、解鼻充血劑、類固醇、白三烯素調節劑 ...



自由時報電子報

夏季三伏貼治療過敏性鼻炎這兩種人應避免
中時電子報 (新聞發布) - 2017年7月4日
61歲張姓男子長期飽受過敏性鼻炎所苦，只要天氣轉變，就會打噴嚏、流鼻水，到醫院求診，遵照中醫師指示使用「三伏貼穴位敷貼」療法，有效減少發病率。 ... 杜旻峰也強調，三伏貼穴位敷貼療法須經專業中醫師評估是否適合治療，不喜歡服藥的小孩或服藥對胃不適患者都必須謹慎考慮，孕婦及1歲以下幼兒則不宜使用 ...

夏季三伏貼抗過敏性鼻炎孕婦、幼兒不能碰
深入報導 - 自由時報電子報 - 2017年7月3日

Background

- 過敏性鼻炎發生率：約15-20%
- 過敏性鼻炎分兩大成因：「環境因素」及「遺傳因素」。
  「環境因素」：台灣屬海島型氣候，特有的濕熱環境使得塵蹣、蟑螂、黴菌等更易於繁殖，加上溫差大、人口密集，日益嚴重的污染，造成到處充滿了過敏原的現象。
- 「遺傳因素」：根據統計，父母其中一方罹病，其子女約有三分之 一的感染機率；如父母雙方都罹病，則子女患過敏性鼻炎的機率更高達三分之二。

Background- Symptoms

- 鼻癢和打噴嚏
- 鼻塞
- 鼻流清涕
- 嗅覺減退
- 發作期可伴暫時性耳鳴、聽力減退、頭痛

Background- Signs

- 鼻尖周圍皮膚潮紅
- 黑眼圈 (Allergic Shiners)
- 丹尼氏線(Dennie's lines)
- 鼻樑根部橫紋、過敏性敬禮 (Allergic salute)
- 張口呼吸、打鼾
- 鼻涕倒流而引起夜間陣發性咳嗽
- 鼻黏膜明顯蒼白水腫或呈淡灰色
- 常見併發症--鼻衄、鼻息肉、鼻竇炎、咽喉炎、支氣管哮喘、滲出性 中耳炎等。

Background-中醫

- 鼻鼽首先見於《素問・脈解篇》，曰：「所謂客孫脈，則頭痛、鼻鼽、腹腫者，陽明并於上，上者則其孫絡太陰也，故頭痛、鼻鼽、腹腫也。」
- 《劉河間醫學六書・素問玄機原病式》：「鼽者，鼻出清涕也」；「嚏，鼻中因癢而氣噴作於聲也。」

Background-中醫

- 多因外感風寒，內為臟腑功能失調，異氣之邪侵襲鼻竅而致病。
- 「本虛標實」，『虛』在臟腑，在肺、脾、腎。；『實』為外邪（如:風寒、灰塵、塵蹣等過敏原）所導致出現在鼻子流清涕、打噴嚏這樣的結果。
- 病位多在肺、脾、腎

Background

- 過敏性鼻炎西醫治療：

1) 類固醇鼻噴劑（Fixonase輔舒良）、口服類固醇
減少鼻黏膜的過敏細胞數量/降低發炎反應，降低過敏抗體而減輕過敏症狀。
2) 抗組織胺藥物（口服、鼻噴劑）
3) 巨大細胞穩定劑（Cromolyn sodium）
4) Leukotriene拮抗劑（Montelukast）
5) 血管收縮劑通鼻塞藥水
可以迅速解除鼻塞，但是只能短期使用2-3天，若長期使用可能會導致反彈性鼻炎，鼻塞更難處理
6) 抗生素
一般過敏性鼻炎的治療不需要使用到抗生素，但合併發鼻黏膜的細菌感染以及鼻竇炎時，就必須合併使用抗生素。

reference: UPTODATE: Pharmacotherapy of allergic rhinitis

Background

5) 減敏療法
使用少量精製過的過敏原(需先做過敏原測試)，注射於患者前臂皮膚下，採逐次加量漸進式的方法，刺激病人自己的免疫系統產生保護性抗體，使其免於過敏原的刺激，是較能夠治本且改善體質的療法，但並非全部有效而且較耗時需要定期注射兩三年。

reference: UPTODATE: Pharmacotherapy of allergic rhinitis

Step 1: ASKing

P
- 過敏性鼻炎病人（典型症狀、升高的IgE）

I
- 服用中藥治療（去除外敷、針灸其他中醫治療）

C
- 安慰劑　常規西藥治療

O
- 過敏性鼻炎症狀緩解與否

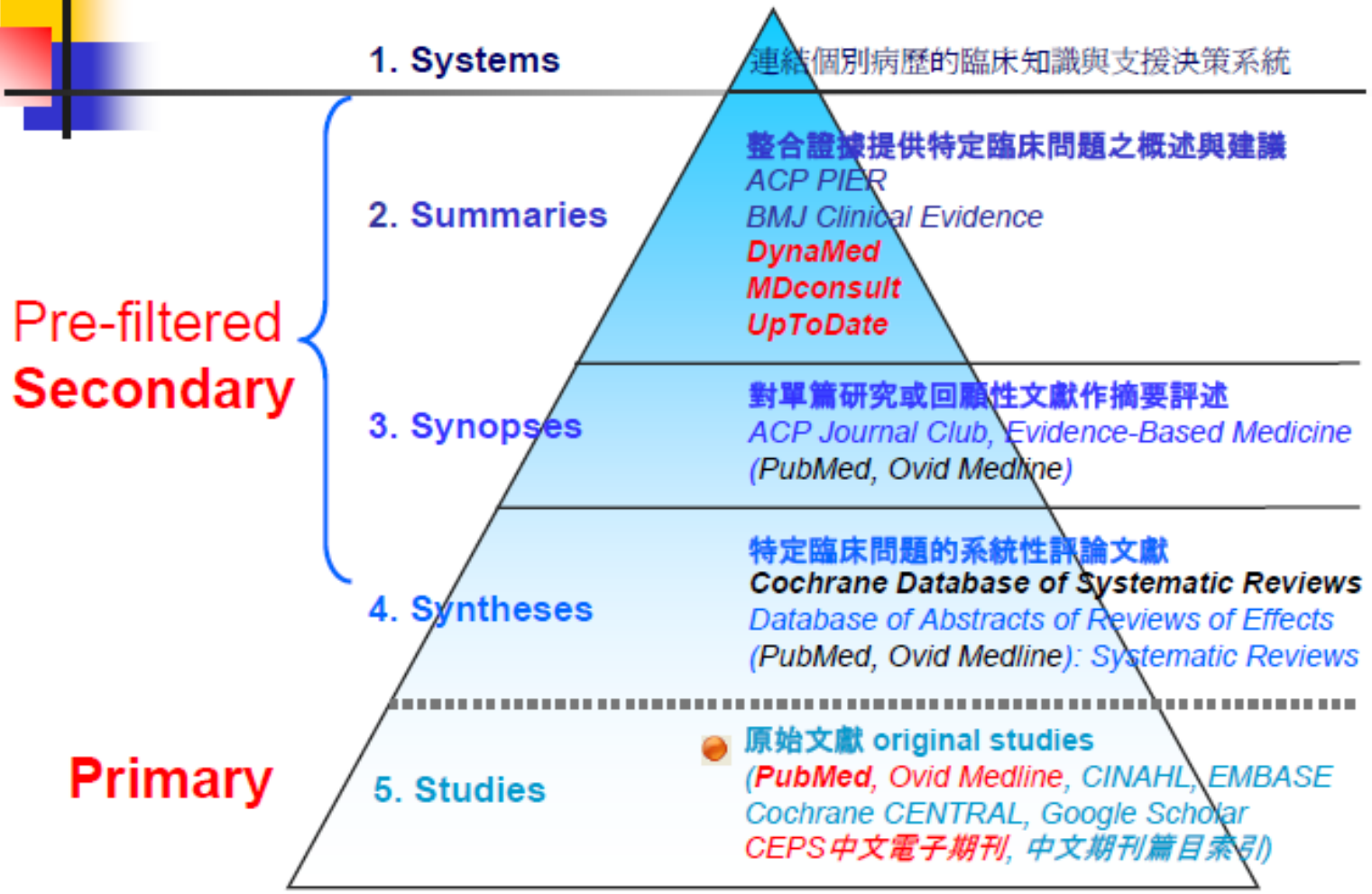
PICO-Primary Question Types

- **Therapy:** how to select treatments to offer our patients that **do more good than harm** and that are worth the efforts and costs of using them.
- **Diagnostic tests**: how to select and interpret diagnostic tests, in order to confirm or exclude a diagnosis, based on considering their precision, accuracy, acceptability, expense, safety, etc.
- **Prognosis**: how to estimate a patient's likely clinical course over time due to factors other than interventions
- **Harm / Etiology:** how to identify causes for disease (including its iatrogenic forms).

Acquire---文獻檢索目標

- 最符合PICO臨床問題
- 最佳的研究設計
- 文獻等級高
- 有全文可供評讀
- 發表時間最新

5S EBM Resources (非關證據強弱!)



Model from: Haynes, R. B. (2006). Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based health care decisions. ACP Journal Club, 145(3), A8.

Search Strategy Design

- Key Words:

Herbal Medicine,
Allergic rhinitis

2.DynaMed, UpToDate
3.PubMed
4.Cochrane

DynaMed

DynaMed Plus "Allergic rhinitis" herbal medicine Search

- Herbal medicines
  - Butterbur（款冬屬）
  - 各種中藥和其他草藥。

- Butterbur（款冬屬）
  - Scientific name : Petasites hybridus

1. reduce symptoms of seasonal allergic rhinitis (level 2 [mid-level] evidence)
2. butterbur 50 mg BID not effective than placebo --- 2 weeks
3. Butterbur ~fexofenadine ---1 week
4. butterbur ~cetirizine

DynaMed Plus "Allergic rhinitis" herbal medicine Search

Search Within Text

- Epidemiology
- Etiology and Pathogenesis
- History and Physical
- Diagnosis
- Treatment
  - Treatment overview
  - Medications
    - Intranasal corticosteroids
    - Systemic corticosteroids

Allergic rhinitis

Follow Print E-mail

Treatment / Medications / Herbal medicines / Other herbal medicines

黃耆

- Reference - Altern Ther Health Med 2003 Sep-Oct;9(5):80 EBSCOhost Full Text
- **herbal formulation with *Astragalus membranaceus* might reduce intensity of seasonal allergic rhinitis (level 2 [mid-level] evidence)**
  - based on small randomized trial
  - 48 adults with moderate-to-severe seasonal allergic rhinitis randomized to herbal and mineral preparation containing *A. membranaceus* (marketed in Croatia as Lectranal) vs. placebo
  - herbal preparation associated with
    - decreased intensity of rhinorrhea ($p < 0.05$)
    - greater improvement from baseline of total symptom score and quality of life (not significant)
  - Reference - Phytother Res 2010 Feb;24(2):175
- **Bu-zhong-yi-qi-tang (a Chinese medicine) reported to decrease nasal symptoms**
  - based on small randomized trial of 60 patients allergic to house dust mite allergen
  - Reference - J Ethnopharmacol 2008 Jan 4;115(1):104

補中益氣湯

Step 2 Acquire ：UptoDate

Chinese herbal medicine for the treatment of allergic diseases

"allergic rhinitis" traditior | Find | Print | Share

Topic Outline

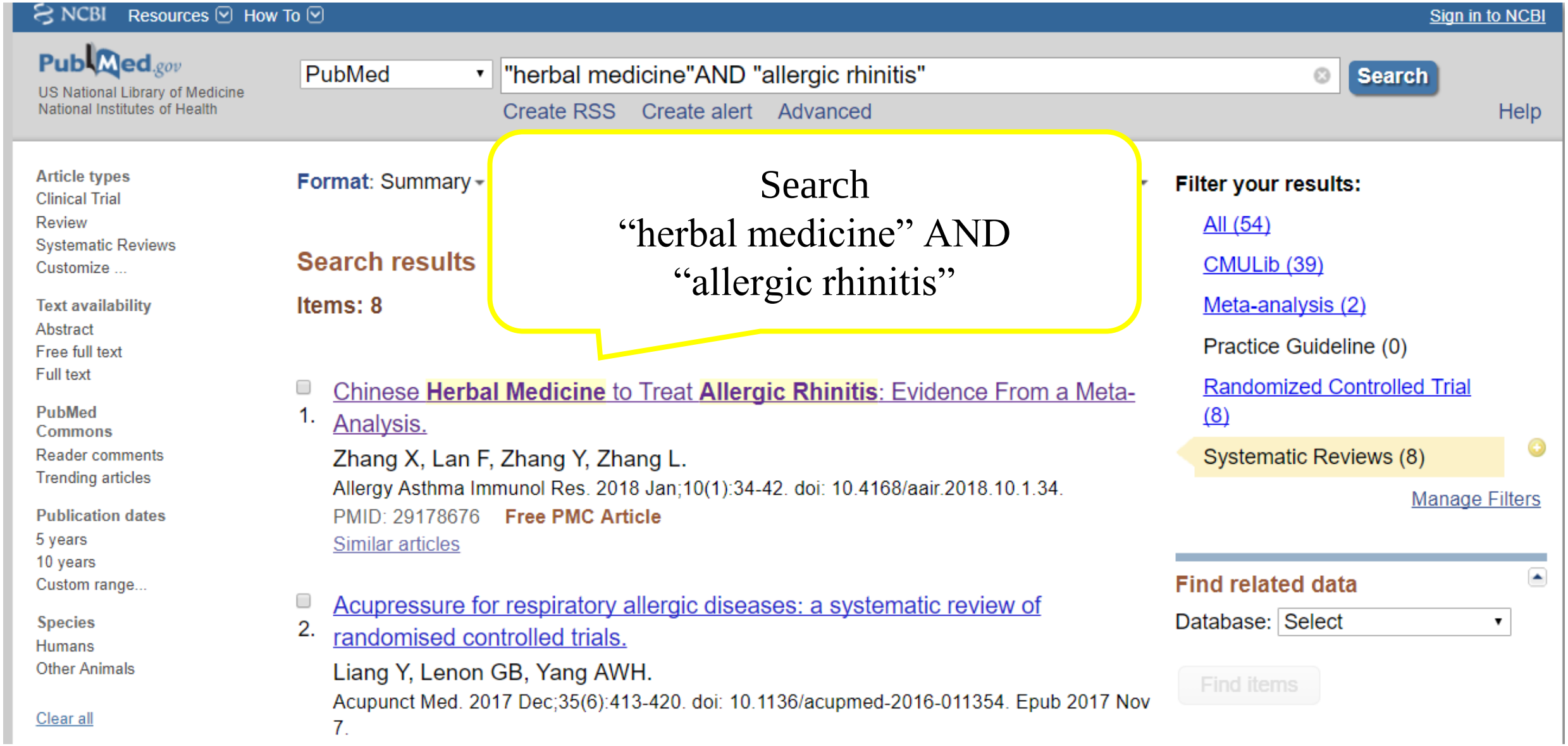
Xiao-Feng-San (XFS), a 13-herb formula, was studied in a randomized trial in Taiwan [41]. Patients with severe intractable AD were treated for eight weeks with oral XFS (n = 47) or placebo (n = 24). There was a significantly greater improvement in the total lesion, erythema, surface damage, pruritus, and sleep scores in the treatment group compared with placebo. These differences, except for the erythema score, were still significant four weeks after the completion of treatment.

Preliminary observational studies suggest that the combination of Chinese herbal therapy and acupuncture may be more effective than herbal therapy alone [42,43]. Controlled clinical studies are needed.

SUMMARY

- Chinese herbs have been used for centuries in Asia as a part of Traditional Chinese medicine (TCM). However, lack of standardization and controlled clinical trials, among other issues, have hampered their use as conventional therapies in Western medicine. (See 'Introduction' above and 'Overview' above.)
- There is potential for developing novel therapies for atopic diseases from Chinese herbs. Several herbal formulas show early promise for the treatment of asthma, food allergies, and allergic rhinitis in randomized trials. (See 'Therapy for asthma' above and 'Therapy for food allergy' above and 'Therapy for atopic dermatitis' above and 'Therapy for allergic rhinitis and conjunctivitis' above.)
- Work remains to determine the active components of each herb, their mechanisms of action, and potential synergistic effects. In addition, issues with consistency of herb quality and standardization still need to be addressed.

Topic Feedback


NCBI Resources How To
Sign in to NCBI
PubMed.gov
US National Library of Medicine
National Institutes of Health
PubMed
"herbal medicine"AND "allergic rhinitis"
Search
Create RSS
Create alert
Advanced
Help
Article types
Clinical Trial
Review
Systematic Reviews
Customize ...
Text availability
Abstract
Free full text
Full text
PubMed Commons
Reader comments
Trending articles
Publication dates
5 years
10 years
Custom range...
Species
Humans
Other Animals
Clear all
Format: Summary
Search results
Items: 8
Search
"herbal medicine" AND
"allergic rhinitis"
1. Chinese Herbal Medicine to Treat Allergic Rhinitis: Evidence From a Meta-Analysis.
Zhang X, Lan F, Zhang Y, Zhang L.
Allergy Asthma Immunol Res. 2018 Jan;10(1):34-42. doi: 10.4168/aair.2018.10.1.34.
PMID: 29178676 Free PMC Article
Similar articles
2. Acupressure for respiratory allergic diseases: a systematic review of randomised controlled trials.
Liang Y, Lenon GB, Yang AWH.
Acupunct Med. 2017 Dec;35(6):413-420. doi: 10.1136/acupmed-2016-011354. Epub 2017 Nov 7.
Filter your results:
All (54)
CMULib (39)
Meta-analysis (2)
Practice Guideline (0)
Randomized Controlled Trial (8)
Systematic Reviews (8)
Manage Filters
Find related data
Database: Select
Find items

PubMed---Systematic review

2018 Chinese Herbal Medicine to Treat Allergic Rhinitis: Evidence From a Meta-Analysis.
2012 Meta-analysis of clinical trials on traditional Chinese herbal medicine for treatment of persistent allergic rhinitis.
2007 Herbal medicines for the treatment of allergic rhinitis: a systematic review.
2008 Complementary medicine in treatment of asthma and respiratory tract infections.

Potential effectiveness of Chinese herbal medicine Yu ping feng san for adult allergic rhinitis: a systematic review and meta-analysis of randomized controlled trials.
Acupressure for respiratory allergic diseases: a systematic review of randomised controlled trials.
Ear-acupressure for allergic rhinitis: a systematic review.
A Systematic and Narrative Review of Acupuncture Point Application Therapies in the Treatment of Allergic Rhinitis and Asthma during Dog Days.

PubMed

1. Acupoint herbal patching for **allergic rhinitis**: a systematic review and meta-analysis of randomised controlled trials.
   Zhou F, Yan LJ, Yang GY, Liu JP.
   Clin Otolaryngol. 2015 Dec;40(6):551-68. doi: 10.1111/coa.12410. Review.
   PMID: 25754265
   Similar articles

2. Complementary and alternative therapy (CAM) in the treatment of **allergic rhinitis**.
   Kern J, Bielory L.
   Curr Allergy Asthma Rep. 2014 Dec;14(12):479. doi: 10.1007/s11882-014-0479-8. Review.
   PMID: 25269403
   Similar articles

3. Catgut implantation at acupoints for **allergic rhinitis**: a systematic review.
   Li XR, Zhang QX, Liu M, Chen Q, Liu Y, Zhang FB, Deng J, Zhong ZD.
   Chin J Integr Med. 2014 Mar;20(3):235-40. doi: 10.1007/s11655-014-1748-z. Epub 2014 Mar 4. Review.
   PMID: 24615216
   Similar articles

Search
"traditional chinese medicine" AND
"allergic rhinitis"

Search
“traditional chinese medicine” AND
“allergic rhinitis”
17 RCTs

Search | Search Manag | Browse

Title, Abstract, Keywords | "traditional chinese medicine" AND “allergic rhinitis” | Go | Save

Search Limits | Search Help | (Word variations have been searched) | Add to Search Manager

Clear

All Results (17)

- Cochrane Reviews (0)
  - All
  - Review
  - Protocol
- Other Reviews (0)
- Trials (17)
- Methods Studies (0)
- Technology Assessments (0)
- Economic Evaluations (0)
- Cochrane Groups (0)

Cochrane Central Register of Controlled Trials : Issue 12 of 12, December 2017

There are **17** results from **1103141** records for your search on **'"traditional chinese medicine"AND “allergic rhinitis” in Title, Abstract, Keywords** in **Trials'**

Sort by Relevance: high to low

Select all | Export all | Export selected

Qufeng Decoction for treating **allergic rhinitis** : a randomized controlled trial
Zhu WR , Zhang SJ , Deng DH and Shen XH
Zhong xi yi jie he xue bao [journal of chinese integrative medicine], 2008, 6(7), 700
Online Publication Date: 2012

Original Article
Allergy Asthma Immunol Res. 2018 January;10(1):34-42.
https://doi.org/10.4168/aair.2018.10.1.34
pISSN 2092-7355 • eISSN 2092-7363

AAIR
Allergy, Asthma & Immunology Research

Chinese Herbal Medicine to Treat Allergic Rhinitis: Evidence From a Meta-Analysis

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- 最符合PICO臨床問題
- 最佳的研究設計
- 文獻等級高
- 有全文可供評讀
- 發表時間最新

Appraisal

C ritical
A ppaisal
S kills
P rogramme

A — Are the results of the study valid?

B — What are the results?

C — Will the results help locally?

A Are the results of the study valid?

1. Did the review address a clearly focused question?

We systematically searched the PubMed, Medline, and Springer electronic databases up to March 2017 for RCTs comparing the efficacy of CHM versus placebo for the treatment of patients with AR. Total nasal symptoms and quality of life were assessed through pooling mean difference (MD) with its 95% confidence interval (CI).

I C P O

- [x] YES
- [ ] NO
- [ ] CAN ‘T TELL

1.問題明確
2.和我們設定的PICO相同

A Are the results of the study valid?

2. Did the authors look for the right type of papers?

We systematically searched the PubMed, Medline, and Springer electronic databases up to March 2017 for RCTs comparing the efficacy of CHM versus placebo for the treatment of patients with AR. Total nasal symptoms and quality of life were assessed through pooling mean difference (MD) with its 95% confidence interval (CI).

- [x] YES
- [ ] NO
- [ ] CAN ‘T TELL

我們的O為尋求治療結果
=> 應尋找RCT文章

A Are the results of the study valid?

3. Do you think all the important, relevant studies were included?

We systematically searched the PubMed, Medline, and Springer electronic databases up to March 2017 for RCTs comparing the efficacy of CHM versus placebo for the treatment of patients with AR. Total nasal symptoms and quality of life were assessed through pooling mean difference (MD) with its 95% confidence interval (CI).

- ☐ YES
- ☐ NO
- ☐ CAN ‘T TELL

1.重要database皆被列入
2.收至March 2017

A Are the results of the study valid?

3. Do you think all the important, relevant studies were included?

Only studies published in English were included in the meta-analysis if they met the following criteria:

(1) the study was designed as a randomized controlled trial(2) patients had typical symptoms of AR, and elevated total blood IgE level or positive skin prick test reactions were observed(3) patients were treat- ed with traditional Chinese medicine as compared with place- bo or conventional Western medicine; (4) One of the following outcomes was reported — sneezing, itchy nose, total nasal symptom score (TNSS), and quality of life measured by Rhino conjunctivitis Quality of Life (RQLQ) or 36-item Short Form Health Survey (SF-36); (5) patients had provided informed writ- ten consent prior to entry to the study.

Reviews, meetings abstracts, case reports, and comments were excluded from the meta-analysis.

Reviews, meetings abstracts, case reports, and comments were excluded from the meta-

☐ YES

☑ NO

☐ CAN 'T TELL

1.僅收錄英文RCT

2.排除review, abstract, case report和comment

A Are the results of the study valid?

4. Did the review's authors do enough to assess the quality of the included studies?

Quality of the included studies was assessed by 2 independent authors using the risk of bias tools based on the Cochrane Handbook version 5.1.0. Briefly, 6 bias items were assessed, such as selection bias, performance bias, detection bias, attrition bias, reporting bias, and others. Each item was categorized as low, high, or unclear risk.

- [x] YES
- [ ] NO
- [ ] CAN 'T TELL

1.2 independent authors
2.Risk of bias tools

A Are the results of the study valid?

5. If the results of the review have been combined, was it reasonable to do so?

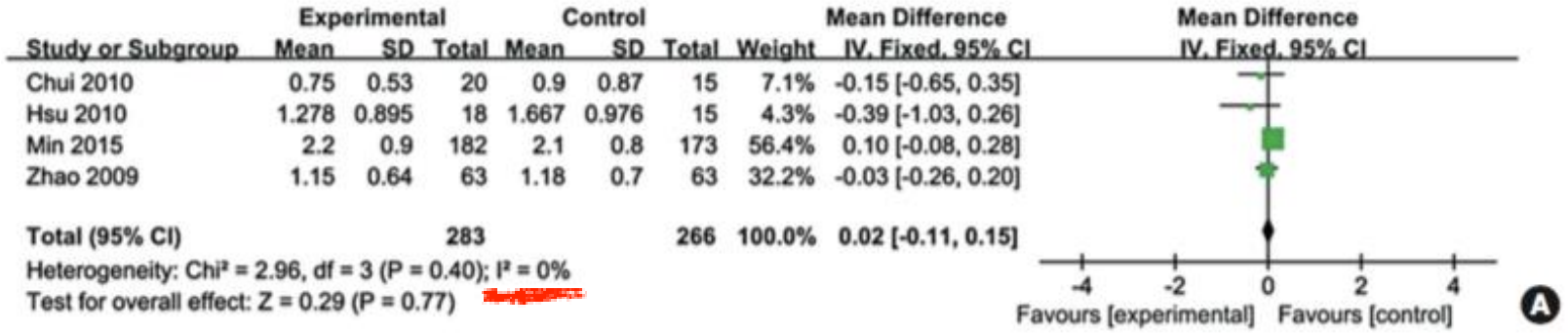
Heterogeneity was assessed using the Cochrane Q and I^2 statistics. The Q test evaluates the contribution of each study by its inverse variance, which is computed by summing the squared deviations of each study's effect estimate from the overall effect estimate. The I^2 index describes the percentage of total variation across studies that is due to heterogeneity rather than chance, and can be readily calculated from basic results obtained from a typical meta-analysis as $I^2 = 100\% \times (Q - df)/Q$, where Q is Cochran's heterogeneity statistic and df the degrees of freedom.

- ☐ YES
- ☐ NO
- ☐ CAN 'T TELL

利用I^2 statistics評估異質性

A Are the results of the study valid?

5. If the results of the review have been combined, was it reasonable to do so?



Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Chui 2010	0.75	0.53	20	0.9	0.87	15	7.1%	-0.15 [-0.65, 0.35]
Hsu 2010	1.278	0.895	18	1.667	0.976	15	4.3%	-0.39 [-1.03, 0.26]
Min 2015	2.2	0.9	182	2.1	0.8	173	56.4%	0.10 [-0.08, 0.28]
Zhao 2009	1.15	0.64	63	1.18	0.7	63	32.2%	-0.03 [-0.26, 0.20]
Total (95% CI)			283			266	100.0%	0.02 [-0.11, 0.15]

Heterogeneity: Chi² = 2.96, df = 3 (P = 0.40); I² = 0%
Test for overall effect: Z = 0.29 (P = 0.77)

Sneezing

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Chui 2010	0.54	0.57	20	0.53	0.44	15	7.5%	0.01 [-0.32, 0.34]
Hsu 2010	1.111	0.832	18	1.267	0.704	15	3.1%	-0.16 [-0.68, 0.37]
Min 2015	1.3	0.4	182	1.2	0.6	173	74.1%	0.10 [-0.01, 0.21]
Zhao 2009	1.11	0.58	63	0.99	0.75	63	15.4%	0.12 [-0.11, 0.35]
Total (95% CI)			283			266	100.0%	0.09 [-0.00, 0.18]

Heterogeneity: Chi² = 1.16, df = 3 (P = 0.76); I² = 0%
Test for overall effect: Z = 1.89 (P = 0.06)

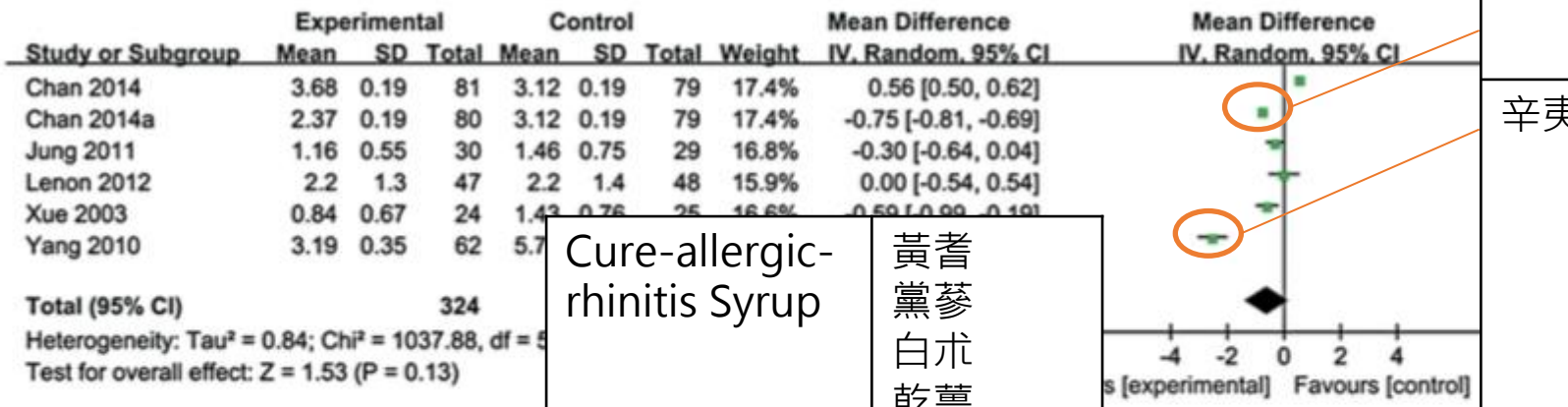
Itchy nose

- ☐ YES
- ☐ NO
- ☐ CAN ‘T TELL

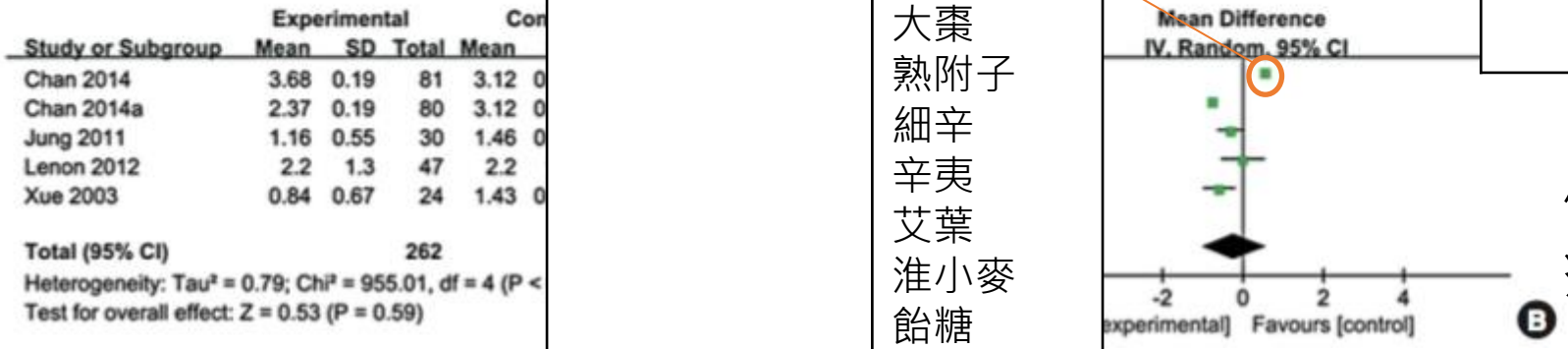
單純就噴嚏和鼻癢做評估者
I^2=0 異質性低

A Are the results of the study valid?

5. If the results of the review have been combined, w ?



Total nasal symptom of eligible st icine with control.



Total nasal symptom of eligible studies comparing Chinese herbal medicine with placebo.

玉屏風散加減	黃耆 白朮 防風 辛夷 甘草 蒼耳子
辛夷散	辛夷 細辛 防風 白芷 藁本 川芎 升麻 木通 甘草
Cure-allergic-rhinitis Syrup	黃耆 黨蔘 白朮 乾薑 桂枝 大棗 熟附子 細辛 辛夷 艾葉 淮小麥 飴糖

TELL

使用CHM vs control/placebo後的鼻症狀評估中，I^2=100異質性高

A Are the results of the study valid?

5. If the results of the review have been combined, was it reasonable to do so?

Assessment of overall heterogeneity indicated that there was significant heterogeneity among the individual studies (I^2 =100%, P< 0.00001), and thus we used the ransomed effects model to pool data. Analysis of the data for total symptoms showed that CHM treatment did not lead to significant improvement in nasal symptoms in AR patients as compared with control medication.

- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

使用隨機效應模式合併data

B What are the results?

6. What are the overall results of the review?

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Chui 2010	0.75	0.53	20	0.9	0.87	15	7.1%	-0.15 [-0.65, 0.35]
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Min 2015	2.2	0.9	182	2.1	0.8	173	56.4%	0.10 [-0.08, 0.28]
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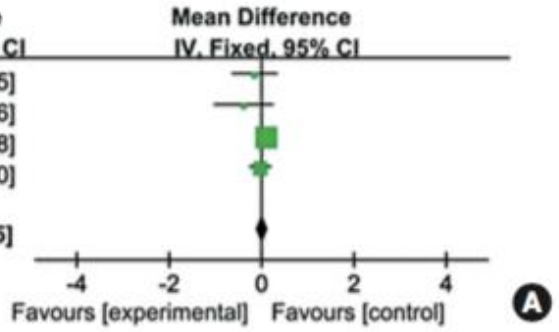
Total (95% CI)			**283**			**266**	**100.0%**	**0.02 [-0.11, 0.15]**

Heterogeneity: Chi² = 2.96, df = 3 (P = 0.40); I² = 0%
Test for overall effect: Z = 0.29 (P = 0.77)



sneezing

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Chui 2010	0.54	0.57	20	0.53	0.44	15	7.5%	0.01 [-0.32, 0.34]
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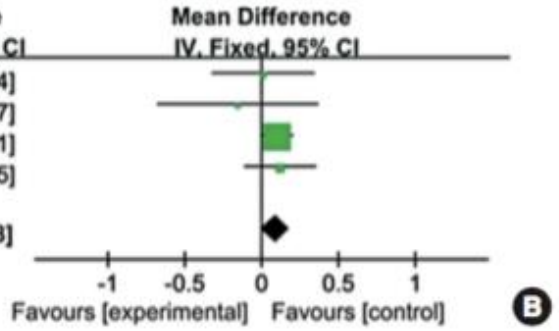
Total (95% CI)			**283**			**266**	**100.0%**	**0.09 [-0.00, 0.18]**

Heterogeneity: Chi² = 1.16, df = 3 (P = 0.76); I² = 0%
Test for overall effect: Z = 1.89 (P = 0.06)



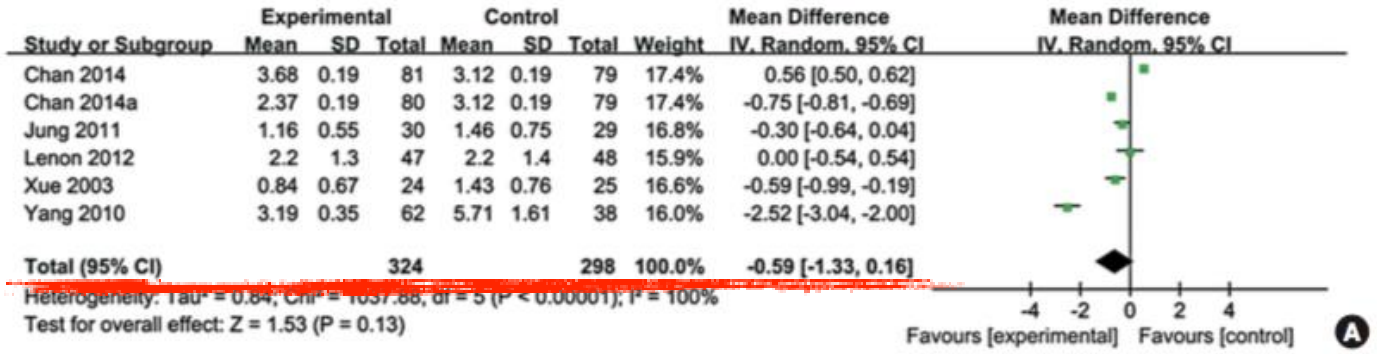
itchy nose

- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

選用risk ratio95%信賴區間呈現

B What are the results?

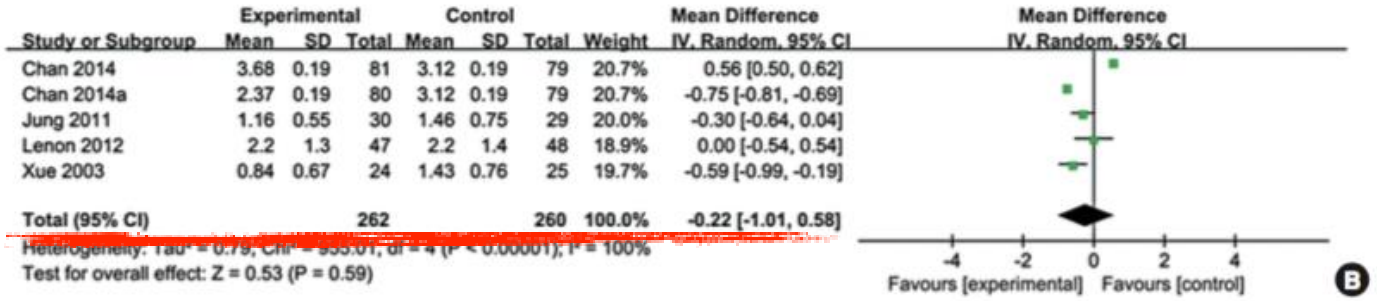
6. What are the overall results of the review?



Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Chan 2014	3.68	0.19	81	3.12	0.19	79	17.4%	0.56 [0.50, 0.62]
Chan 2014a	2.37	0.19	80	3.12	0.19	79	17.4%	-0.75 [-0.81, -0.69]
Jung 2011	1.16	0.55	30	1.46	0.75	29	16.8%	-0.30 [-0.64, 0.04]
Lenon 2012	2.2	1.3	47	2.2	1.4	48	15.9%	0.00 [-0.54, 0.54]
Xue 2003	0.84	0.67	24	1.43	0.76	25	16.6%	-0.59 [-0.99, -0.19]
Yang 2010	3.19	0.35	62	5.71	1.61	38	16.0%	-2.52 [-3.04, -2.00]
Total (95% CI)			**324**			**298**	**100.0%**	**-0.59 [-1.33, 0.16]**

Heterogeneity: Tau² = 0.84; Chi² = 1037.88, df = 5 (P < 0.00001); I² = 100%
Test for overall effect: Z = 1.53 (P = 0.13)

Total nasal symptom of eligible studies comparing Chinese herbal medicine with control.



Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Chan 2014	3.68	0.19	81	3.12	0.19	79	20.7%	0.56 [0.50, 0.62]
Chan 2014a	2.37	0.19	80	3.12	0.19	79	20.7%	-0.75 [-0.81, -0.69]
Jung 2011	1.16	0.55	30	1.46	0.75	29	20.0%	-0.30 [-0.64, 0.04]
Lenon 2012	2.2	1.3	47	2.2	1.4	48	18.9%	0.00 [-0.54, 0.54]
Xue 2003	0.84	0.67	24	1.43	0.76	25	19.7%	-0.59 [-0.99, -0.19]
Total (95% CI)			**262**			**260**	**100.0%**	**-0.22 [-1.01, 0.58]**

Heterogeneity: Tau² = 0.79; Chi² = 953.01, df = 4 (P < 0.00001); I² = 100%
Test for overall effect: Z = 0.53 (P = 0.59)

Total nasal symptom of eligible studies comparing Chinese herbal medicine with placebo.

- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

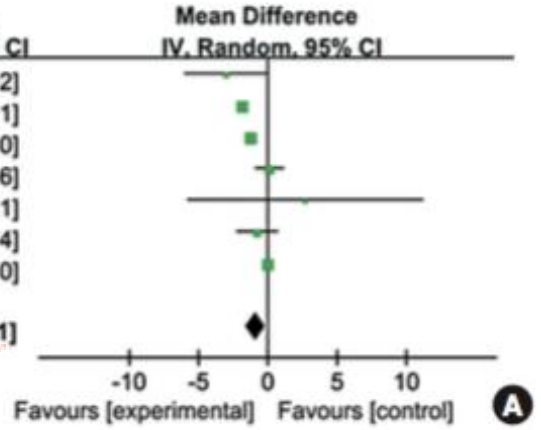
選用risk ratio95%信賴區間呈現

B What are the results?

6. What are the overall results of the review?

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Brinkhaus 2004	4.8	5.4	28	7.8	5.9	26	4.0%	-3.00 [-6.02, 0.02]
Chan 2014	5.36	0.4	81	7.19	0.4	79	23.4%	-1.83 [-1.95, -1.71]
Chan 2014a	5.97	0.4	80	7.19	0.4	79	23.4%	-1.22 [-1.34, -1.10]
Hsu 2010	6.8778	1.9019	18	6.7533	1.0986	15	15.0%	0.12 [-0.92, 1.16]
Hu 2001	6.6	16.4	26	3.9	16.5	32	0.6%	2.70 [-5.81, 11.21]
Jung 2011	9.38	2.45	30	10.14	3.34	29	10.8%	-0.76 [-2.26, 0.74]
Zhao 2009	2.82	0.8	63	2.8	0.78	63	22.7%	0.02 [-0.26, 0.30]
Total (95% CI)			326			323	100.0%	-0.88 [-1.55, -0.21]

Heterogeneity: Tau² = 0.49; Chi² = 166.55, df = 6 (P < 0.00001); I² = 96%
Test for overall effect: Z = 2.58 (P = 0.01)



quality of life evaluation

- [x] YES
- [ ] NO
- [ ] CAN ‘T TELL

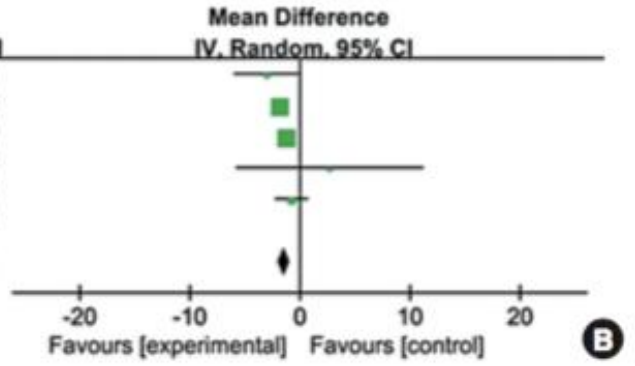
選用risk ratio95%信賴區間呈現

B What are the results?

6. What are the overall results of the review?

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Random, 95% CI
Brinkhaus 2004	4.8	5.4	28	7.8	5.9	26	3.1%	-3.00 [-6.02, 0.02]
Chan 2014	5.36	0.4	81	7.19	0.4	79	43.1%	-1.83 [-1.95, -1.71]
Chan 2014a	5.97	0.4	80	7.19	0.4	79	43.1%	-1.22 [-1.34, -1.10]
Hu 2001	6.6	16.4	26	3.9	16.5	32	0.4%	2.70 [-5.81, 11.21]
Jung 2011	9.38	2.45	30	10.14	3.34	29	10.3%	-0.76 [-2.26, 0.74]
Total (95% CI)			245			245	100.0%	-1.47 [-2.02, -0.92]

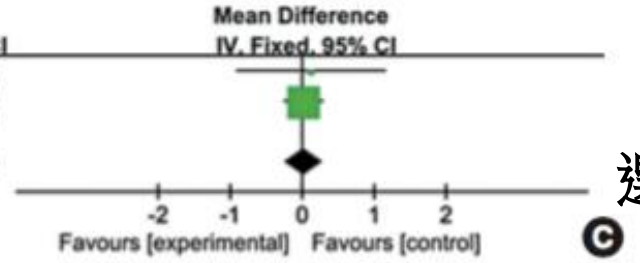
Heterogeneity: Tau² = 0.18; Chi² = 49.22, df = 4 (P < 0.00001); I² = 92%
Test for overall effect: Z = 5.25 (P < 0.00001)



Rhino conjunctivitis Quality of Life evaluation

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Mean Difference IV, Fixed, 95% CI
Hsu 2010	6.8778	1.9019	18	6.7533	1.0986	15	6.6%	0.12 [-0.92, 1.16]
Zhao 2008	2.82	0.8	63	2.8	0.78	63	93.4%	0.02 [-0.26, 0.30]
Total (95% CI)			81			78	100.0%	0.03 [-0.24, 0.29]

Heterogeneity: Chi² = 0.04, df = 1 (P = 0.85); I² = 0%
Test for overall effect: Z = 0.20 (P = 0.84)



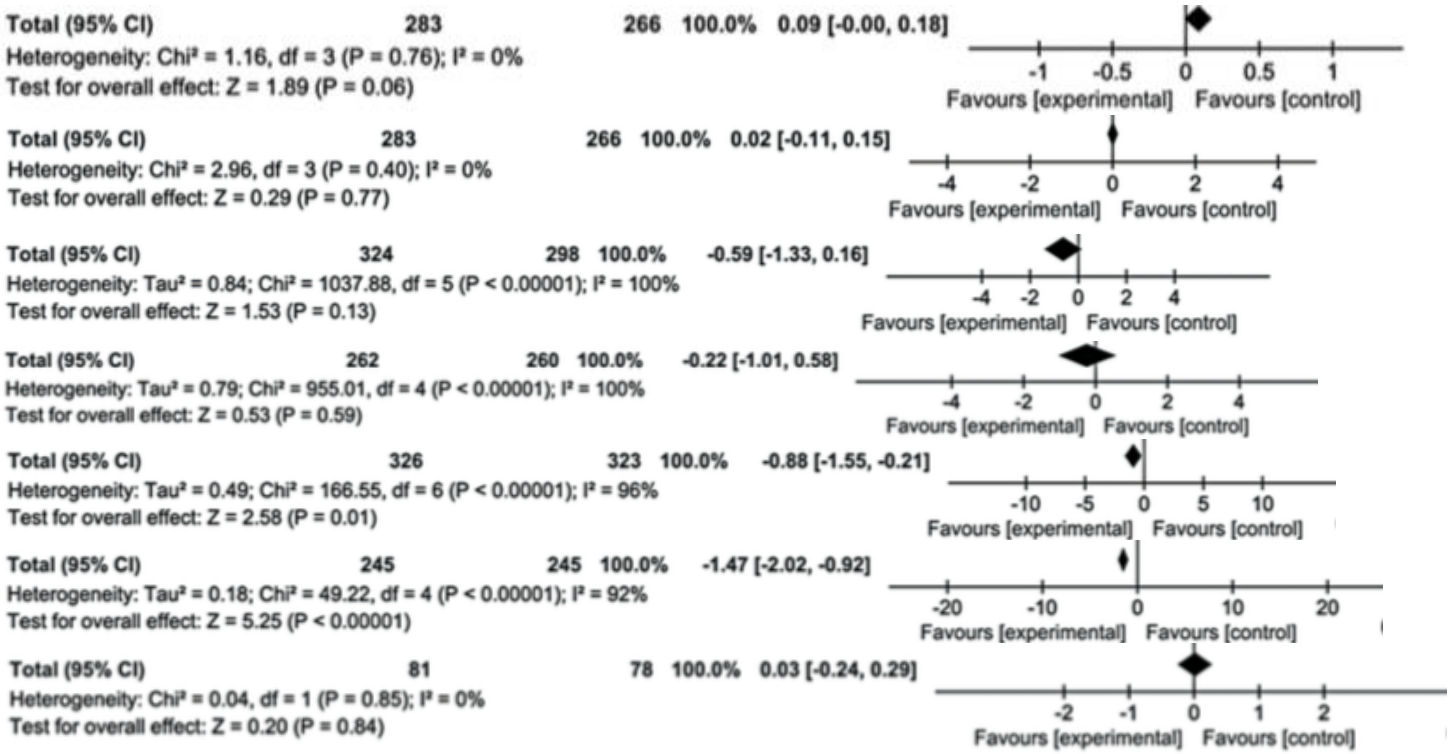
36-item Short Form Health Survey

- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

選用risk ratio95%信賴區間呈現

B What are the results?

7. How precise are the results?



- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

信賴區間差距皆不大

C Will the results help locally?

8. Can the results be applied to the local population?

(1) the study was designed as a randomized controlled trial(2) patients had typical symptoms of AR, and elevated total blood IgE level or positive skin prick test reactions were observed(3) patients were treated with traditional Chinese medicine as compared with placebo or conventional Western medicine; (4) One of the following outcomes was reported — sneezing, itchy nose, total nasal symptom score (TNSS), and quality of life measured by Rhino conjunctivitis Quality of Life (RQLQ) or 36-item Short Form Health Survey (SF-36); (5) patients had provided informed written consent prior to entry to the study.

- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

台灣有許多符合inclusion criteria的AR患者

C Will the results help locally?

9. Were all important outcomes considered?

Nasal symptom evaluation(sneezing, itchy nose), Total nasal symptoms(sneezing, nasal discharge, nasal itch, nasal obstruction), Quality of life, Quality of life based on Rhino conjunctivitis Quality of Life Questionnaire, and 36-item Short Form Health Survey.

- ☑ YES
- ☐ NO
- ☐ CAN ‘T TELL

此篇研究outcome與我們設定的O相符(鼻症狀)，還增加了QOL

C Will the results help locally?

10. Are the benefits worth the harms and costs?

Although occurrence of adverse events was one of the outcomes to be assessed in the present meta-analysis, it was not possible to perform this analysis because the occurrence of adverse events following CHM treatment was reported as an outcome measure in only one of the enrolled studies.

☐ YES

☐ NO

☑ CAN ‘T TELL

僅一篇paper討論副作用

C Will the results help locally?

10. Are the benefits worth the harms and costs?

Table 4. Adverse events

Events	RCM-102 group	Placebo group
Nausea	0	2
Tired	1	1
Constipation	1	0
Headache	1	1
Itchy around mouth	1	0
Dry nose at night	1	1
Stomach upset	0	2
Skin rash	1	0
Reflux	0	1
Itchy & dry skin	0	1
Total	6 (11%)	9 (17.3%)

- ☐ YES
- ☐ NO
- ☑ CAN ‘T TELL

level of evidence: level 1

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
How common is the problem?	Local and current random sample surveys (or censuses)	Systematic review of surveys that allow matching to local circumstances**	Local non-random sample**	Case-series**	n/a
Is this diagnostic or monitoring test accurate? (Diagnosis)	Systematic review of cross sectional studies with consistently applied reference standard and blinding	Individual cross sectional studies with consistently applied reference standard and blinding	Non-consecutive studies, or studies without consistently applied reference standards**	Case-control studies, or "poor or non-independent reference standard**	Mechanism-based reasoning
What will happen if we do not add a therapy? (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort study or control arm of randomized trial*	Case-series or case-control studies, or poor quality prognostic cohort study**	n/a
Does this intervention help? (Treatment Benefits)	Systematic review of randomized trials or *n*-of-1 trials	Randomized trial or observational study with dramatic effect	Non-randomized controlled cohort/follow-up study**	Case-series, case-control studies, or historically controlled studies**	Mechanism-based reasoning
What are the COMMON harms? (Treatment Harms)	Systematic review of randomized trials, systematic review of nested case-control studies, *n*-of-1 trial with the patient you are raising the question about, or observational study with dramatic effect	Individual randomized trial or (exceptionally) observational study with dramatic effect	Non-randomized controlled cohort/follow-up study (post-marketing surveillance) provided there are sufficient numbers to rule out a common harm. (For long-term harms the duration of follow-up must be sufficient.)**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning
What are the RARE harms? (Treatment Harms)	Systematic review of randomized trials or *n*-of-1 trial	Randomized trial or (exceptionally) observational study with dramatic effect			
Is this (early detection) test worthwhile? (Screening)	Systematic review of randomized trials	Randomized trial	Non -randomized controlled cohort/follow-up study**	Case-series, case-control, or historically controlled studies**	Mechanism-based reasoning

Apply

Expertise

Evidence

Expectation

我們的患者是否可從該研究中獲益？

- 我們的病人和研究對象是否不同，而不能適用此結果？
- 此治療是否適合我們的醫療環境？
- 我們的患者從中獲得的好處是否多於壞處？
- 患者的價值觀與期望值

我們的病人和研究對象是否不同，而不能適用此結果？

- 研究對象並不侷限於特定族群，所收錄的11篇RCT內甚至有兩篇來自於台灣。
- 收錄對象為有過敏性鼻炎典型症狀、升高的IgE血中濃度、陽性skin prick test結果，與我們現行判斷過敏性鼻炎之情境病人相同。

- Appliable

此治療是否適合我們的醫療環境？

- 病人或醫療體系是否可負擔此治療？

  患者只要有按時繳交健保費用，前往中醫門診就醫僅需支付部分負擔即可獲得治療，而醫療體系目前則有健保支撐此項治療費用。

- 此治療是否可在國內進行？

  Of course。

- Appliable

我們的患者從中獲得的好處是否多於壞處？

- 此篇研究收錄的RCT中資訊不足以討論副作用的發生率和程度，但就現今臨床的狀況看來，未有患者表示CHM治療過敏性鼻炎時有影響生命危害或日常生活的副作用發生。
- 使用CHM對AR患者nasal symptom的緩解、後續quality of life皆有顯著的幫助。

▶ Appliable

患者的價值觀與期望值

- 是否能達到症狀緩解？

  就症狀緩解來說有顯著的效益，亦可改善QOL。

- 停藥後是否能有持續的效果？

  長期服用後的停藥效果是否能持續維持，目前仍沒有大型研究或討論支持，服用的時間長短也是後續研究可以進行的方向。

- Appliable

Chui et al.2010	Hong Kong	Nasal drop	鵝不食草 薄荷 白芍 黃芩 甘草 桔梗 金銀花 大棗 黃連 防風 陳皮
Lenon et al.2012	Australia	RCM-102	黃耆 柴胡 甘草 辛夷 薄荷 荊芥 防風 黃芩
Hu et al.2001	Australia	Biminne capsule	地黃 黃芩 黃精 白果 淫羊藿 補骨脂 五味子 烏梅 防風 白芷 黃耆
Chan et al.2014	China	[Cure-allergic-rhinitis Syrup (CS)	黃耆 黨蔘 白朮 乾薑 桂枝 大棗 熟附子 細辛 辛夷 艾葉 淮小麥 飴糖
Chan etcl.2014a	China	Yu-ping-feng San	黃耆 白朮 防風 辛夷 甘草 蒼耳子
Yang et al.2010	Taiwan	Xin-Yi-san	辛夷 細辛 防風 白芷 藁本 川芎 升麻 木通 甘草
Zhao et al.2008	Hong Kong	Shi-Bi-Lin	蒼耳子 白芷 防風 辛夷 龍膽草 馬鞭草

Thank you!!!