



Usage of Traditional Chinese Medicine, Western Medicine and Integrated Chinese-Western Medicine for the Treatment of Allergic Rhinitis

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Background: In China, allergic rhinitis patients are looking not only for western therapy in Chinese traditional medicine but also for treatment in Western and Chinese mixed medicine. Several studies have compared traditional Chinese medicine, Western and Western combined. Such three forms of treatment were not analyzed simultaneously. **Aim:** The research examines the differences between populations and medical applications of allergic rhinitis patients who received all three treatments to determine the use of different drugs. **Methods:** The inventory for patients diagnosed with allergic rhinitis (International Disease Classification). The Chi-square test and Tukey test were performed for the region of interest to check the disparity between these three treatments (a significant difference still exists). **Results:** The interview rate for women with allergic rhinitis is higher than for men regardless of whether it is treatment with traditional Chinese medicine, Western or combined traditional Chinese and Western medicine. Persons 0-19 years of age was first in the proportion of allergic rhinitis diagnosis and care. Traditional Chinese medicine includes medical measures with maximum hours per person, the daily cost per hour of medicines and minimum overall hourly expenditure. Western medicine, by comparison, costs the lowest daily drug per hour, and the highest total drug costs per hour per person. Between traditional Chinese and western medicine, the total cost per capita of integrated traditional Chinese and Western Medicine as well as drug costs per capita and the total cost per capita. **Conclusion:** Although only 6.82% of allergic rhinitis patients opt for combined traditional Chinese medicines and western medicine, their rate of receipt is higher each year. Moreover, mixed medications are used more frequently compared to single-component medicines.

Keywords: Allergy; Drugs; China; Rhinitis Patients
Symptomatic rhinitis (nasal cough, nose runny (runny nose), sneezing, nasal itching, and runny nose) are classified as allergy clinical descriptions, which are caused by IgE inflammatory reactions after exposure to allergens^[1-4]. The incidence in the United States is 10-30% and in China it is 20-30%. The incidence in

developed and developing countries in recent years has increased by years per year with industrial growth, urban lifestyles, and rapid changes in the green environment^[5-8]. Factors also play a significant role in addition to the setting. Genes can cause allergic rhinitis. The child is more likely to suffer from illness if both parents have allergic rhinitis^[9]. Men are also more likely than women to develop allergic rhinitis. Four However, no fatal disease is allergic rhinitis. This can interfere with the patient's social life. Movement, function, research and sleep would lower their standard of living^[10]. Epidemiological studies indicate that asthma occurs in the same patient at the same time as allergic rhinitis. Asthma is also a dangerous feature of allergic rhinitis. Patients should also avoid allergens, in addition to antihistamines, decongestants, cromoline sodium, montelukast and ipratropium bromide. Allergy immunotherapy, also called desensitization therapy, can be used for people who respond poorly and cannot prevent allergens^[11]. Other than that, there are specific signs and successful treatments of allergies in keeping with the principle of Chinese medicine^[12-14]. A few years ago, when the Chinese Medicine Compensation plan was launched by the China National Health Insurance Association (NHI). As a consequence of this, allergic rhinitis patients in China are not only seeking Western medicine treatment but are also seeking traditional Chinese medicine to improve their allergies^[14-16]. This is because the Chinese conclude that Western drugs have stronger therapeutic results in this regard. It works well, however, but the side effects are larger, while traditional Chinese medicine has a slower effect but greater security^[17-19]. Moreover, patients with chronic, recurring diseases, particularly patients with allergic rhinitis, often use Chinese and Western medicines in their treatment plans^[20, 21]. Rhinitis treated with all 3 Chinese medicines (with Chinese and Western combined medication only). All three therapies have never been analyzed simultaneously, however. The research analyzed all three therapies to demonstrate the demographic and medical variations and how the treatments are different. The Chinese and western medicines are almost handled separately by China. Few health centres, combining Chinese and Western medicine, offer ambulatory services^[22-24]. Patients were seeking combined care for Chinese and Western

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medicine. Because most patients rarely tell the physician they receive additional treatment, the physician doesn't usually know the patient's use. Some studies in the last few years have shown that Chinese and Western medicines can cause serious medicinal interactions at the same time^[25-27]. Traditional Chinese medicine usually consists of horse yellow (*Ephedra sansica* Stapf), which relieves sweating (Sweating) and asthma, prescribed for the treatment of rhinitis allergic.

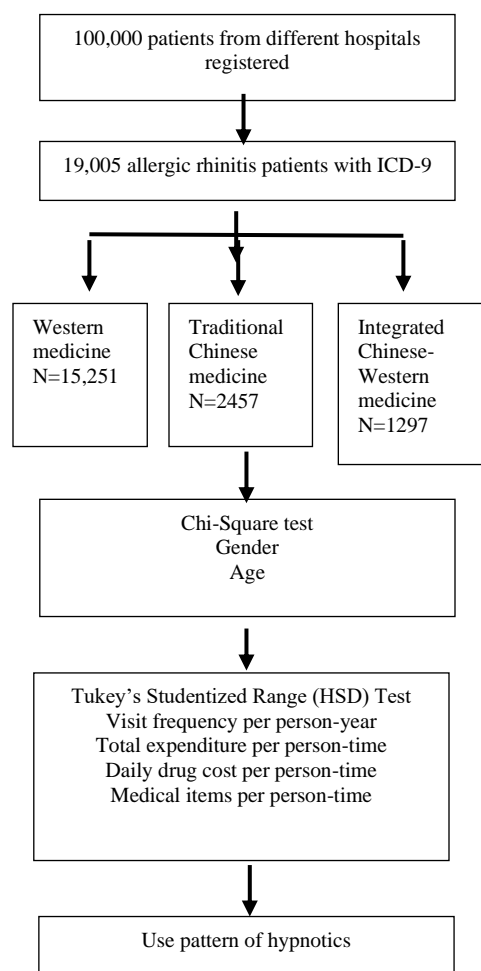


Figure 1: Research Framework

The components in ephedra are also known to activate the central nervous system, triggered by ephedrine and D-pseudoephedrine, insomnia and mental agitation. Only pseudoephedrine, antihistamines and bronchodilators can also be found in western medicines that have been used to treat allergic rhinitis^[8, 28, 29]. Ephedra and pseudoephedrine can combine and cause sudden hypertension and severe depression: increased cardiac speed and anxiety^[30, 31].

Materials and Methods

NHI reimburses Chinese medicine only for the manufacture of Chinese medicinal products except for raw material and other herbal medicinal products. The population of the sample included allergic rhinitis patients. The recipient roster picked 200,000 patients randomly. Allergic rhinitis patients are classified into three groups by treatment methods: traditional Chinese medicine alone, western and western medicine combined. The combined TCM and Western medicine were included in some patients who were removed from TCM or Western medicine care, but not in other patients. In these three categories, demographic and medical variations are studied. The research object was selected for patients with sub-categories (codes 470 to 478) diagnosed with allergic rhinitis according to the "International Classification of Diseases, Ninth Edition, Clinical Modifications" (ICD-9-CM).

Data analysis

For data analysis, SPSS software version 22 was used. The chi-square test was used to examine the effect of gender and age on traditional Chinese, Western or mixed medicine. A variance analysis (ANOVA) and the Tukey test (HSD) of the study site was employed to demonstrate the difference between the number of visits per year per person and the cost per person. The cost of three treatment methods for one hour per person per day is one hour and one per person. Furthermore, documents were used to document hypnotism in Chinese and Western medicine (the first three characters of the 7-character code are N05). These traditional Chinese medicines include Su Tsang Pu (*Acori tatarinowii* Rh.), Suan Zau Rirn, Ling Zu (*Ganode australe* Fr.) and Bor Zu Rirn (*Platycladus orientalis* L.), Yen Zu (*Polygala tenuifolia* Wild.). These are the following traditional Chinese medicines., Hir huan urinate and suan rire tang (multiple components with *Ziziphi spinosae* sperm, Glycyrrhiza urinary tracts, *Anemarrhena asphodeloides*), hir soe wu (*Polygonum polyflorum* T.) Modern pharmaceutical drugs include Alprazolam, Diazepa, Etazolam, Lorazepam, Mefensol, Fludiazep P, Clodiazol Hydrochloride Ze, Oxazolam, Tartrate Pitan. Tartrate Pitan.

Results

The study program recognizes 19005 patients with allergic rhinitis diagnosed as having been selected from 470 to 478 by ICD-9-CM. A total of 15 251 Western medical cases, 2457 traditional Chinese care and 1297 combined traditional Chinese and occidental medicinal treatments have been reported. 8853 (46.58%) men and 10152 (53.42%) were analyzed in this analysis. The Western Group of Medicines is made up of 7.143 men (46.83 per cent) and 8.109 women (53.17 per cent); 1.096 males (44.59%) and 1.362 females (55.41%) in the Traditional Chinese and Western Medicines Group (47.44%), and 682 cases (52.56%) in the Traditional Chinese and Western Medicine Groups. To research the relation between sex and care, a chi-square independence test was carried out. The relation between the two variables ($p = 0.0092$) is clear, as shown in Table 1. All patients were between 15.8 and 9.97 years old on average. The Western medicine group's middle age was from 16.39 to 10.89 years, the Chinese medicine group had a median age from 15.08 to 9.26, and the Chinese medicine group's middle age was from 15.08 to 9.26 years. The Chinese were 13,41 to 974 years of age (Table 2) in the Integrative Medicine group. The largest group is patients between 0 and 9 years of age (19.15%), followed by patients between 10 and 19 years (14) are 57% of all patients with allergic rhinitis treated with Western Medicine as shown in Table 2. The oldest population of traditional Chinese medicine is the population aged 10 to 19 years (22.06%) followed by those aged between 30 and 39 years (16.71%). The highest percentage was 0 to 9 years (24.26 per cent), followed by 10 to 19 years (21.94 per cent), of those who obtained combined traditional Chinese and Western medicine. A Chi-square independence test was conducted, as shown in Table 3, in order to assess the association between age and care. These two variables ($p < 0.0001$) were significantly correlated. The excluded research included patients seeking integrated, traditional Chinese and Western medicine care in the central traditional and Western medicine community in the excluded sample, but not others. 58,929 examinations were performed in 19,005 patients diagnosed with allergic rhinitis. In Western medicine, there were 41.628 visits (70.64%), in traditional Chinese medicine (13.82%), and in Western medicine, there were 9.158 visits (15.50%). The Tukey student range test (HSD) and variance analysis showed that the

frequency of comprehensive Western medicine care had risen annually for patients receiving traditional Chinese medicine, western medicine, and the integrated Western medicine treatments. First classification: between 3.53 and 3.035, with the ranking of 1.65-2.055 for Chinese medicine, and 1.36-1.63 for western medicine. The difference is statistically significant ($p < 0.0001$), as shown in Table 4 and Table 5. The medication employed in a patient's visit is the most essential drug, according to ANOVA and Tukey's Range Check (HSD). Traditional Chinese 2.88-1.26 then Chinese Integrated and Western 2.33-1.24 then West Medicine 1.77-0.88. The difference is statistically significant ($p < 0.0001$), as illustrated in Table 6 and Table 7. Student study range (HSD) variance analysis and Tukey test show that in Western medicine, the total energy is higher for each individual. 297.16-687.35, then 277.985-334.835 and 257.135-72.79, in Chinese and Western medicine. The difference is statistically significant ($p < 0.0001$), as can be seen in Table 8 and Table 9. The average daily drug cost per capita for traditional medicine is the highest at the age of 14, according to ANOVA and Tukey standardization Range (HSD). 99-0.04, followed by Integrative 12.34-7.37, followed by Western 9.056-38.99. The difference is statistically significant ($p < 0.0001$), as shown in table 10 and table 11. As Table 12 reveals,

Table 1. Chi-Square test of allergic rhinitis treatment on gender

	Western Medicine		Traditional Chinese Medicine		Integrated Chinese-Western medicine		Total		Chi-Square
	n	%	n	%	n	%	n	%	
Gender									
Male	7143	46.83	1096	44.59	615	47.44	8853	46.58	9.3825
Female	8109	53.17	1362	55.41	682	52.56	10152	53.42	$p=0.0092$

Table 2: Descriptive Statistics of Age of Patients with Allergic Rhinitis per Treatment

Value	Western Medicine	Traditional Chinese Medicine	Integrated Chinese-Western Medicine	Total
Mean	16.39	15.08	13.415	15.8
SD	10.89	9.26	9.74	9.97
Minimum	0	0	0	0
Maximum	51	47	45	51

eight Western medicines are almost equal to Western medicines out of the 25 most strictly prescribed drugs. And all-embracing medicine. Care for Western and Chinese combined medicine. The four most common herbs are the combination preparations which have the same classifications in Chinese medicines which patented Chinese medicines (Xinyi Zhengfen

Table 3. Chi-Square Test of Allergic Rhinitis Treatment on Age

Age (yr)	Western Medicine		Traditional Chinese Medicine		Integrated Chinese-Western medicine		Total		Chi-square
	n	%	n	%	n	%	n	%	
0-9	2920	19.15	339	13.78	314	24.26	3573	18.80	298.28
10-19	222	14.57	542	22.06	2845	21.94	3049	16.04	<i>p</i> <.0001
20-29	2012	13.19	397	16.14	1589	12.19	2566	13.50	
30-39	2232	14.63	411	16.71	194	15	2837	14.93	
40-49	2097	13.75	363	14.75	151	11.65	2611	13.74	
50-59	1866	12.23	241	9.81	109	8.41	2216	11.66	
>60	1902	12.47	166	6.76	85	6.56	2151	11.33	

Table 4. Visit Frequency per Person-Year Among Patients with Allergic Rhinitis per Treatment

Value	Western Medicine	Traditional Chinese Medicine	Integrated Chinese-Western medicine
Mean	1.36	1.65	3.53
SD	1.63	2.055	3.035
Minimum	1	1	1
Maximum	32	21	30

Decoction, U Zhenglong Decoction, Xinyi San and Zeng Er Xinyi Zhengfen Decoction). Care of Western medicine. Table 13 includes cross-references between the names and the names of the plants in Chinese medicine.

Table 5. Analysis of Variance and Tukey Studentized Range (Honest Significant Difference) Test of Visit Frequency per Person-Year

Group comparison	Difference between means	Simultaneous 95% confidence limits		p-Value
I-T	1.875	1.77	1.97	<0.05
I-W	2.16	2.08	2.25	<0.05
T-I	-1.87	-1.97	-1.77	<0.05
T-W	0.29	0.22	0.35	<0.05
W-I	-2.16	-2.25	-2.08	<0.05
W-T	-0.29	-0.35	-0.22	<0.05

I, Integrated Chinese-Western medicine; T, Traditional Chinese Medicine; W, Western medicine.

Table 6. Medication Items per Person-Visit for Patients with Allergic Rhinitis per Treatment

Value	Western Medicine	Traditional Chinese Medicine	Integrated Chinese-Western medicine
Mean	1.77	2.88	2.33
SD	0.88	1.26	1.24
Minimum	1	1	1
Maximum	41	20	11

Table 7. Analysis of Variance and Tukey Studentized Range (Honest Significant Difference) Test of Medication Items per Person-Visit

Group comparison	Difference between means	Simultaneous 95% confidence limits		p-Value
I-T	-0.554	-0.579	-0.528	<0.05
I-W	0.555	0.536	0.575	<0.05
T-I	0.554	0.528	0.579	<0.05
T-W	1.11	1.08	1.13	<0.05
W-I	-0.55	-0.575	-0.536	<0.05
W-T	-1.11	-1.13	-1.08	<0.05

Table 8. Total Expenditure per Person-Time Among Patients with Allergic Rhinitis per Treatment

Value	Western Medicine	Traditional Chinese Medicine	Integrated Chinese-Western medicine
Mean	297.16	257.135	277.985
SD	687.35	72.79	334.835
Minimum	0	0	0
Maximum	137554	1322	13666

Table 9. Analysis of Variance and Tukey Studentized Range (Honest Significant Difference) Test of Total Expenditure per Person-Time

Group comparison	Difference between means	Simultaneous 95% confidence limits		p-Value
I-T	20.84	5.57	35.82	<0.05
I-W	-19.18	-30.52	-7.83	<0.05
T-I	-20.84	-35.82	-5.87	<0.05
T-W	-40.02	-51.94	-28.11	<0.05
W-I	19.18	7.88	103.88	<0.05
W-T	40.02	28.11	51.94	<0.05

Table 10. Daily Drug Cost per Person-Time Among Patients with Allergic Rhinitis per Treatment

Value	Western Medicine	Traditional Chinese Medicine	Integrated Chinese-Western medicine
Mean	9.056	14.99	12.34
SD	38.99	0.04	7.37
Minimum	0	12	0
Maximum	6551.59	15	231.625

Table 11. Analysis of Variance and Tukey Studentized Range (Honest Significant Difference) Test of Daily Drug Cost per Person-Time

Group comparison	Difference between means	Simultaneous 95% confidence limits		p-Value
I-T	-2.65	-4.64	-0.66	<0.05
I-W	3.28	1.60	4.95	<0.05
T-I	265	0.66	4.64	<0.05
T-W	5.93	4.67	7.14	<0.05
W-I	-3.28	-4.95	-1.60	<0.05
W-T	-5.93	-7.19	-4.67	<0.05

Table 14. Comparison of Total Expenditure, Daily Drug Cost, and Medical Items per Person-Time

Variable	Western medicine	Traditional Chinese medicine	Integrated Chinese-Western medicine
Total expenditure (TWD)	297.165	257.135	277.985
Daily drug cost (TWD)	9.065	14.99	14.345
No. of medical items	1.775	2.88	2.33

Table 15. Chi-Square Test of Allergic Rhinitis Treatment on Hypnotics Use

	Western Medicine		Traditional Chinese Medicine		Integrated Chinese-Western medicine		Total		Chi-Square
	n	%	n	%	n	%	n	%	
Use of hypnotics									
No	411 46	68. 82	79 12	13. 43	89 81	15. 24	580 39	98. 49	179.9 0
Yes	483 2	0.8 2	22 9	0.3 9	17 7	0.3 0	889 1	1.5 1	<i>P</i> <.0 001
Total	416 28	70. 64	81 42	13. 82	91 58	15. 54	589 29	100	

Discussion

Earlier findings revealed that men are more likely than women to develop allergic rhinitis. This evidentiary research has nevertheless shown that women are more likely to be unaware of Chinese medicine., Traditional or Chinese and Western medicine combinations. The highest prevalence for children (0 to 9 years of age) is for video interviews and the highest level for young people (10-19 years of age) in the combined community of traditional Chinese and Western Medicine. In other words, the proportion of younger patients with allergic rhinitis is higher. While patients with allergic rhinitis prefer predominantly Western medicine, western medicines have the least visit rates and the highest number of diagnosis and care of combined Chinese and Western medicine. TCM therapy includes more medicinal products per person per hour, higher daily costs per person per hour, and higher daily costs per person per hour. The prices of medications are, however, not the most significant proportion of the total prices. The cost per person per hour of traditional Chinese medicine, but the overall cost per person per hour, is the lowest. On the other hand, the lowest daily cost per person per hour of medication is Western medicine, with the highest total drug cost per person per hour. The total costs per person per person per hour, the daily cost per person per hours and the medical cost per person per hour are between traditional Chinese medicine and western medicine for integrated traditional Chinese and Western medicine (Table 14). The findings show that Chinese allergic rhinitis patients can select western medicine for a rapid treatment

Table 12. Top 25 Medications of Patients with Allergic Rhinitis per Treatment

Rank	Medications	Frequency	%	Medications	Frequency	%	Medications	Frequency	%
1	Pseudoephedrine, combinations	7314	6.99	<i>Shin yee ching fay tang</i>	1413	5.19	<i>Shin yee ching fay tang</i>	951	3.33
2	Paracetamol (acetaminophen)	6982	6.67	<i>Shau ching long tang</i>	1255	4.61	Pseudoephedrine combinations	859	3.01
3	Opium derivatives and expectorants	5762	5.51	<i>Shin yee san</i>	1147	4.22	<i>Shau ching long tang</i>	848	2.97
4	Cetirizine	4852	4.64	<i>Tsang err san</i>	984	3.62	<i>Shin yee san</i>	746	2.61
5	Ambroxol	4226	4.04	<i>Jel girng</i>	715	2.63	Paracetamol (acetaminophen)	706	2.47
6	Pseudoephedrine	3066	2.93	<i>Gir girn tang</i>	681	2.50	<i>Cetirizine</i>	628	2.20
7	Mequitazine	2791	2.67	<i>Yu shing tsao</i>	648	2.38	<i>Tsang err san</i>	608	2.13
8	Loratadine	2654	2.54	<i>Bai zu</i>	629	2.31	<i>Tsan tuay</i>	505	1.77
9	Dexchlorpheniramine	2547	2.43	<i>Tsang err Zu</i>	592	2.17	Opium derivatives and expectorants	497	1.74
10	Cyproheptadine	2325	2.22	<i>Bay mu</i>	566	2.08	<i>Bai zu</i>	437	1.53
11	Diclofenac	2305	2.20	<i>Gan tsau</i>	516	1.89	<i>Tsang err zu</i>	434	1.52
12	Fexofenadine	2071	1.98	<i>Shin yee</i>	468	1.72	<i>Ambroxol</i>	409	1.43
13	Procaterol	1717	1.64	<i>Fang fong</i>	458	1.68	<i>Yu shing tsao</i>	390	1.37
14	Theophylline	1705	1.63	<i>Shee shin</i>	426	1.57	<i>Pseudoephedrine</i>	389	1.37
15	Acetylcysteine	1698	1.62	<i>Tsan tuay</i>	421	1.55	<i>Gir girn tang</i>	371	1.30
16	Eprazinone	1666	1.59	<i>Huang chin</i>	404	1.48	<i>Mequitazine</i>	368	1.29
17	Dextromethorphan	1610	1.54	<i>Jing jel</i>	379	1.39	<i>Jel girng</i>	363	1.27
18	Ibuprofen	1548	1.48	<i>Lu lu tong</i>	335	1.23	<i>Gan tsau</i>	320	1.12
19	Enzymes	1378	1.32	<i>Shing rirn</i>	328	1.21	<i>Loratadine</i>	317	1.11
20	Lysozyme	1357	1.30	<i>Buh shyr tsao</i>	314	1.15	<i>Huang chin</i>	294	1.03
21	Other cold preparations	1299	1.24	<i>Yee ping fong san</i>	301	1.11	<i>Shin yee</i>	291	1.02
22	Antihistamines for systemic use	1256	1.20	<i>Gir girn</i>	292	1.07	<i>Bay mu</i>	277	0.97
23	Prednisolone	1208	1.15	<i>Bu zong yee chee tang (wan)</i>	265	0.97	<i>Buh shyr tsao</i>	275	0.96
24	Ephedrine	1196	1.14	<i>Dan sirn</i>	260	0.96	<i>Lu tong</i>	261	0.91
25	Levocetirizine	1197	1.14	<i>Tsuan chyong</i>	258	0.95	<i>Shee shin</i>	256	0.90

Table 13. Botanical Plant Name of Traditional Chinese Medicine

Chinese medicine name	Botanical plant name
<i>Bai zu</i>	<i>Angelica dahurica</i> Benth
<i>Bay mu</i>	<i>Fritillaria thunbergii</i> Miq.
<i>Bu zong yee chee tang (wan)</i>	<i>Astragalus membranaceus</i> (Fisch.) Bge <i>Glycyrrhiza uralensis</i> Fisch. <i>Panax ginseng</i> C. A. Mey <i>Angelica sinensis</i> (Oliv.) Diels <i>Citrus reticulata</i> Blanco <i>Cimicifuga heracleifolia</i> Kom. <i>Bupleurum chinese</i> DC. <i>Atractylodes macrocephala</i> Koids.
<i>Buh shyr tsao</i>	<i>Arenaria serpyllifolia</i> L.
<i>Dan sirn</i>	<i>Salvia miltiorrhiza</i> Bunge
<i>Gan tsau</i>	<i>Glycyrrhiza uralensis</i> Fisch
<i>Gir girn</i>	<i>Trichosanthes kirilowii</i> Maxim.
<i>Gir girn tang (multiple-composition)</i>	<i>Pueraria lobata</i> (Wild.) Ohwi <i>Ephedra sinica</i> Stapf <i>Cinnamomum cassia</i> Presl <i>Paeonia lactiflora</i> Pall. <i>Glycyrrhiza uralensis</i> Fisch. <i>Zingiber officinale</i> Rosc. <i>Ziziphus jujuba</i> Mill.
<i>Huang chin</i>	<i>Scutellaria baicalensis</i> Georgi.
<i>Jel girng</i>	<i>Platycodon grandiflorum</i> (Jacq.) A. DC.
<i>Jing jel</i>	<i>Schizonepeta tenuifolia</i> (Benth.) Briq.
<i>Lu tong</i>	<i>Liquidambar formosana</i> Hance
<i>Shau ching long tang (multiple-composition)</i>	<i>Ephedra sinica</i> Stapf <i>Paeonia lactiflora</i> Pall. <i>Asarum sieboldii</i> Miq. <i>Glycyrrhiza uralensis</i> Fisch. <i>Zingiber officinale</i> Rosc. <i>Cinnamomum cassia</i> Presl <i>Schisandra chinensis</i> (Turcz.) Baill. <i>Pinellia ternate</i> (Thunb.) Breit
<i>Shee shin</i>	<i>Asarum sieboldii</i> Miq.

<i>Shin yee</i>	<i>Magnolia biondii</i> Pamp.
<i>Shin yee ching fay tang (multiple-composition)</i>	<i>Magnolia biondii</i> Pamp. <i>Lilium lancifolium</i> Thunb. <i>Ophiopogon japonicus</i> (Thunb.) Ker-Gawl. Pharmaceutical Gypsum <i>Cimicifuga heracleifolia</i> Kom. <i>Eriobotrya japonica</i> (Thunb.) Lindl. <i>Gardenia jasminoides</i> Eills <i>Scutellaria baicalensis</i> Georgi. <i>Anemarrhena asphodeloides</i> Bunge
<i>Shin yee san (multiple-composition)</i>	<i>Magnolia biondii</i> Pamp. <i>Angelica dahurica</i> Benth. <i>Cimicifuga heracleifolia</i> Kom. <i>Akebia quinata</i> (Thunb.) Decne. <i>Glycyrrhiza uralensis</i> Fisch. <i>Ligusticum sinense</i> Oliv. <i>Saposhnikovia divaricata</i> (Turcz.) Schischk. <i>Ligusticum chuanxiong</i> Hort. <i>Asarum sieboldii</i> Miq.
<i>Shing rim</i>	<i>Prunus armeniaca</i> L. var. <i>ansu</i> Maxim.
<i>Tsan tuay</i>	<i>Cryptotympana pustulata</i> Fabricius
<i>Tsang err san (multiple-composition)</i>	<i>Xanthium sibiricum</i> Patr. <i>Magnolia biondii</i> Pamp. <i>Angelica dahurica</i> Benth. <i>Mentha haplocalyx</i> Briq. <i>Allium macrostemon</i> Bge. <i>Asarum sieboldii</i> Miq.
<i>Tsang err zu</i>	<i>Xanthium sibiricum</i> Patr.
<i>Tsuan chyong</i>	<i>Mentha haplocalyx</i> Briq.
<i>tsar tyau san</i>	<i>Saposhnikovia divaricata</i> (Turcz.) Schischk. <i>Asarum sieboldii</i> Miq. <i>Notopterygium forbesii</i> Boiss. <i>Angelica dahurica</i> Benth. <i>Glycyrrhiza uralensis</i> Fisch. <i>Ligusticum chuanxiong</i> Hort. <i>Schizonepeta tenuifolia</i> (Benth.) Briq.
<i>Yee ping fong san</i>	<i>Saposhnikovia divaricata</i> (Turcz.) Schischk. <i>Astragalus membranaceus</i> (Fisch.) Bge <i>Atractylodes macrocephala</i> Koids. <i>Zingiber officinale</i> Rosc.
<i>Yu shing tsao</i>	<i>Houttuynia cordata</i> Thunb.

effect, but the costs are higher. Those who prefer Chinese medicine can expect more drugs and less money to cure their allergies. Chinese and Western integration is not only expected to have a rapid therapeutic effect but is also expected to enhance allergic species. The treatment includes the average number of medicinal products and the cost of the other two. This may be a safe option for patients with allergic rhinitis. The mixture of Chinese and Western medicine is the least used. Western medicine uses more sleeping pills than all other therapies. The significant differences are illustrated in Table 15.

Conclusion

The most important number of patients with allergic rhinitis aged between 0 to 9 years and 10 to 19 years, while those aged 10 to 19 years, as shown by the results of this study among patients with allergic rhinitis seeking comprehensive care of Western and West medicine. This is then between 30 and 39 years old (Chinese medicine). Adults are considered to be more likely than younger patients to be diagnosed with TCM. Most medicines in China have a powder shape. It is dangerous to take this medication for children under the age of 10 unless they drink it. Although this can be made almost with powdery formulations, the bitterness of TCM is almost unpleasant everywhere, even in the youngest patients. Children from 0 to 9 years of age are less often receiving Chinese medicine than other groups of age. In addition, Chinese medicine requires the overall cost per hour per person for combined traditional Chinese and Western medicine, the average cost per day and per person per hour. And the medicine of West. This finding demonstrates that integrated medicine treatment in China and the West can be an excellent solution to rhinitis allergy. While the integrated treatment of traditional Chinese and Western medicine is the only 6.82percent of allergic rhinitis patients, the average annual video frequency rate of integrated traditional Chinese and Western medicine is higher. This shows that these patients receive integrated treatment with Chinese and Western medicine, alternatively in the short term. However, the frequency of the use of medicines with multiple ingredients in traditional Chinese Table 14 is higher than that of medicines with ingredients. Finally, jute (*Ephedra sinica* Stapf), which accounts for 7.11 and 4.3 per cent of the medicament

prescriptions, appeared in only two multicomponent formulations (Gir Girn Tang and Shau Ching Long Tang). Care for Western and Chinese combined medicine. You will also reduce the chance of co-management. Overall, this work on the treatment of traditional combined Chinese and Western medicine has yielded promising results and will be worth investigating in the future.

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