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REVIEW ARTICLE

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Analysis of the efficacy of Yupingfeng powder combined with acupuncture on allergic rhinitis: systematic review and meta analysis

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KEYWORDS
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Meta-analysis

Abstract
Objective: To systematically evaluate the efficacy of Yupingfeng powder combined with acupuncture and moxibustion on allergic rhinitis (AR) and to provide evidence-based basis for combined treatment of AR patients.
Methods: The randomized controlled trials of Yupingfeng powder combined with acupuncture in the treatment of AR were searched in Chinese and English databases (China National Knowledge Infrastructure, Wanfang Database, VIP, PubMed, Embase, and Cochrane). The search time was from the establishment of the database to May 2025. Stata15.0 software was used to perform a meta-analysis of the included literature that met the requirements.
Results: A total of nine studies were included, with a total sample size of 686 cases—350 cases in the control group and 336 cases in the study group. A meta-analysis showed that compared with other treatment methods, Yupingfeng powder combined with acupuncture was more effective in the treatment of AR [RR = 2.52,95% CI (1.80,3.54), P < 0.001]. In addition, the effective rate of follow-up after treatment was higher than that of the control group [RR = 2.03,95% CI (1.32,3.13), P = 0.01], and the recurrence rate of the treatment group was also lower than that of the control group [RR = 0.28,95% CI (0.09,0.87), P = 0.028]; the differences were statistically significant.
Conclusion: Yupingfeng powder and acupuncture therapy have certain clinical efficacy and maintenance effects in the treatment of AR. It can be promoted and applied on a larger scale after further clinical practice.
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Introduction

Allergic rhinitis (AR) is a noninfectious chronic inflammatory disease of nasal mucosa mainly mediated by immunoglobulin E (IgE) after atopic individuals are exposed to allergens (allergens).[1] It can have long-term effects on patients and can even complicate other diseases.[2] The main clinical manifestations are nasal itching, nasal congestion, runny nose, nasal mucosa pale, congestion, and edema.[3] Most people are also prone to insomnia, fatigue, loss of appetite, and memory loss, which brings serious problems to many children and adolescents.[4,5] At present, there is no radical means to treat AR. Clinically, anti-inflammatory drugs, specific desensitization therapy, and surgery are often used to improve clinical symptoms.[6] Anti-inflammatory drugs commonly used glucocorticoids, antihistamines, etc. Long-term medication will have some side effects.[7]

This disease belongs to the category of "allergic rhinitis" in traditional Chinese medicine. Traditional Chinese medicine believes that AR is a disease, which is not separated from the internal and external causes, that is, the deficiency of viscera and the common pathogenic factors of exogenous evil.[8] Clinically, sneezing, watery nasal discharge, nasal itching, and nasal congestion are the four typical symptoms, which can be intermittent or persistent.[9] Traditional Chinese medicine regulates the balance of qi, blood, yin, and yang through the methods of invigorating qi and consolidating the surface, invigorating spleen and warming kidney, dispelling wind and dredging orifices, and so on, so as to achieve the treatment of both symptoms and root causes. The clinical treatment of traditional Chinese medicine is mainly based on oral administration of traditional Chinese medicine, acupuncture, and application. Yupingfeng powder comes from Yuan·Zhu Danxi's "Danxi Xinfa." It is composed of Astragalus, Atractylodes macrocephala, and Saposhnikovia divaricata. It has the effects of strengthening healthy qi and eliminating pathogenic factors, invigorating qi and consolidating defense, and enhancing immune function and anti-infection.[10] The prescription can inspire the body yang, enhance the body's ability to resist allergies, improve resistance, so as to play a better therapeutic effect on AR.[11–13] As the main treatment of traditional Chinese medicine therapy, acupuncture and moxibustion have a significant effect on AR and is widely used in clinical practice.[14,15]

Compared with traditional massage, acupuncture, western medicine, and traditional Chinese medicine, there is no more effective evidence for the effect of Yupingfeng powder combined with acupuncture in the treatment of AR. Therefore, this study intended to carry out a systematic review and meta-analysis to explore the randomized controlled trials of Yupingfeng powder combined with acupuncture and moxibustion in the treatment of AR, to evaluate the effect of Yupingfeng powder combined with acupuncture and moxibustion in the treatment of AR, and to provide evidence-based basis for the clinical promotion of Yupingfeng powder combined with acupuncture and moxibustion in the treatment of allergic rhinitis.

Materials and Methods

Search strategy

The studies on the treatment of AR with Yupingfeng powder combined with acupuncture and moxibustion published before 09 May 2025 in PubMed, EMbase, Cochrane, CNKI, VIP and Wanfang databases were systematically searched. Keywords: Allergic rhinitis, Allergic rhinitides, Allergic rhinitis, Rhinallergosis, Allergic rhinitis, Hypersensitive rhinitis, Allergic coryza, YuPingfeng san.

Inclusion and Exclusion Criteria

Inclusion criteria:

1. Study type: Randomized controlled trials published in Chinese and English literature.
2. Study subject: Patients diagnosed with AR have detailed diagnostic basis.
3. Intervention measures: Yupingfeng powder combined with acupuncture; the control group was treated with Yupingfeng powder combined with other Chinese medicine and Western medicine (e.g., antihistamines, intranasal corticosteroids, leukotriene antagonists) therapy alone or in combination with acupuncture.
4. Outcome indicators: Clinical efficacy, total effective rate, follow-up effective rate, recurrence rate, and incidence of adverse reactions.

Exclusion criteria:

1. Research or unable to extract effective data.
2. Republished literature.
3. Case reports, reviews, meeting abstracts, etc.
4. Animal experiments.

Information extraction and quality evaluation

Two statisticians with sufficient methodological experience independently screened the literature and extracted data in strict accordance with the inclusion and exclusion criteria, and discussed and resolved if they encountered differences. The extracted contents included the first author, publication year, geographical background, sample size, age, intervention measures, outcome indicators, etc.

The improved Jadad rating scale[16] was used to evaluate the literature. The scale mainly evaluated the quality of the literature from the random allocation method of the literature (02), that is, whether there was allocation concealment (0-2), whether the blind method was correctly implemented (0-2), and whether the participant withdrawal and withdrawal were described (0-1). The literature with a total score of 4–7 was high-quality research, 1–2 was low-quality research, and 0 was not included in the study. The Jadad scale, because of its simplicity, is widely used for the rapid quality assessment of RCTs in systematic reviews of traditional Chinese medicine, especially in the initial screening stage. The process of quality evaluation

was independently evaluated by two researchers, and the final score of the final article was determined through discussion when differences were encountered.

Statistical analysis

Meta-analysis was performed on the research data using Stata15.0 and Revman 5.4 statistical software. The count data were estimated by the relative risk ratio (RR) value and its 95% confidence interval (CI), and the measurement data were expressed by standardized mean difference (SMD) and its 95% CI. The inconsistency (I^2) statistic was used to evaluate the heterogeneity caused by nonthreshold effects. Among them, when $I^2 \geq 50\%$, the DerSimonian and Laird random effect models were used for meta-merger; when $I^2 < 50\%$, the fixed effect model was used. In addition, a sensitivity analysis was performed to evaluate the stability of the summary results by excluding studies one by one. Potential publication bias was assessed by the significant asymmetry of the funnel plot and the Egger's test. Sensitivity analysis was performed using the leave-one-out method.

Results

Literature screening results

A total of 1131 articles were retrieved in this study—350 repetitive articles were excluded, 469 unrelated articles were excluded according to the title and abstract, and the remaining 312 articles were screened according to the full text. Finally, nine articles were included in the meta-analysis. The literature screening process is shown in Figure 1.

Basic information included in the literature

All studies included a total of about 686 participants (350 in the treatment group and 336 in the control group). Table 1 shows the basic characteristics of the included studies. The subjects were all from China. The intervention measures of the treatment group in eight studies were Yupingfeng powder combined with acupuncture,[17-24] and the intervention measures of the treatment group in one study were Yupingfeng powder combined with acupuncture and western medicine.[25] The intervention measures of the control group in two studies were acupuncture,[20,21] and the intervention measures of the other control groups were western medicine.[17-19,22-25] Participants in some studies included minors[17,19,21] (N = 3). The minimum age of two studies was 17 years old,[17,19] and the minimum age of one study was 13 years old.[21] All the nine studies reported the effective rate of outcome indicators,[17-25] three studies reported the occurrence of adverse reactions,[19,24,25] two studies reported the follow-up effective rate,[18,19] and two studies reported the recurrence rate.[24,25]

Methodological quality of included reviews

The Jadad scale was used to evaluate the quality of the included literature. The specific situation is shown in Table 2. The specific scores of the nine articles included

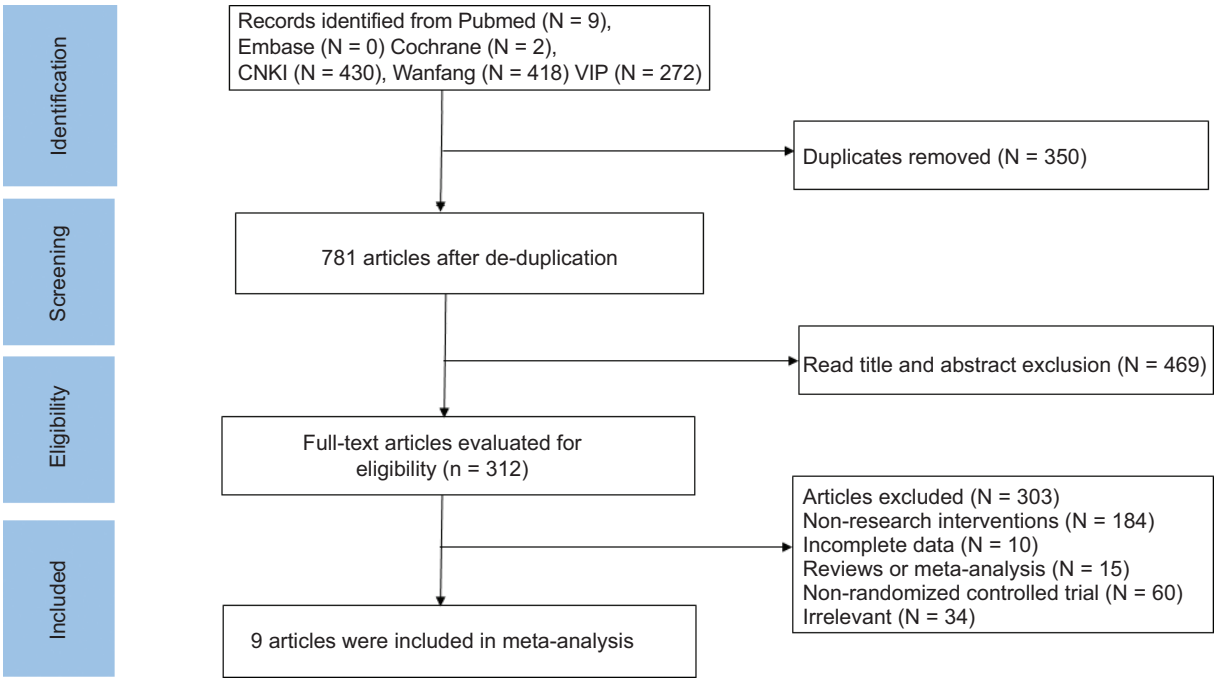

Figure 1 The flow chart of literature screening.

Table 1 Basic characteristics of nine included studies.

Author	Year	Region	Treatment group			Control group			Outcome index
			Sample size	Age	Intervention measures	Sample size	Age	Intervention measures	
Dai M	2005	Shanghai	40	22-52	Yupingfeng Powder+Acupuncture	30	17-49	Western medicine (ketotifen)	Effective rate
Zhou WJ	2007	Liuzhou	55	19-52	Yupingfeng Powder+Acupuncture	55	18-49	Western medicine (antihistamine drug)	Effective rate, effective follow-up rate
Liu J	2011	Guangzhou	40	17-60	Yupingfeng Powder+Acupuncture	40	19-63	Western medicine (loratadine tablet)	Effective rate, effective follow-up rate, Adverse reaction
Huang F	2012	Yili	38	-	Yupingfeng Powder+Acupuncture	35	-	Acupuncture	Effective rate
Li YW	2018	Zhengzhou	49	14-50	Yupingfeng Powder+Acupuncture	49	13-52	Acupuncture	Effective rate
Li DW	2018	Linyi	40	15-66	Yupingfeng Powder+Acupuncture	40	17-64	Western medicine (Lizetilizine hydrochloride capsules)	Effective rate
Gao Y	2019	Nanjing	30	41.25±6.59	Yupingfeng Powder+Acupuncture	30	40.98±6.68	Western medicine (ketotifen)	Effective rate
Ye YW	2020	Dongwan	34	40.64±11.44	Yupingfeng Powder+Acupuncture	34	40.81±11.56	Western medicine (Glucocorticoids, anticholinergic drugs)	Effective rate, adverse reaction, recurrence rate
Cheng X	2024	Chongqing	24	34.37±3.19	Yupingfeng Powder+Acupuncture+ Western medicine (Loratadine tablets combined with mometasone furoate nasal spray)	23	34.26±3.15	Western medicine (Loratadine tablets combined with mometasone furoate nasal spray)	Effective rate, adverse reaction, recurrence rate

Table 2 Quality evaluation of included studies.

Author	Year	Random	Randomized hiding	Blind	Withdrawn/ lost	Total score
Dai M	2005	1	0	0	0	1
Zhou WJ	2007	1	0	0	0	1
Liu J	2011	1	1	0	0	2
Huang F	2012	2	1	0	1	4
Li YW	2018	2	1	0	0	3
Li DW	2018	2	1	0	0	3
Gao Y	2019	2	1	0	0	3
Ye YW	2020	2	1	0	0	3
Cheng X	2024	2	2	1	1	6

were as follows: a total of two articles with a score of 4–7 belong to high-quality literature, one research literature has a score of 4 points, and one literature has a score of 6 points; a total of seven articles with a score of ≤ 3 belong to low-quality literature, including four articles with a score of 3, one article with a score of 2, and two articles with a score of 1. Generation of random sequences: Six studies used randomization and described the correct randomization method. Randomization concealment: Six studies only described the use of the random number method or the random number table method and other random allocation schemes, and did not mention whether this method made clinicians and subjects unable to predict the allocation sequence. One study conducted randomization concealment. The use of blinding: One study only mentioned the use of double blinding.

Meta-analysis results

Effective rate

The heterogeneity test analysis showed that there was no statistical heterogeneity among the nine studies (P = 0.998, I^2 = 0%), so the fixed effect model was used for combined analysis. The results of meta-analysis (Figure 2) showed that in terms of the overall effective rate, Yupingfeng powder combined with acupuncture and moxibustion for AR was superior to other treatment methods [RR = 2.52,95% CI (1.80,3.54), P < 0.001]. To eliminate the influence of low-quality studies on the results, we excluded the low-quality studies for analysis. The results are shown in the Supplementary Figure 1. The effect of Yipingfeng San combined with acupuncture and moxibustion in treating AR is still superior to other treatment methods [RR = 1.25, 95% CI (1.08, 1.44), P = 0.003]. In order to test the stability of the results of the study, we made a sensitivity analysis. The results did not change significantly, they were more stable. In addition, Egger's test (T = 3.63, P = 0.008) and funnel plot results showed that there was no significant publication bias (Figure 2).

Effective follow-up rate

Heterogeneity test analysis showed that there was no statistical heterogeneity between the two studies (P = 0.449, I^2 = 0%), so the fixed effect model was used for combined analysis. The results of meta-analysis showed that in terms of follow-up efficiency, Yupingfeng powder combined with acupuncture and moxibustion for AR was superior to other treatment methods [RR = 2.03,95% CI (1.32,3.13), P = 0.001] (Figure 3).

Recurrence rate

Two studies reported the recurrence rate. Heterogeneity test analysis showed that there was no statistical heterogeneity between the two studies (P = 0.470, I^2 = 0%), so the fixed effect model was used for combined analysis. The results of meta-analysis showed that in terms of recurrence rate, the recurrence rate of Yupingfeng powder combined with acupuncture and moxibustion for AR was lower than that of other treatment methods [RR = 0.28,95% CI (0.09,0.87), P = 0.028] (Figure 4).

Adverse reactions

Adverse reactions were recorded in three studies. Among them, in one study, no adverse reactions occurred in the treatment and control groups, and the remaining two studies had adverse reactions in the treatment [RR = 0.47,95% CI (0.05,4.07), P = 0.490], indicating that there was no significant difference in the incidence of adverse reactions between the observation group and the control group (P > 0.05) (Figure 5).

Discussion

In clinical practice, the main manifestations of AR patients are: sneezing, nasal congestion, nasal discharge, etc.[26] The disease has the characteristics of repeated attacks, which has a great impact on the quality of life of patients.[27] Related studies have shown that the incidence of AR in China has gradually increased.[28] In traditional Chinese medicine, AR can be divided into the category of "allergic rhinitis."[29] Yupingfeng powder can inspire the yang qi of the human body, enhance the anti-allergic ability of the human body, improve the resistance, and thus play a better therapeutic effect on AR. [11-13] Acupuncture and moxibustion, as the main treatment methods in traditional Chinese medicine therapy, have a significant effect on AR and is widely used in clinical practice.[14, 15] At present, more studies have focused on the effect of acupuncture and Yupingfeng powder in the treatment of AR. Compared with traditional massage, acupuncture, western medicine, and traditional Chinese medicine, there is no more effective evidence for the effect of Yupingfeng powder combined with acupuncture in the treatment of AR. Therefore, this study intended to carry out a systematic review and meta-analysis to explore the randomized controlled trials of Yupingfeng powder combined with acupuncture and moxibustion in the treatment of AR, and to evaluate the effect of Yupingfeng powder combined with acupuncture and moxibustion in the treatment of AR.

The nine studies included in this study showed that Yupingfeng powder combined with acupuncture and moxibustion had a good clinical effect and maintenance effect in the treatment of AR. During the process of information extraction and quality assessment, we employed the improved Jadad scoring scale to ensure the scientific tenor and reliability of the included literature. The evaluation process of the Jadad scale can be completed within a relatively short period of time. For cases where a large number of small-sample, poorly reported RCTs of traditional Chinese medicine need to be rapidly screened, this "rapid screening" capability significantly enhances the efficiency of systematic evaluation.

The results of this study showed that the effective rate of the treatment group was higher than that of the control group, showing the good clinical effect of Yupingfeng powder combined with acupuncture and moxibustion in the treatment of AR. When we limited the scope of the meta-analysis to two high-quality studies (with Jadad score ≥ 4), the combined RR of the total efficacy decreased from 2.52 to 1.25, indicating that the low-quality trials might have overestimated the effect. In addition, from

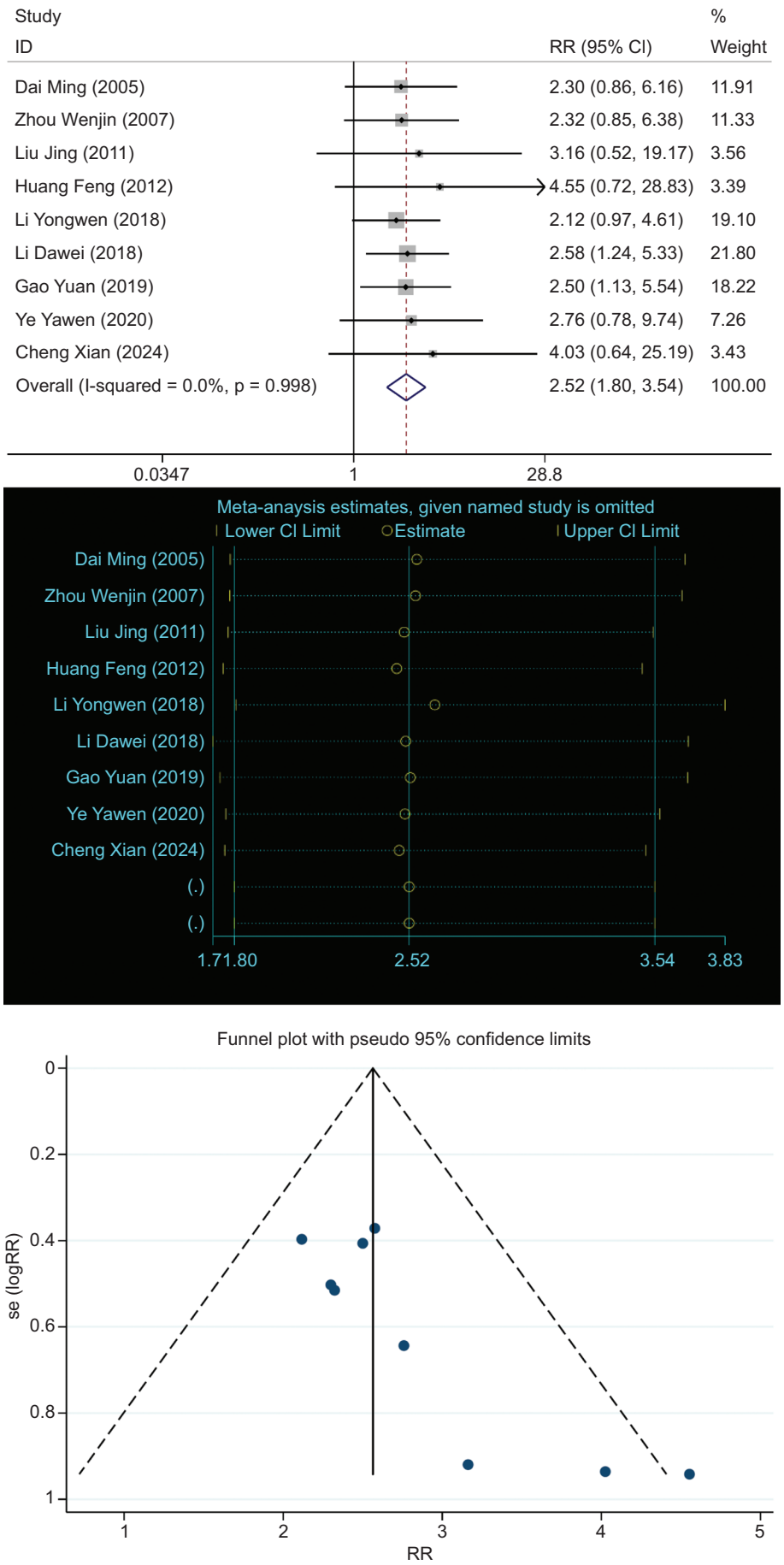

Figure 2 Total effective rates.

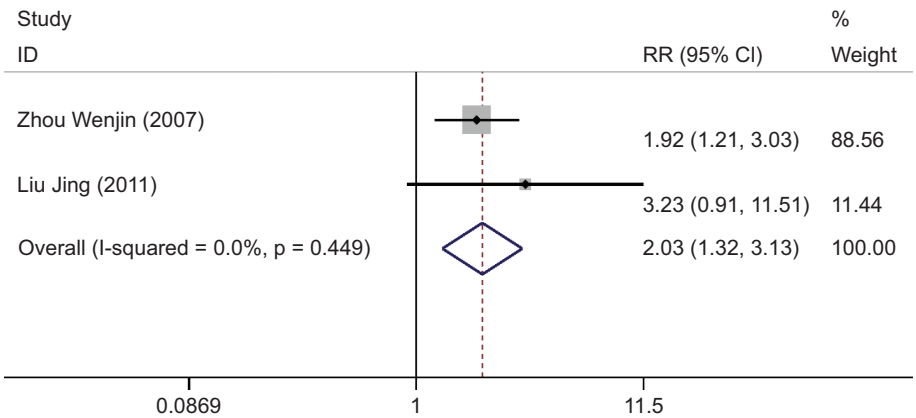

Figure 3 Effective follow-up rate.

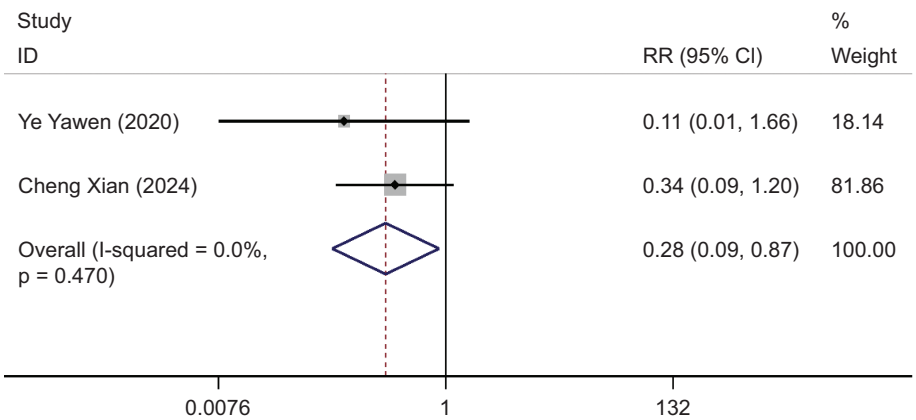

Figure 4 Recurrence rate.

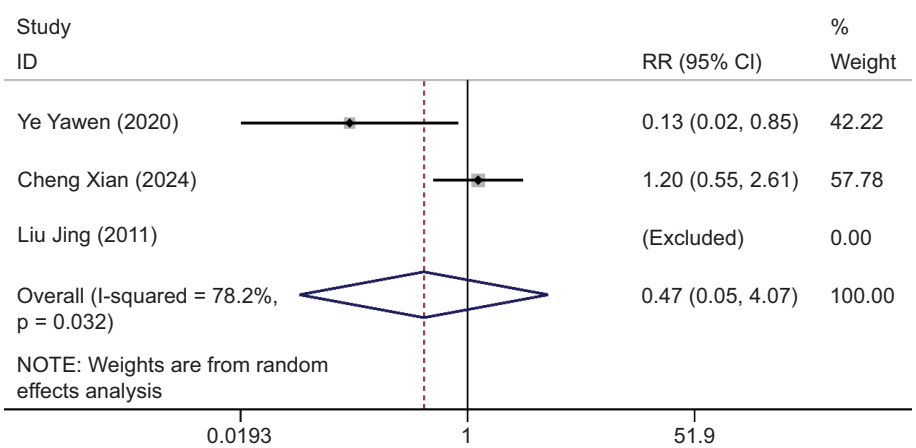

Figure 5 Adverse reactions.

the perspective of clinical follow-up, the follow-up effective rate of the treatment group was higher than that of the control group [RR = 2.03,95% CI (1.32,3.13), P = 0.001], and the recurrence rate was lower than that of the control group [RR = 0.28,95% CI (0.09,0.87), P = 0.028], indicating that Yupingfeng powder combined with acupuncture and moxibustion had a good maintenance effect on AR. The meta-analysis of adverse reactions in this study only included three studies. One of these studies showed that neither the treatment group nor the control group experienced any adverse reactions (zero events), resulting in sparse data [RR = 0.47,95% CI (0.05,4.07), P = 0.490]. The other two studies also had inconsistent intervention measures (whether combined with Western medicine or not), follow-up periods, definitions, and recording methods of adverse reactions. The small sample size, zero-event studies, differences in intervention plans, and inconsistent measurement standards all contributed to the high

heterogeneity of the combined results of adverse reactions. Furthermore, the combination of Yupingfeng powder and acupuncture not only significantly improves the clinical symptoms of patients but also has high adaptability and effectiveness, suggesting that this treatment plan can be applied to different patient groups. The study also conducted a systematic monitoring of adverse reactions, and the results showed that although there were some mild adverse reactions, the overall safety was controllable. No serious adverse events were observed, further verifying the safety of this treatment plan.

This study also has some limitations: the research objects included in the literature are all from China, which limit the universality of the research results and affect the extrapolation of the results; the vast majority of studies do not use blinding, which may lead to some bias; a small number of studies are included, and the quality of the study is low, which may have an impact on the results. The total sample size included in the study was relatively small, resulting in insufficient statistical power. We planned to extract ARIA classification data (intermittent vs persistent, mild vs moderate-severe), but none of the included trials reported this information, limiting the clinical stratification of our findings. None of the trials reported whether environmental control measures (e.g., house-dust mite avoidance) were standardized, representing a potential confounder. The Jadad scale does not cover key elements, such as sample size estimation, selective reporting, or protocol registration, which may lead to an overestimation of the overall quality of the research.

In conclusion, the combination of Yupingfeng powder and acupuncture therapy has certain clinical efficacy and maintenance effects in the treatment of AR. Given the limitations of this study, it can be promoted and applied on a larger scale after further clinical practice. In order to ensure the reliability of the evidence, it is necessary to further carry out well-designed, standard, multicenter randomized controlled trials with less confounding factors and a large sample size.

Ethics Approval and Consent to Participate

Not applicable.

Data Availability Statement

All data generated or analyzed during this study are included in this article.

Acknowledgements

Not applicable.

Author's Contribution

Zhihong Li looked into conceptualization; Huawei Gao and Fangfang Shen was concerned with methodology; Zhihong Li and Yan Lu were involved with formal analysis and investigation; Huawei Gao and Fangfang Shen were responsible for writing—original draft preparation; and Zhihong Li and Yan Lu did writing—review and editing.

Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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Supplementary

Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Risk Ratio M-H, fixed, 95% CI
Cheng Xian (2024)	37	38	28	35	62.7%	1.22 [1.02, 1.45]
Huang Feng (2012)	23	24	17	23	37.3%	1.30 [1.00, 1.68]
Total (95% CI)		**62**		**58**	**100.0%**	**1.25 [1.08, 1.44]**
Total events	60		45			

Heterogeneity: $Chi^2 = 0.16$, df = 1 (P = 0.69); $I^2 = 0\%$
Test for overall effect: Z = 2.97 (P = 0.003)

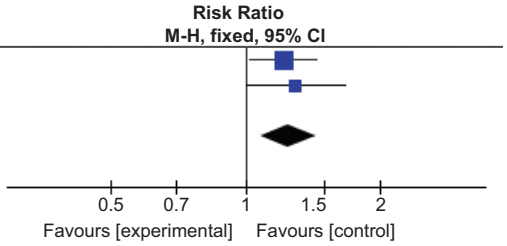

Figure S1. Total effective rates after deleting low-quality studies.