

Hay fever – the new season's sneezes

March is upon us and the days are getting longer; buds are appearing on the trees, bulbs are all a show. Much of the population is delighted by this turn of events but less so the unfortunate hay fever sufferers. Not that the season is yet in full swing; May to July (NHS, 2007) are the darkest days for allergic rhinitis. Ideally we treat through the winter however March is not too late to begin. There are a few months in which you can work on the underlying pathologies before fire fighting symptom control.

This is relevant to teenagers primarily because of exams. Adolescents and their parents alike will realise the importance of optimal health during this time. 40% of children with hay fever on exam day achieved a grade lower than their mocks predicted. Examinations held in the peak hay fever season every year determine a child's academic worth and the educational path they will follow. Even with the move towards continual assessment, most courses require final projects to be submitted and papers to be sat at this time. Clearly, final exams for GCSE, A-Level, and degree assessments all occur in peak hay fever season.

Teenagers can find themselves socially isolated by hay fever. They are unable to participate in the summer months of socialising on commons, eating lunch on the fields or playing football during long summer evenings. They may instead choose to shut themselves in stuffy rooms with closed windows. Girls tend to avoid wearing make up when their eyes are streaming. Many teenagers can't sleep at night and are irritable in the day. Distressing symptoms include bouts of sneezing with running eyes and nose; irritated throat and sinuses with unbearable, unrelenting itching.

Estimates of the number of teenagers affected vary but are as high as 30-40% (Schering-Plough, 2007). Questions are being asked about whether a lack of exposure to allergens in childhood accounts for increasing levels of autoimmune disease or indeed whether immunisation programs themselves are a contributory factor.

When we look at the western treatments available we see that the drugs work by suppressing different elements in the immune system. Almost without exception the conventional treatments focus on relieving symptoms by blocking the immune response. This necessitates their continued treatment throughout the season and fails to resolve the problem.

by Rebecca Clarke

About Rebecca Clarke

Becky holds a degree in acupuncture as well as one in neuroscience, and is currently completing an MSc in Oriental Herbal Medicine at LCTA. In the past she spent many years in IT, interspersed with time spent doing conservation work and environmental education in Tanzania. Becky now runs a practice in Rickmansworth, Hertfordshire and also works as a research supervisor on LCTA's Acupuncture degree course.



The most common treatments are antihistamines which block histamine release throughout the body. Older antihistamines cause drowsiness as they are able to pass through the blood brain barrier; whereas newer more expensive ones do not. Despite the benefits, they are not site specific and do still have side effects (Berger, 2005). There is little information about possible long term effects of taking antihistamines but it is clear that tolerance to the medication does build over time.

Also, frequently administered are corticosteroids which reduce the body's response to inflammatory factors and are mostly applied topically as nasal spray or eye drops. Tablets taken systemically are used only in extreme conditions due to the wide ranging side

effects (Pinar et al., 2008). There has been concern over the possible effect long term on the hypothalamic-pituitary-adrenal axis and growth inhibition, but this has been refuted by Maspero et al. (2008).

Decongestants are used locally to alter swelling in the nasal passages, relieving a blocked nose and permitting administration of the corticosteroid nasal spray. Decongestants are effective but can have serious side effects; sleeping difficulties and high blood pressure (BNF, 2007).

The newest of the treatments is sublingual allergen immunotherapy whereby the body is exposed to the allergen as a tablet (de Blay et al, 2007). The older version of this is subcutaneous allergen immunotherapy which required extensive monitoring, visits to specialist clinic and carries a serious risk of anaphylactic shock. The new sublingual therapy is self administered daily and so is more widely applicable but 70% of patients recorded side effects, the most common being oral pruritis (NPC, 2007).

As herbalists we diagnose allergic rhinitis as Wei Qi Xu with Wind trapped in the nose (Maciocia, 1994) and prescribe herbs to strengthen immune function. Common additional patterns include Lung Qi Xu, Spleen Qi Xu and Kidney Yang Xu.

There have been studies which look at perennial allergic rhinitis; this is a similar condition but occurring all year round. In the first, Bu Zhong Yi Qi Tang has been used to reduce nasal symptoms possibly through modulation of several inflammatory mechanisms (Yang, 2008). The second study looked at combining Shin Yi San with Xiao Qing Long Tang and Xiang Sha Liu Jun Zi Tang for three months treatment and found that modulation of various immune responses is likely to underlie its success (Yang, 2001).

The Shan Han Lun suggests the use of Qing Bi Tang for the treatment of acute rhinitis (Moore, 1995). Maciocia would suggest such prescriptions as Qiao Qing Long Tang, Cang Er Zi San, Sang Ju Yin, Gan Mao Dan for the acute phase depending on symptoms and Yi Du Yuan Tang to tonify the defensive Qi whilst in the non acute phase (1994). Bensky's (1990) recommend formulae are Gui Zhi Tang, Cang Er Zi Tang whilst symptoms are present and Bu Zhong Yi Qi Tang and Yu Ping Feng San to treat out of the hay fever season.

As with any patient we must look at them as individuals, make a diagnosis and design a prescription to address their unique combination of symptoms and underlying pathology. Yu Ping Feng

San is a small formula which is frequently included in my hay fever prescriptions. Huang Qi, Bai Zhu and Fang Feng address the most common hay fever pathologies. Written by Zhu Zhen-Heng in 1481 it was designed to serve as a barrier against Wind whilst tonifying Wei Qi, Lung and Spleen Qi Xu (Bensky, 1990). It is not sufficient for the complete treatment of hay fever as it does not address the Kidneys, a vital consideration as they after all govern sneezing (Maciocia, 1984).

Of the three ingredients Huang Qi has been shown to have immunomodulating and immunorestorative effects (Cho, 2007), whilst Bai Zhu is adaptogenic and immunostimulant (Chen, 2001). Given the chemically complex nature of herbs and the combinations in which they are prescribed it will take some time to unravel their precise mechanisms of action.

Western treatments for hay fever all suppress the immune system. In opposition the herbs that are prescribed by TCM practitioners modulate and enhance the immune response. What is clear is the completely opposite directions drugs and herbs have taken in the treatment of hay fever. ■

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