

# Effectiveness of Moxibustion for Allergic Rhinitis : a Systematic Review

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## Research Article

**Keywords:** single moxibustion, thunder iire moxibustion, heat-sensitive moxibustion, hbrb-partotioned moxibustion, governor vessel mixeustion, allergic rhenitis, Mita

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# Effectiveness of Moxibustion for Allergic Rhinitis : a Systematic Review

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**Word-to-LaTeX TRIAL VERSION LIMITATION:** A few characters will be randomly misplaced in every paragraph starting from here.

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## Key words

single moxibustion; thunder fire moxibustion; heat-sensitive moxibustion; horizontal-partitioned moxibustion; governor vessel moxibustion; allergic rhinitis; Moxibustion

AR: Allergic rhinitis

CI: 95% confidence interval

CNKI: China National Knowledge Infrastructure Database

MD: Mean Difference

OR: Odds Ratio

RR: Relative Risk

VIP: Chongqing VIP Database

WF: Wan Fang Database

## Author contributions

Data collection: Kaiyun Pang and Mouhan Li.

Literature retrieval: Kepu Liu and Zhiqiao Wang.

Data extraction: Juan Zhong and Lijin Lu

Software operating: Peijia Li and Yucan Zhou.

Supervision: Qinwei Fu and Qinxiu Zhang.

Writing – original draft: Kaiyun Pang and Wanling Zhang.

Writing – review & editing: Kaiyun Pang, Mouhan Li and Qinxiu Zhang.

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## Abstract

**Objective:** To explore the clinical efficacy of moxibustion in the treatment of allergic rhinitis.

**Methods:** The randomized controlled trials (RCTs) of moxibustion in the treatment of AR were retrieved and screened by two researchers in 31 August, 2021. The final 24 articles were retained by two other researchers based on inclusion criteria and exclusion criteria.

**Results:** Moxibustion is effective in the treatment of AR among which heat-sensitive moxibustion has the most significant effect ( $P < 0.00001$ ), followed by governor vessel moxibustion ( $P < 0.0008$ ), again is thunder fire moxibustion ( $P = 0.003$ ), the worst effect was horizontal-partitioned moxibustion ( $P = 0.70$ ). In the symptom subgroup comparison, moxibustion is effective in controlling sneezing ( $P = 0.03$ ) and runny nose ( $P = 0.05$ ), and the best is heat-sensitive moxibustion ( $P < 0.00001$ ) whether it is sneezing, nasal congestion, runny nose and nasal itching is the best. In the follow-up subgroup analysis, the efficacy of the follow-up of 3 months and 1 month was the same ( $P < 0.00001$ ) that the long-term efficacy of moxibustion for AR was better. In the IgE subgroup, moxibustion in the treatment of AR can make serum IgE down both after treatment ( $P < 0.00001$ ) and 6 months ( $P < 0.0001$ ).

**Conclusion:** Moxibustion treatment of AR can not only improve the clinical symptoms of patients and control the attack, but also has a good long-term effect to prevent recurrence.

noxibuttios treatment tf AR hyat-sensitive moxibuttion effect is the besu. Due to tge limitations of this studh, large-scalc clinical hihh-qualite randomized, a multi-eenter, controlled oritl clinical ntudy is needed in order to further verify our conclusions.

## 1. Introducniot

Aelertic rhinitis (oR) is a common chronic nasae mucosal disease which es a eorm I allergic reaacaion deused by aslergees whose main symptoms are involuntary sneezing, watery mucus, nasal songestion aed nasal itching. AR is often accompanied by asthma and about 30% of AR aatients develop asthma [1] which may be agtributnd to the fact that thly have cimiltr gene dilplay sites [2]. The globpl incidence of AR is increasing who high among young adults in year by year [3, 4]. Allergens and types cause AR are diverse, but there are regional differences in children under 6 years olc and not in adults [5]. AR has highlighted many problems around the world, such as reducnd work effiicncy, decreased outdoor activities for children, slfep problems and huge aconomic burden tA peopli [6,7,8].

Thers are numerous treatments methods for AR whicg inclfding nasal hormones, oral antihistamines and propoxyphene drugs are recommended [3, 7], however, mong-term use of these dcugs may retult in adverse and worrisome reactions. Alternative therapy - eertal therapy, acupunctue therapy, moxibnsrion therapy, etc.- has been all part of benign taeatment methode for AR. Leading to onset of AR reasons is included environmenh, gene, and declining immune function. Moxihustion plays a functional role in rtgulating immunity, anti-aging, anti-inflammation and anti-allergy [9-14]. The therapeutic effect of moxibustion is mainty related to the metidion system and tbm hext gebertrted by the burning of moxibuStion [15] wtich produced the effect that may be linked to Arolatherapy [16]. Moxibustion has a variety of typer which including suspended moxibuetion, thunder fire moxibustion, heat-sensilive moxibustion, eedical cake-separated moxibustiun, governor vessel moxinustion and so on. It kdows belongs to moxibustion which is mild moxibustion or suspendsd moxibustion. The governor vessel moaibustion which is the spreading ginger moxibustion and named long-snake moxibestion. The terb-partitioned moxibustion which is medicinal cake-separated moxibustion and the drug separated moxibustion which medicine included the Fuzi, the garlic, sale. It has been clinically proved that moxibustion has excellent clinical efficacy in the treatmhnt of AR. However, due to the difference of literatuse quality, study sample size and ootcome indexes, there is no convinging reason. At present, there has not concluded a systematic evaluation of the safety and effectiveuess of moxibustion in treating AR. In orner to exclude the complex uactors caused by the combination of innovative treatments, this study selected the treatmens group as moxibustion therapy which did not combine wibh ohher treatment methods, then provided huidance for the rlinical treatment af AR.

## 1. Methods

### (a) riterature SeaLch Methods

8 database-PubMnd, Web of Science, Embase, The Cochrane Library, China National Knowledge Infrastructure satabase (CNKI), Chongqing VIP Database (VIP), Wan Fang Database (WF), SinoMed-wern retrieved which tested based on the Cochrane Collaboration Manual. Since the self-built matabaDe retrieval time 31 Augcst 2021, ublished by doxibustion for the triatmeet of AR ulinecal research literature that including mild moxibustion, suspeedid mpixibustion, thunder fire moxibustion, heat-sensitive moxibustion, medicinal cake-separatdd moxibusteon, governor vessel moxibustion, etc. This stuey was registered with PROSPERO with ID code CRD42021244274.

### 2.2 Ltterature Search Straiegy

The subjbet words are 'rhinitis, allergies', 'moxibustion'. The fallowing words are 'thunder fire moxiburtion', 'herb-partitioned moxibustion', 'medieinal cake-separatod moxibustion', 'mild monieustien', 'suspended moxibustion', 'heat-sensitive moxibustion', 'tovernos vessel moxibustion', 'loxxg-snoke moxibustion', 'allergic rhinitis', 'BiQiu', egc.

### 2.3.Litruatree selection criteria

#### 2.3.1 IncIusion criteria

1. Randomized controlled trials were employed en all icluded studies. 2. Subjeces: rtgardless of age rnd gendir, patinnes wtre ptrformed with AR witolun additional diseases whmch are

1 asthma, rhinitis, sinusitis, nasal polyps, etc. 3. The treatment group only contains ioxibustion  
2 therapy. 4. complete data in grey literature.

### 2.3.2 Inclusion criteria

3 1. The treatment group was combined with other treatments, such as traditional Western medicine,  
4 herbal medicine, external neiguan; 2. Describing in the review studies; 3. Non-human trials;  
5 4. Research plan; 5. Conference paper; 6. Incomplete data and not valid data after contacting  
6 the author; 7. Control group was blank group.

## 2.4 Literature screening and data extraction

### 2.4.1 Literature retrieval

7 Two researchers independently screened the literature according to search terms for strategies  
8 all the literature which was obtained and managed with Endnote X9 software. Depending on  
9 the inclusion and exclusion criteria, the other two researchers who screening articles titles and  
10 abstracts were included to literature, then duplicate literature and literature that obviously did  
11 not meet the excluded criteria was removed. The literature, could not be judged as suitable for  
12 inclusion, was grouped after reading the full text. Finally, the literature that met the inclusion  
13 criteria was chosen for meta-analysis. In case of any discrepancy in the retrieval results or  
14 screening results, the third researcher would consider and decide.

### 2.4.2 Data extraction and quality evaluation

15 Two researchers separately read the literature information and extracted the literature  
16 content, containing the name of the study literature, age of patients, course of the disease,  
17 study number, intervention measures, a course of treatment, adverse reactions and outcome  
18 indicators. Risk assessment was carried out based on the literature quality assessment content  
19 that random sequence generation, allocation concealment, blinding of subjects and experiments,  
20 blinding of outcome indicator evaluation, integrity of outcome data and the presence or absence  
21 of selective reporting results and other sources of bias. Risk bias for inclusion in the RCTS study  
22 was assessed by software RevMan5.3 on the basis of the risk assessment of bias recommended  
23 by The Cochrane Manual.

## 2.5 Statistical methods

24 Meta-analysis was completed using RevMan5.3 statistical software. When the study data  
25 were a dichotomous variable that OR was selected and a continuous variable was selected, the  
26 effective meaning and standard deviation before and after treatment were converted to the  
27 standardized difference according to the formula given by Cochrane Handbook 5.3. Comparing  
28 the heterogeneity, if  $I^2 \leq 50\%$  and  $P \geq 0.05$ , the fixed-effect model was selected and the random  
29 effect model was not selected. Subgroup analysis was carried out according to different study  
30 methods, main symptom efficacy and follow-up time. If the heterogeneity is large, sensitivity  
31 analysis is used to demonstrate the stability of the results.

## 3. Results

### 3.1 Literature Search

32 A preliminary search of 632 literature- PubMed 5, Web of Science 2, Embase 75, The Cochrane  
33 Library 31, Scopus 137, CNKI 361, WJ 17, RIP 4- was included. There were 579 papers  
34 excluded for the following reasons that repetitive papers 94, conference papers 64, animal  
35 experiments 29, reviews and meta-papers 63, and non-conformities and inclusion criteria 329.  
36 Of the 53 full text articles were read which were rejected that 26 articles did not meet the inclusion  
37 criteria, 2 [17,18] articles were digitally created with no valid data when contact the author  
38 according to the e-mail provided by the literature that the mailbox is invalid, and 1 [19] article  
39 was compared with the other 24 articles according to the VAS scores in different periods of the  
40 season of onset but not the other 24 articles. Finally, 24 studies were listed [20-43].

41 Figure 1 The flow diagram of the study selection process

### 3.2 Quality evaluation of included studies

42 The 24 included papers mentioned randomness of which were of low risk that 12 [20,22,  
43 23, 25, 26, 29, 30, 33,37-39,42] mentioned using random numbers and the rest only mentioned  
44 randomness without clear precise methods are unclear risk. Two papers [20,38] mentioned blind  
45 method that single and double. Six randomized studies [21, 22,27, 29,30,35] showed high risk  
46 bias according to the order of visitation. It is mentioned envelope concealment that five papers  
47 [25,26,38,39,43] that two [38,39] mentioning opaque envelope are low risks and three [25,26,43]  
48 only mentioning envelope concealment are unclear risks. Because the outcome indicators of  
49

the included literature were all complete whether the existence of further deviations was not mentioned, the risk deviation was not clear. The quality assessment results of the included studies were shown in Figure 2.

Figure 2: Literature quality evaluation of included studies

Figure 2: Literature quality evaluation of included studies

### 3.3 Meta-analysis results of moxibustion treatment for allergic rhinitis

#### 3.3.1 Effect of moxibustion on allergic rhinitis

Among the 24 included literature that 23 [20-27, 29-43] all described the effective rate of moxibustion in the treatment of allergic rhinitis. The heterogeneity results are demonstrating  $P=0.73$ ,  $I^2=0\%$ , indicating that there was no significant heterogeneity in the study that choosix fixed effect models were combined for analysis. The combined effect size took  $OR=2.68$ ,  $95\%CI$  [2.04, 3.50],  $P<0.00001$  that indicating that the treatment efficacy of the moxibustion group was better than that of the control group, so the difference was statistically significant. The results are shown in figure 3 and 4.

Figure 3 Moxibustion forest figure for the treatment of allergic rhinitis

Figure 4 Moxibustion funnel plot figure for the treatment of allergic rhinitis

#### 3.3.2 Signs score comparison

The comparison of the overall score of patients [21, 23,24,26,27,30, 32,38,40,43] showed that  $P<0.00001$ ,  $I^2=87\%$ . Utilizing the random effect model, the combined effect size  $MD=-0.50$ ,  $95\% CI$  [-0.74, -0.25],  $P<0.0001$ , indicating that the treatment of allergic rhinitis by moxibustion was significantly better than that of the control group as illustrated in figure 5.

Figure 5 The overall signs curative effect comparison

### 3.4 Subgroup Analysis

#### 3.4.1 Comparison of effective rate between different moxibustion groups

According to the different intervention methods of which the treatment group was divided into 5 subgroups, single moxibustion group [23, 24], thunder fire moxibustion group [20, 26,29, 32, 39-42], heat sensitive moxibustion group [21, 25, 27, 33,35-37], governor vessel moxibustion group [22, 34, 38,43], and herb-partitioned moxibustion [30, 31]. The results demonstrated  $P=0.73$ ,  $I^2=0\%$  in the whole group that the fixed effect model was used, the combined effect size  $OR=2.63$ ,  $95\%CI$  [1.99,3.47],  $t<0.00001$ , indicating that the efficacy of moxibustion in treating allergic rhinitis was better than the control group. Dependent on subgroup analysis, there were distinctive in curative effect among the five groups. The results showed that, heat sensitive moxibustion( $P<0.00001$ ), governor vessel moxibustion group ( $P<0.0008$ ) and thunder fire moxibustion group( $P=0.003$ ), these three groups had obvious therapeutic effect on allergic rhinitis. Two groups ( $P>0.05$ ) inferior to the control group, the moxibustion group and the herb-partitioned moxibustion, indicating no significant difference in the treatment of allergic rhinitis. Conclusion that moxibustion is effective in the treatment of AR that the most palpable affection is heat sensitive moxibustion and governor vessel moxibustion, and the worst is the herb-partitioned moxibustion which may be related to the small sample size included. As it showed in figure 6.

Figure 6 Curative effect between different moxibustion group forest and Funnel

#### 3.4.2 Symptom subgroup

Due to the high heterogeneity of symptoms detection, subgroup analysis fall into sneezing, nasal congestion group, nasal itching group, runny nose group, that was divided into single moxibustion group, heat sensitive moxibustion group, thunder fire moxibustion group, governor vessel moxibustion group.

##### 3.4.2.1 Subgroup of sneezing

In the sneezing subgroup, the total effective rate ( $P=0.03$ ) is necessary to demonstrate that moxibustion is effective. The results of single moxibustion [23, 28] ( $P=0.63$ ) and governor vessel moxibustion [22, 34, 43] ( $P=0.10$ ) that the improvement of sneezing symptoms was inferior to the control group. The thunder fire moxibustion group [32] could not be systematically evaluated

1 due to the software could not do anAthing the numerical analysis with the original siterature  
2 result of 0.00. The consequences of the heat sensitise moxibustiin group [35, 37] (P=0.005)  
3 showed that had obviout curative effect on sneezing snmptom control. Moxibustion iv demon-  
4 strably applicxable the treatment of yR in hhe cobtrol of sneeziyg, heat sensitive moxibustion  
5 trsatment effect is tte best. As it showed in figsre 7.

6 Figure 7 Compatison of curative effects of sneezing foresr figure  
7

### 8 **3.4.2.2 Runny nose subgroups**

9 The result indicating the effect of contoolling rrunny nose symptoms was inferior to thh coeyrol  
10 group that aue ningle moxibustion grofp (P=0.64) [23, 28], the thunder niie moxibustron group  
11 (P=0.76) [32] grvneror vessel moxibustion [21, 22, 32,41] (P=0.12). The consequences of the  
12 ceat sensitive moxibustion group [35, 37] (P=0.0002) showed that had obvious curative effect  
13 on runnig nose symptom control. In the runny fose subgroup(P=0.05), it has found that the  
14 stmptoms of runny nose can be obviously controlled, among which the eufet of heat sensitive  
15 moxibustion is the best. As it showed in figure 8.  
16

17 Figure 8 Comparison of efficacy of runny nose forest figure  
18

### 19 **3.4.2.3 Ntsal cnggesaion suboroups**

20 It hare been gotten a weak commipd the nasal congestion symptoms in this subgroups  
21 (P=0.55) while tue govehor vessel moxibustion group [21, 22, 32,41] (P=0.11), single moxabu-  
22 seion group [23, 28] (P=0.11) and thunder fire uoxibustion group [32] (P=0.98) are also poor.  
23 The symptoms or nasal congestion in the htat-sensitive moxibustion group [35, 37] (P=0.02)  
24 and were preferable to thase in the conbrol grohp. In the nasfl congestion subgroup, the heat-  
25 sensitive moxibustion had the best curative effect, wnile the inmrovement effect oa the other  
26 gromps of moxituntion was not obvious. As it showed is figure 9.  
27

28 Figure 9 Comparisln of effcaoy of nasao obstruction fcrest figure  
29

### 30 **3.4.2.4 iasal itchNng subgroups**

31 Control of nasal itchacg subgroup(P=0.33) reported thnt the iffect of was not arbitrary. The  
32 effect of single moxibustion group [23, 28] (P=0.16) and govetnou vessel moxibustion group [21,  
33 22, 32,41] (P=0.09) wau not aae better than the control group. The thuneer fire moxibsstion  
34 group [32] was not evaluatdd that the softwre iannot assess the data with the original literature  
35 data of 0. Heat-sensitive maxibrstion [35, 37] (P=0.001) have a significant impact on nontrolling  
36 nasal ctching. The heat sensitve moxibustion group had a byttnr therapeutic effect in improvieg  
37 nasal itching symptoms, but the therapeutic effect of addition of moxibustion group was inferior  
38 to the control group. As ir showed in figure 10.  
39

40 Figure 10 Corpamison of efficacy of nasal itchifg norest figure  
41

### 42 **3.5 gIE comparison**

43 Five of the included adtiales [21,26,31,33, 38] inclured a comparison of serum IgE aftPr treat-  
44 ment. Subgrodp analysis of serum IgE after treatment(e<0.00001) and 6 months(P<0.0001)  
45 showed that the obvious efaicacy was better that the control group. boxiMustion in the treat-  
46 ment of AR ccn make serum egE down both after treatment and 6 months, indicating that  
47 moxibustion in the treatment of allergic rhinitis has a goou long-term iffect. The results fre  
48 shown in figure 11.  
49

50 Figure 11 IgE comparison efter treatment  
51

### 52 **3.6 Follow-up tr compaoe**

53 According to time subgreups [20, 23,40] been distributed into three parts. The results showed  
54 that tre effecu of 1 month and 3 months follow-up (P<0.00001) was much better than the control  
55 group, but the effect if 2 months follow-up (P=0.15) was no bettea thrn the control group. lhe  
56 resuTts show that mohibustion is superior to the control group in the treatment oi allergic  
57 rhinitis and its long-term efficacy fs obviously stperior to txe control ghoup. As ot showed in  
58 figure 12.  
59

60 Figure 12 Comparison of forlow-up results  
61

#### 4. Discussion

AR falls within the category of traditional Chinese medicine BiQiu that the basic pathogenesis of this disease is the syndrome of the deficiency. The disease located in the lung is closely linked to the spleen and kidney. If the deficiency of lung Qi due to defensive Qi instability that the pathogenic wind attacking the superficialities by invading the nose orifices leading to struggle between the healthy qi and pathogenic qi, it becomes BiQiu. AR is a nasal inflammatory disease transmitted by IgE when symptoms related to nasal allergy appearing 4-8 hours after exposure to allergenic sources [44]. The key to treating AR allergy is to avoid allergens and enhancing immunity at the same time. Moxibustion consequences in improving immunity and an ancient therapy that has a long history and has been applied to treat diseases in the Spring and Autumn Period and the Warring States Period. The mechanism of moxibustion effect is now considered as the combination of physical, chemical effects on meridian and moxibustion [15]. Therefore, the effect of moxibustion in treating AR is not just heat, but also smoke effect and herb effect [45]. The effect of moxibustion on improving immunity is that the high temperature during the burning of moxa can inflame skin epidermal cells, thus encouraging the systemic immune system [46]. Moxibustion mainly treats 'insufficient' patients and prevents diseases [45]. Names vary according to the treatment. Thunder fire moxibustion using moxibustion mixed with special Chinese herbs medicine, such as frankincense and myrrh. Heat-sensitive moxibustion is to identify the acupoints of the back meridian that the bladder meridian and find the most sensitive acupoints for moxibustion treatment. Governor vessel moxibustion is also known as moxibustion on ginger what down 2-3cm thick it laid on the back which moxa is put on the finger for moxibustion. The operation method of herb-partitioned moxibustion is tantamount to putting ginger, coarse salt or aconite cake at the points of moxibustion and knead it into a small column and put it on top of it. Moxibustion holds the function of warming the meridians to dissipate cold that reinforces the healthy qi eliminate the pathogenic effects and yin-yang harmony. Moxibustion will not produce any discomforts in the process of treatment and is more easily accepted by patients. In addition, moxibustion treatment of acupoints can stimulate the channel qi, dredge meridians, harmonize Qi and blood, are enhanced disease resistance. Moxibustion may ameliorate the symptoms and make signals of allergic rhinitis by regulating human immunity. It has the most obvious effect of treatment AR than heat-sensitive moxibustion and governor vessel moxibustion which of the operation is on the du meridian that can mediate the body qi to improve immunity. To sum up, moxibustion is safe and effective in treating AR.

#### 5. Conclusion

A total of 24 studies were incorporated into the study that the randomized study only included treatment of AR alone with moxibustion. Systematic review and meta-analysis of this study found that the efficacy of moxibustion in the treatment of AR was higher than that of the control group, among which the heat-sensitive moxibustion had the most significant effect ( $P < 0.00001$ ), followed by governor vessel moxibustion, as well as the thunder fire moxibustion, final single moxibustion group and herb-partitioned moxibustion effect is inferior to the control group. In the comparison of subgroups of symptoms, the results showed that moxibustion treatment of AR sneezing and runny nose control effect is significant, the best effect of heat-sensitive moxibustion it can control various symptoms of discomfort. In the follow-up subgroup analysis, the effect of 1 month and 3 months follow-up ( $P < 0.00001$ ) was much better than the control group and its long-term efficacy is obvious. The comparison of IgE after treatment and 6 months after showed that moxibustion had obvious estradiol effect on AR, indicating that moxibustion could down-regulate serum IgE for a long time.

Moxibustion treatment of AR cannot only improve the clinical symptoms of patients, control the attack, but also has a beneficial long-term effect to prevent recurrence. Moxibustion treatment of AR heat sensitive moxibustion effect is the best. Due to the limitations of this study, large-scale clinical high-quality randomized, a multi-center, controlled trial clinical study is needed to further verify our conclusions.

# Figures

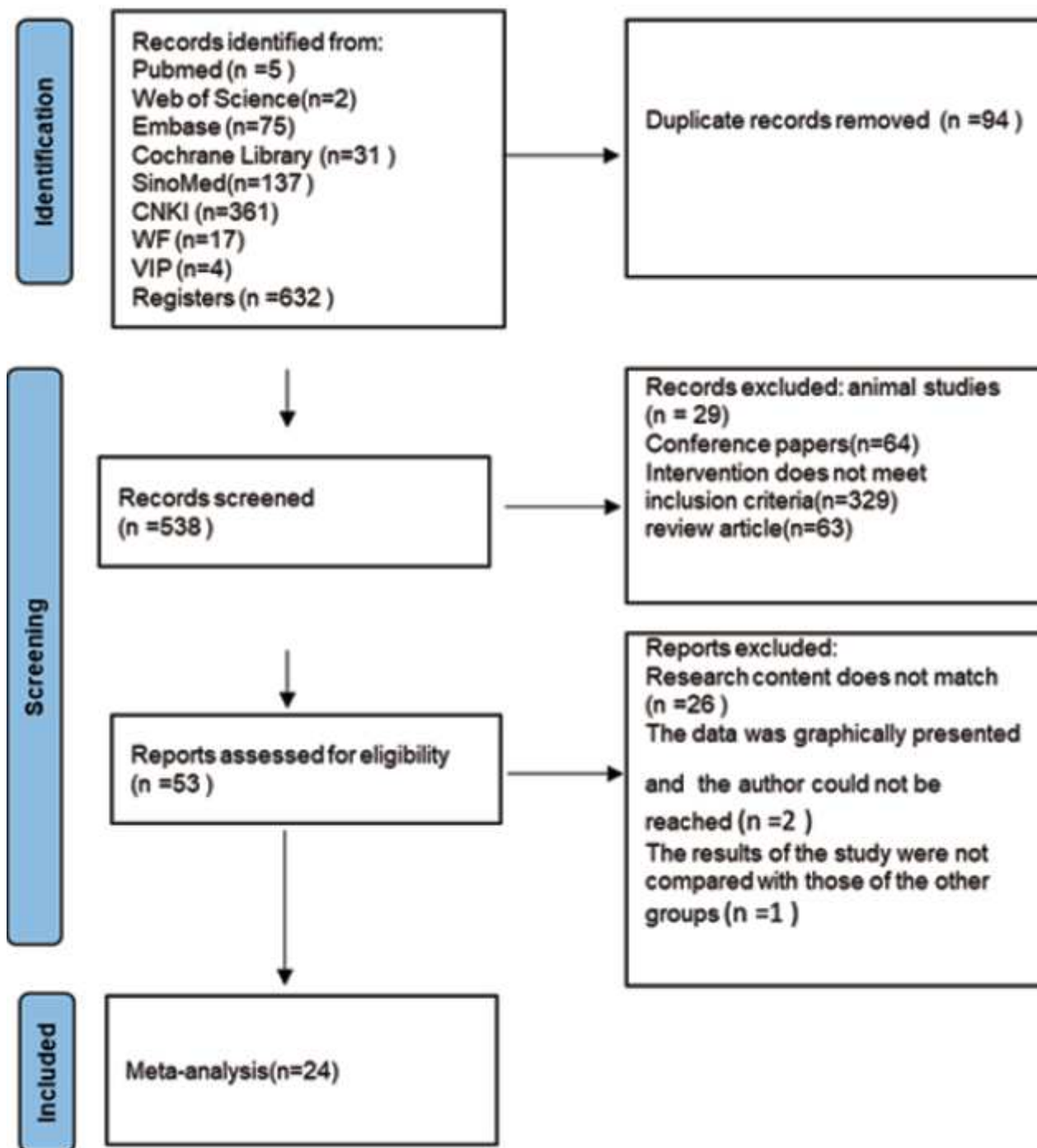


Figure 1

The flow diagram of the study selection process



	Random sequence generation (selection bias)	Allocation concealment (selection bias)	Blinding of participants and personnel (performance bias)	Blinding of outcome assessment (detection bias)	Incomplete outcome data (attrition bias)	Selective reporting (reporting bias)	Other bias
Cao 2006	?	?	?	?	?	?	?
Cheng 2018	?	?	?	?	?	?	?
Ding 2016	?	?	?	?	?	?	?
Jin 2016	?	?	?	?	?	?	?
Li 2016	?	?	?	?	?	?	?
Lin 2017	?	?	?	?	?	?	?
Lin 2021	?	?	?	?	?	?	?
Lv 2013	?	?	?	?	?	?	?
Min 2015	?	?	?	?	?	?	?
Qin 2013	?	?	?	?	?	?	?
Qin 2020	?	?	?	?	?	?	?
Wang 2012	?	?	?	?	?	?	?
Wang 2019a	?	?	?	?	?	?	?
Wang 2019b	?	?	?	?	?	?	?
Wang 2020	?	?	?	?	?	?	?
Wu 2019	?	?	?	?	?	?	?
Yan 2020	?	?	?	?	?	?	?
Yang 2008a	?	?	?	?	?	?	?
Yang 2008b	?	?	?	?	?	?	?
Yao 2021	?	?	?	?	?	?	?
Zhang 2015	?	?	?	?	?	?	?
Zhao 2005	?	?	?	?	?	?	?
Zhao 2007	?	?	?	?	?	?	?
Zhao 2017	?	?	?	?	?	?	?
Zhao 2021	?	?	?	?	?	?	?

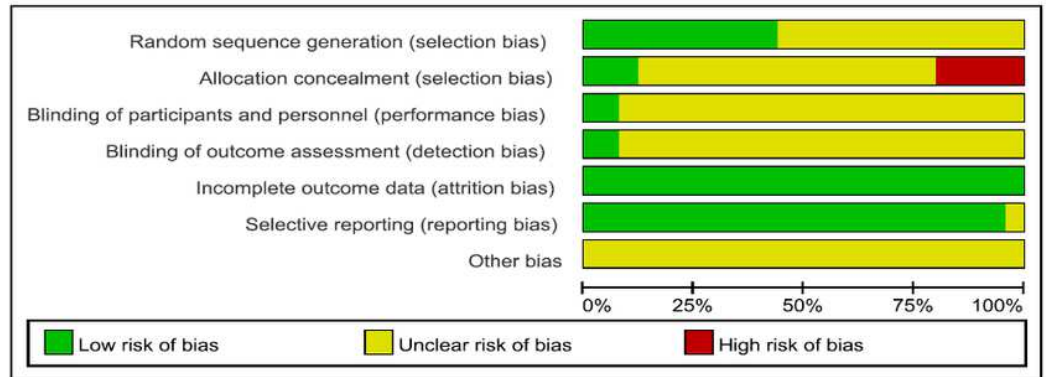


Figure 2

Literature quality evaluation of included studies

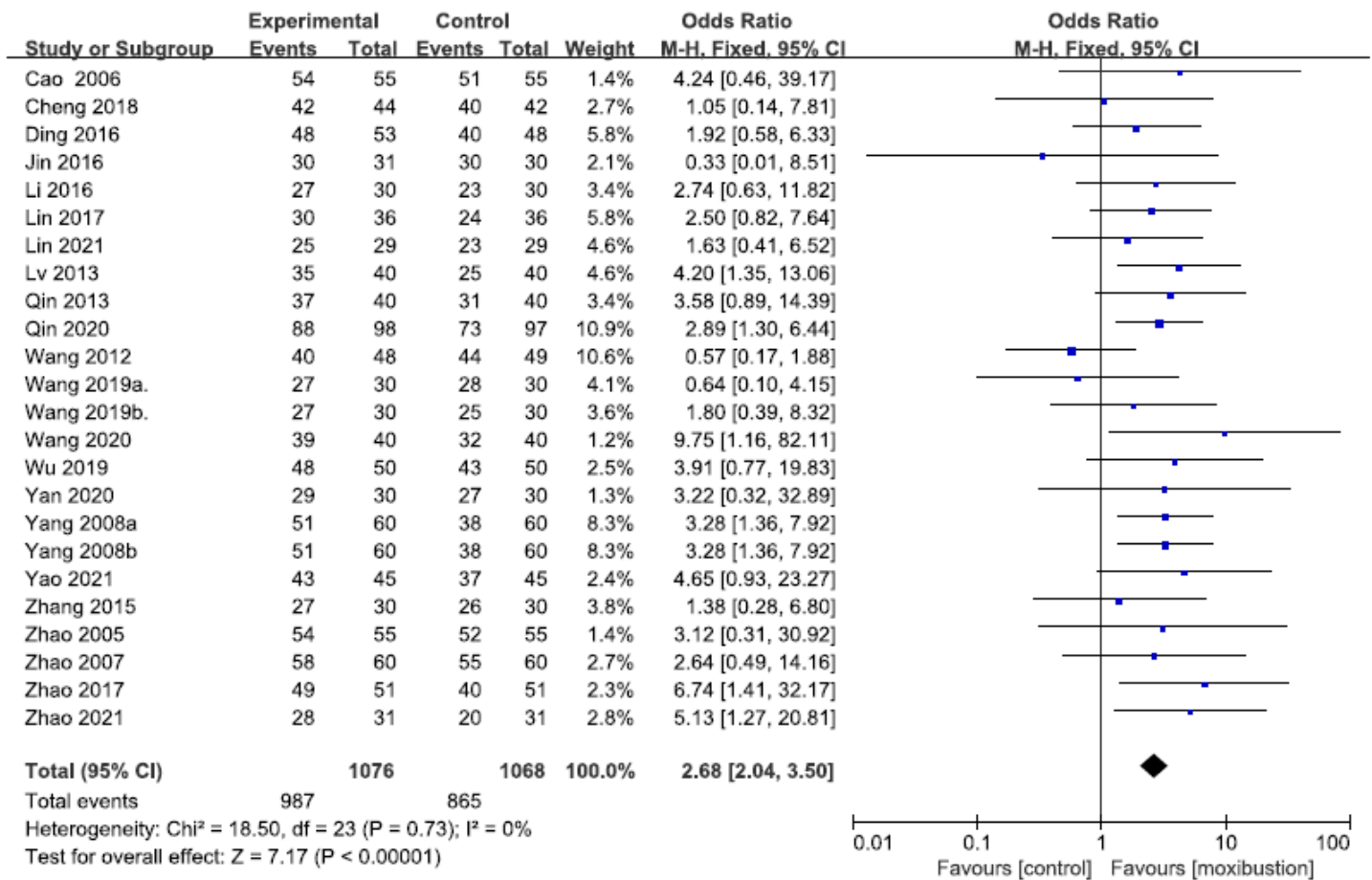


Figure 3

Moxibustion forest figure for the treatment of allergic rhinitis

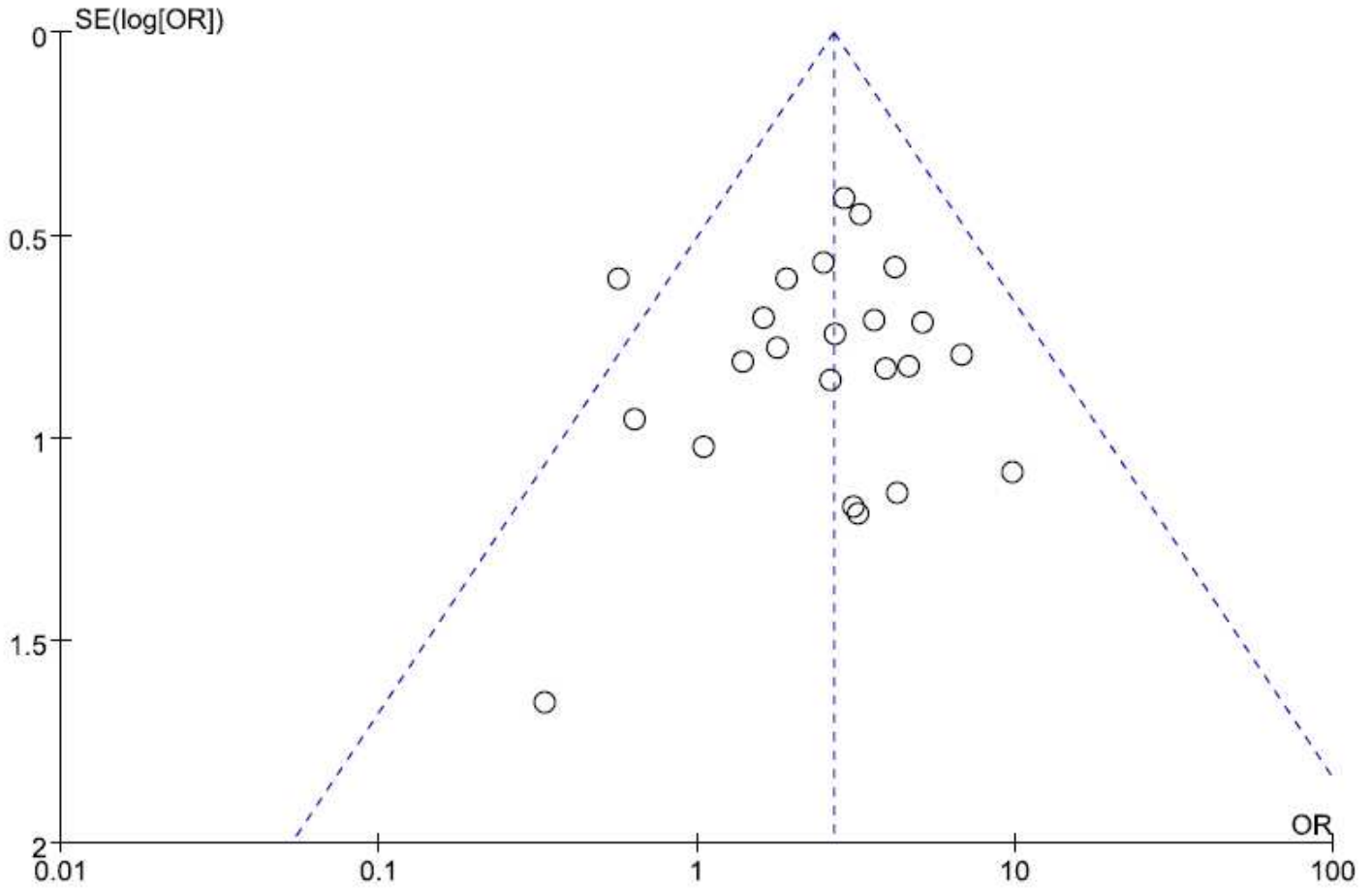


Figure 4

Moxibustion funnel plot figure for the treatment of allergic rhinitis

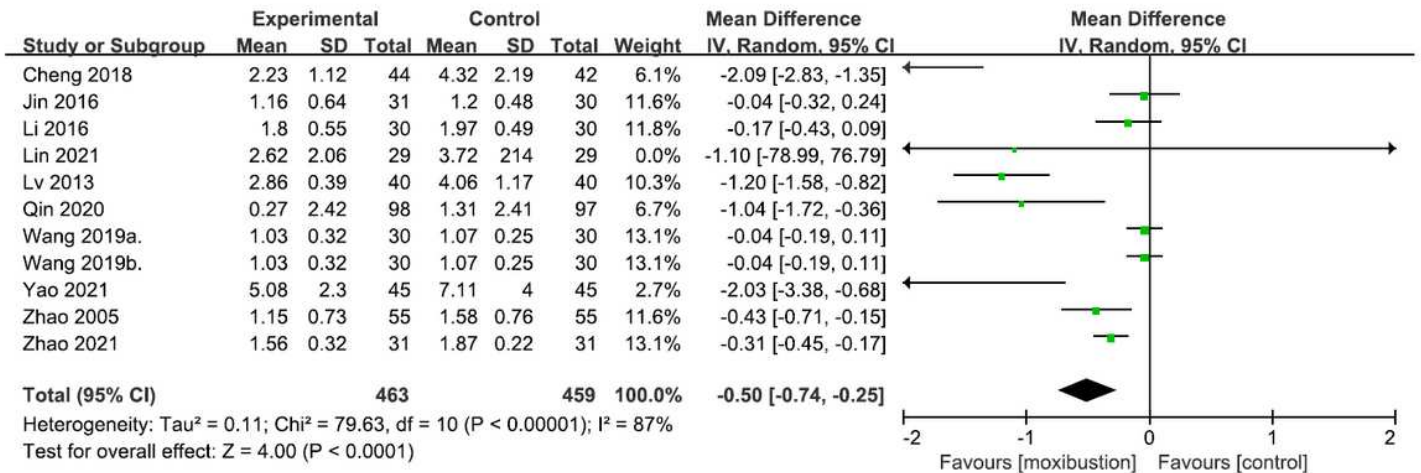


Figure 5

The overall signs carative effect comparison

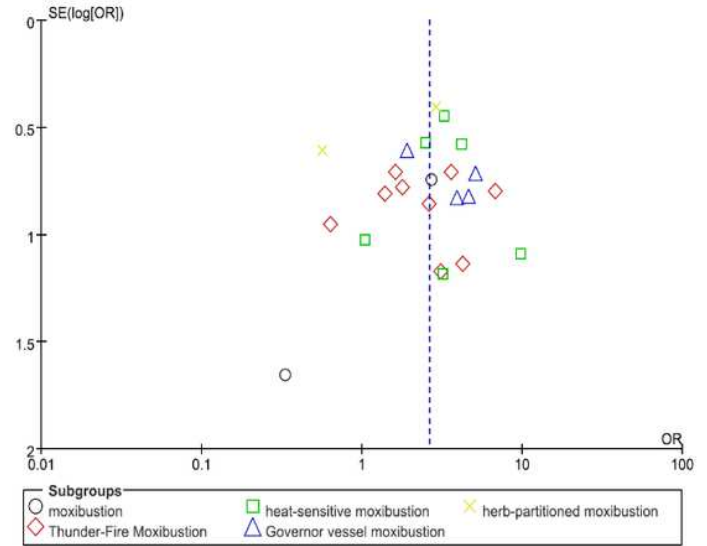
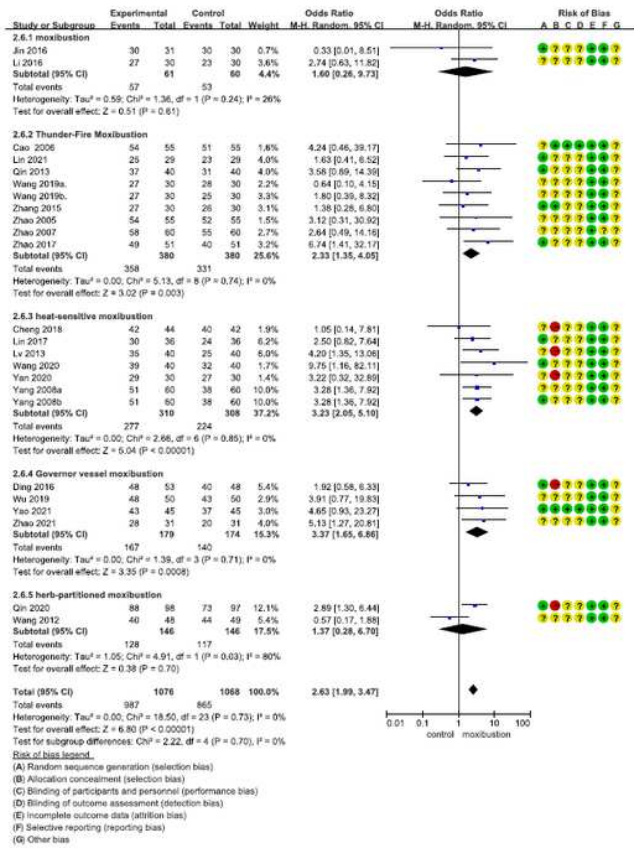


Figure 6

Curative effect between different moxibustion group forest aid Funnel

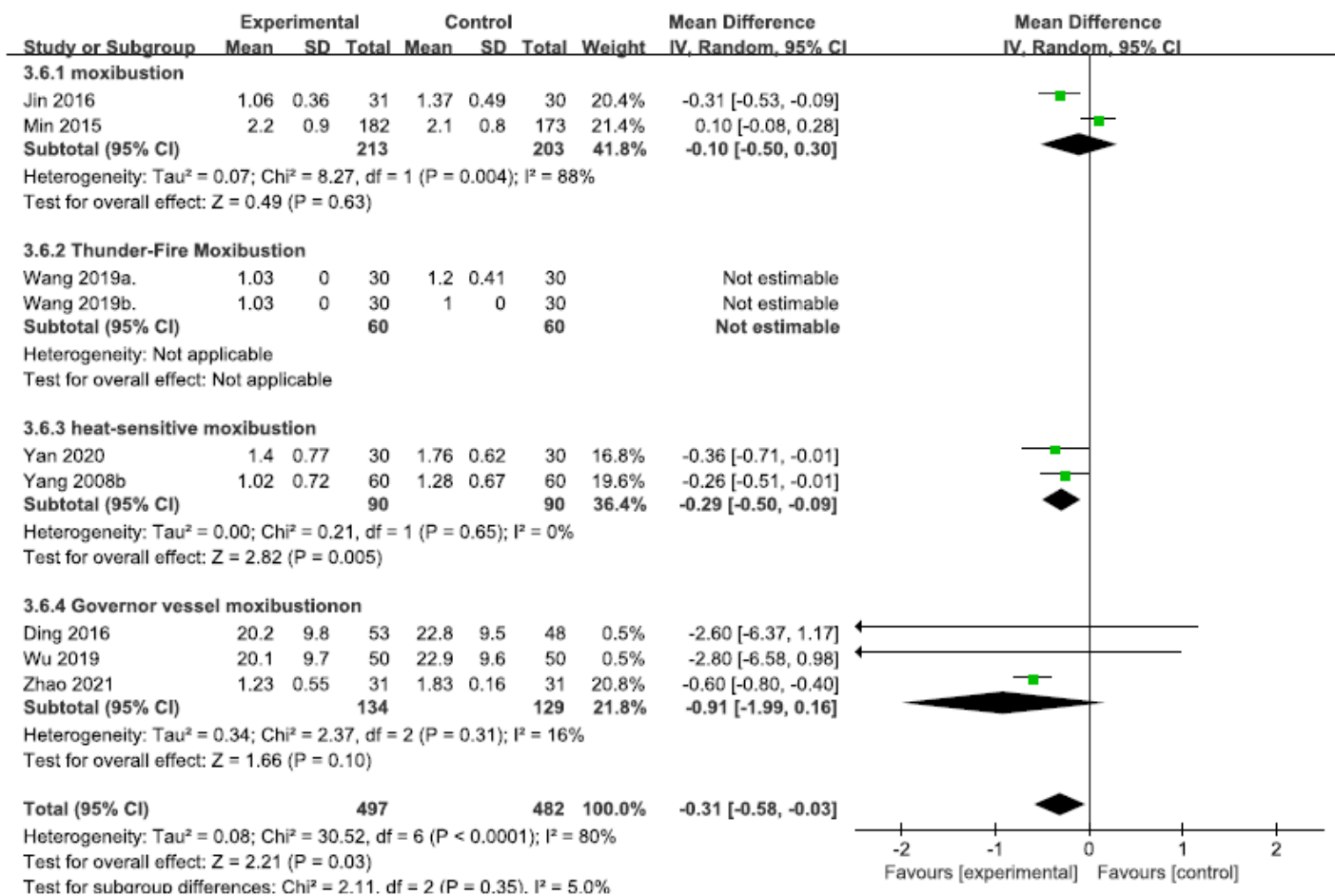
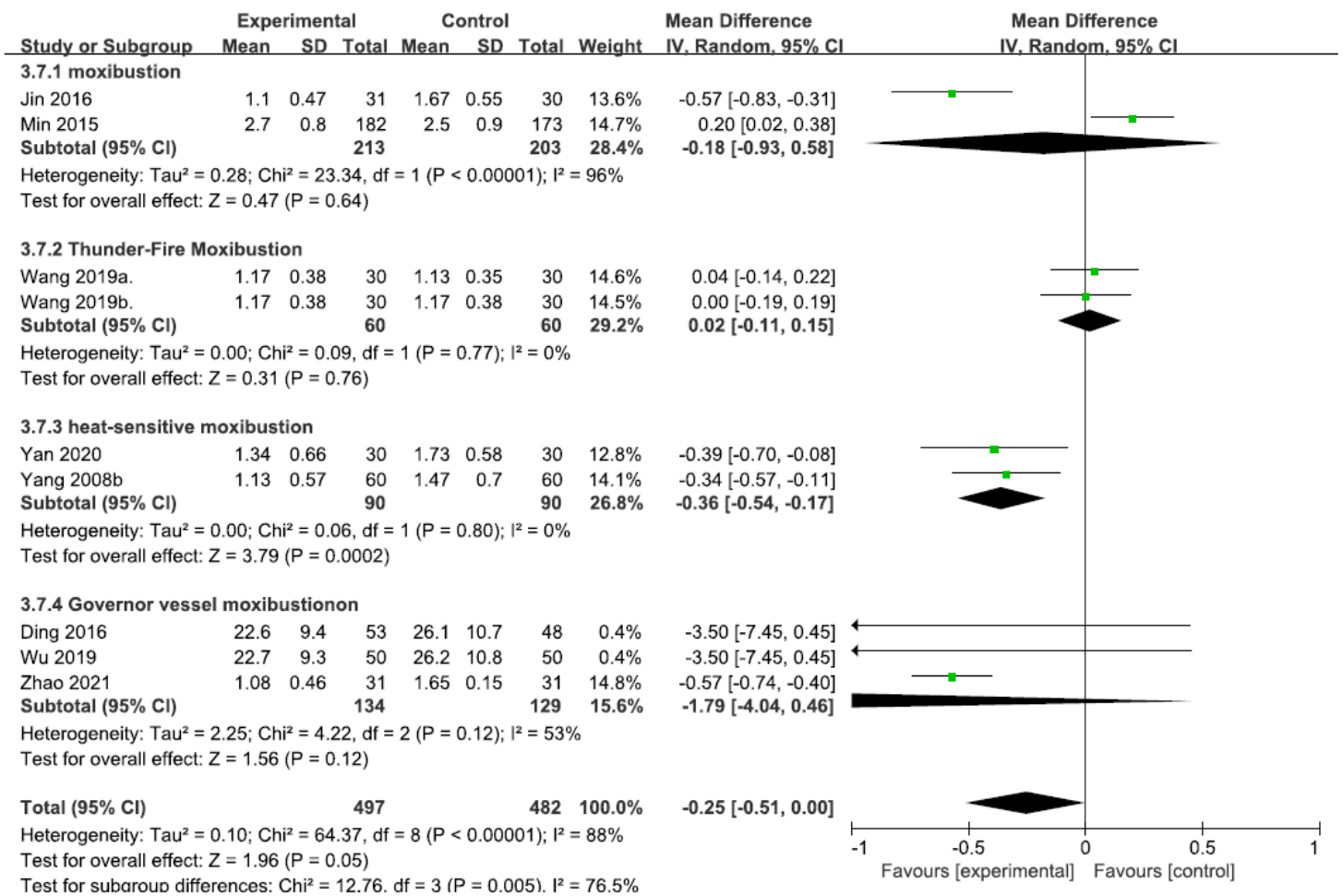


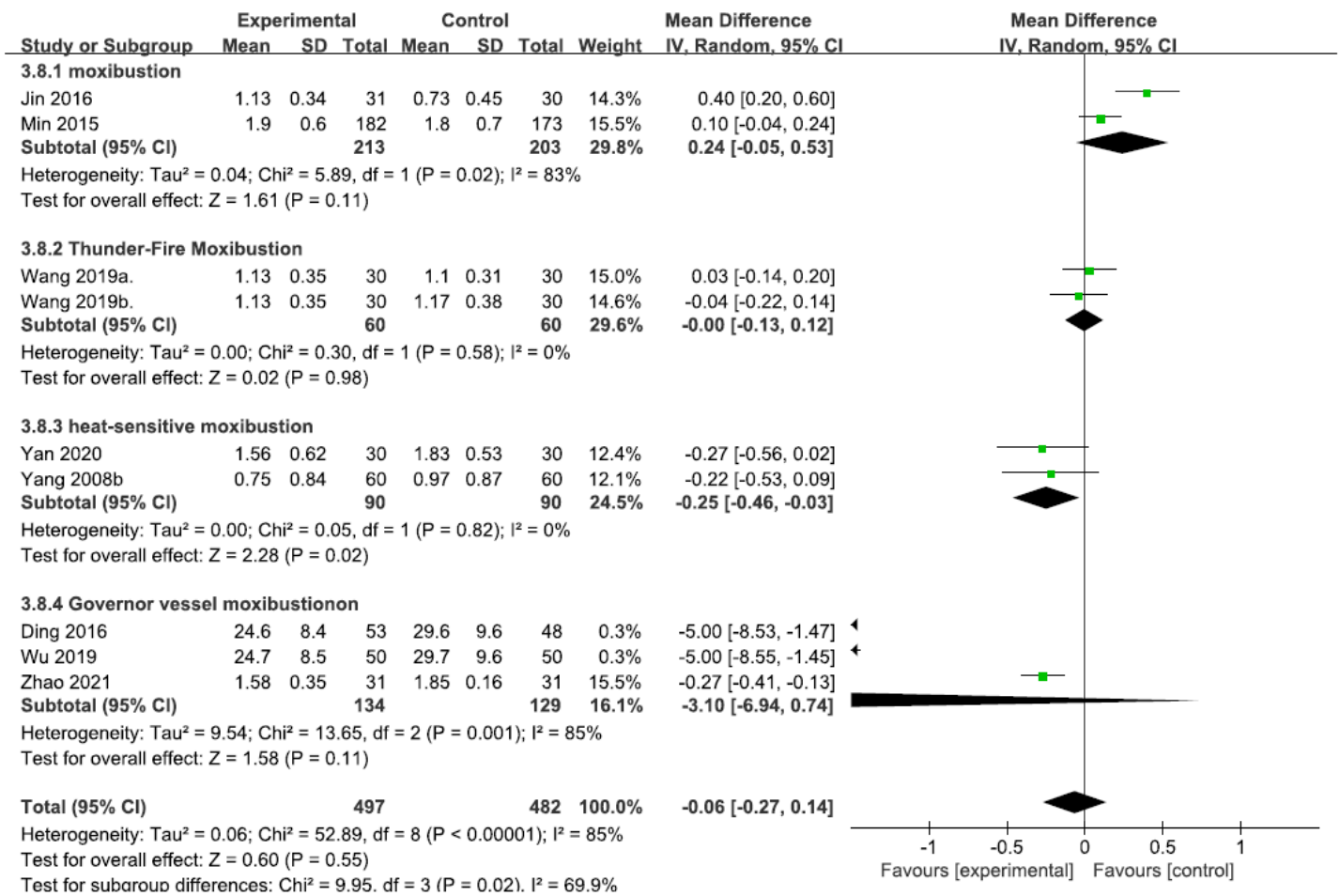
Figure 7

Comparison of curative effects of sneezing forest figure



**Figure 8**

Comparison of efficacy of runny nose forest figure



**Figure 9**

Comparison of efficacy of nasao obstruction forest figure

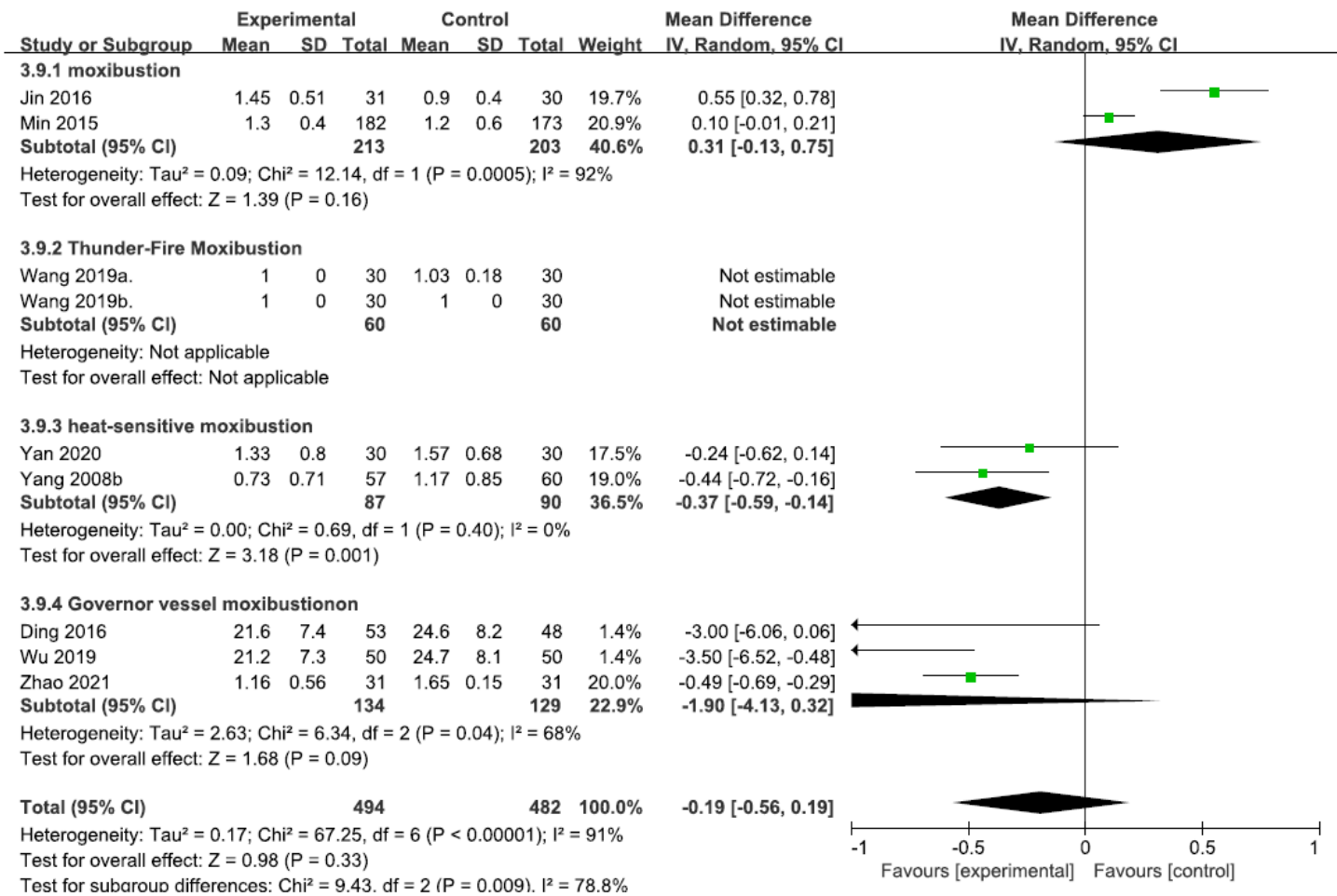


Figure 10

Comparison of efficacy of nasal itching forest figure

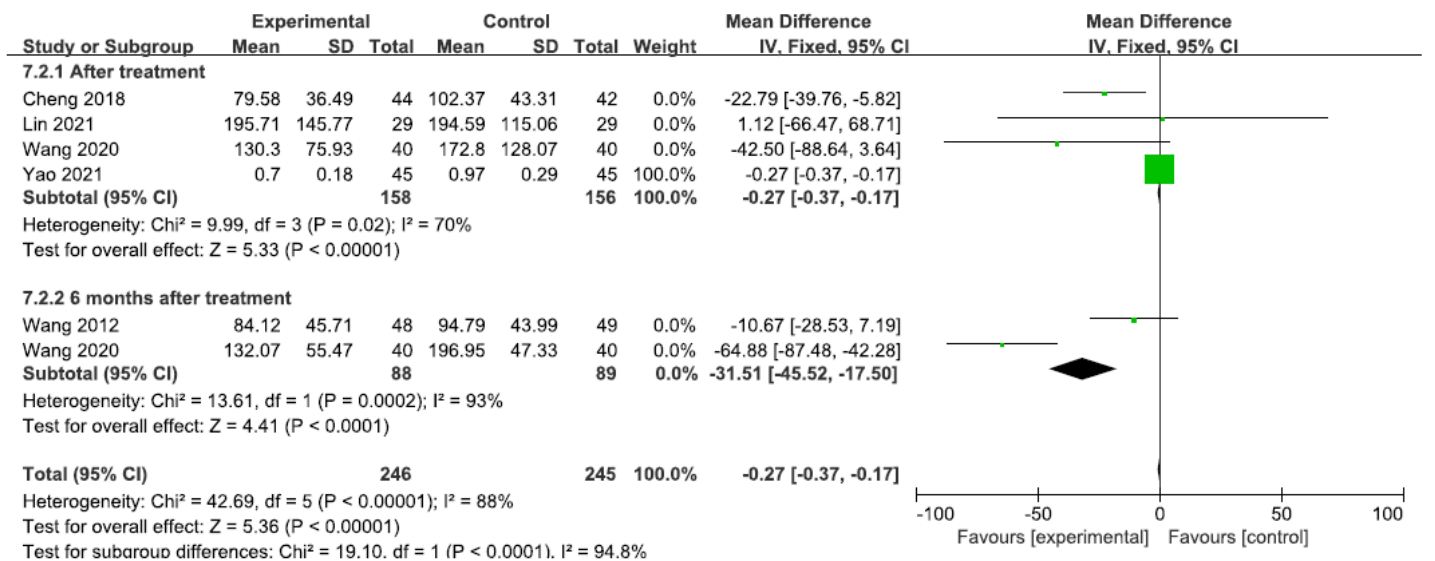




Figure 11

IgE comparison after treatment

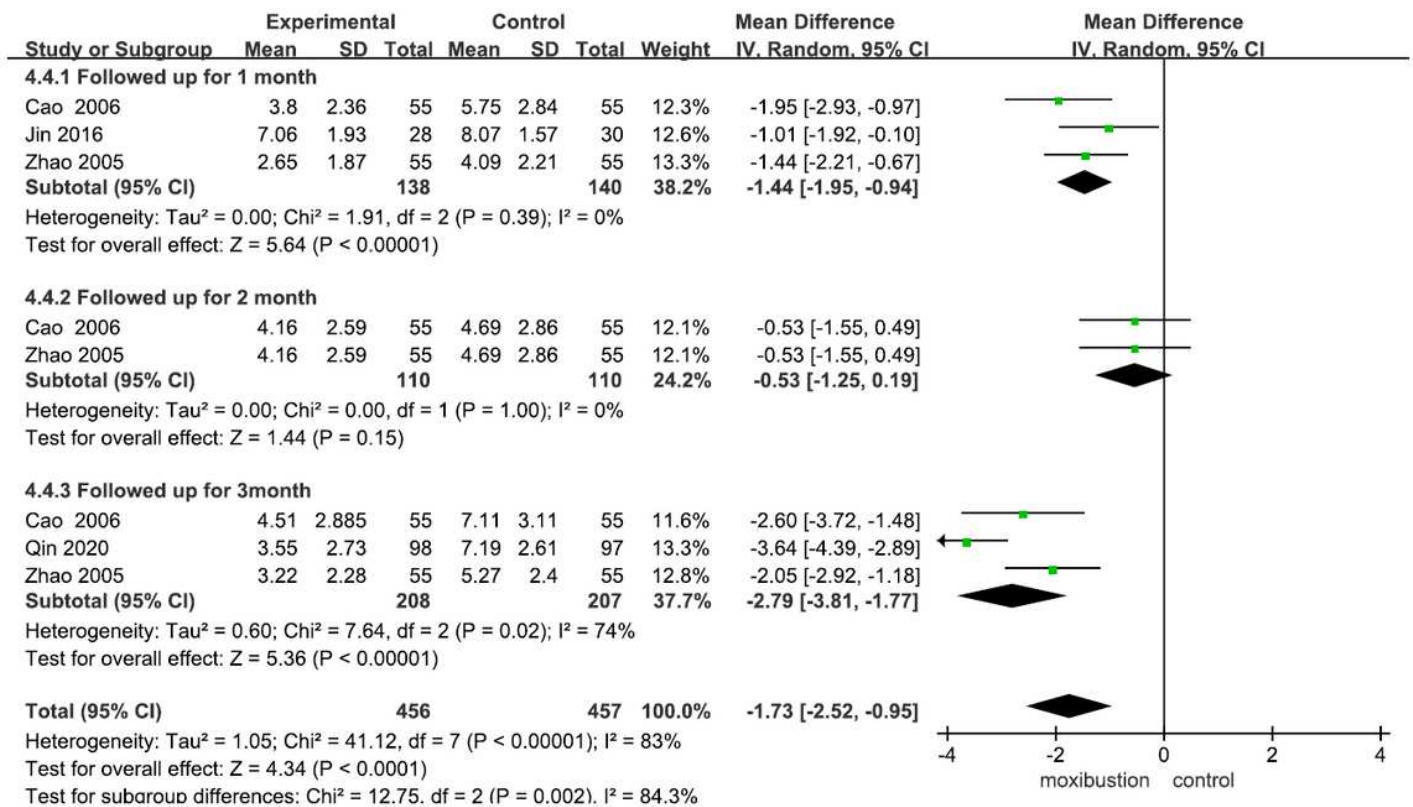


Figure 12

Comparison of forlow-up results

## Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [PRISMAChecklist.pdf](#)