Conditions:

**Allergies, Respiratory**

En Español (Spanish Version)

Proposed Natural Treatments | References

**Related Terms**
- Allergic Conjunctivitis; Allergic Pharyngitis; Allergic Rhinitis; Allergic Sinusitis; Hay Fever; Pollen Allergy; Seasonal Allergy

**Principal Proposed Natural Treatments**
- Butterbur; Sublingual Immunotherapy (SLIT)

**Other Proposed Natural Treatments**
- Acupuncture; Adrenal Extract; Antioxidants; Ayurvedic Medicine; Bacopa Monniera (Brahmi); Barberry; Bee Pollen; Betaine Hydrochloride; Cat's Claw; Coleus forskohlii; Conjugated Linoleic Acid (CLA); Enzyme Potentiated Desensitization (EPD); Fish Oil; GLA (Gamma-linolenic Acid); Hops; Hypnosis; MSM; Nettle Leaf; Oligomeric Proanthocyanidins (OPCs); Other Flavonoids, including Citrus Bioflavonoids; Probiotics; Quercetin; Rosmarinic Acid/ Perilla Frutescens; Royal Jelly; Soy Sauce Extract (Shoyu Polysaccharides); Spirulina; Tinospora Cordifolia; Topical Capsaicin; Traditional Chinese Medicine; Vitamin B₆; Vitamin B₁₂; Vitamin C; Vitamin E

For other types of allergies, see [Asthma](#) and [Eczema](#).

About 7% of all Americans suffer from hay fever, an allergic condition that can cause runny nose, sneezing, and teary eyes. It is known officially as allergic rhinitis, allergic sinusitis, or allergic conjunctivitis, depending on whether symptoms manifest mainly in the nose, sinuses, or eyes, respectively. Hay fever usually peaks when particular plants are pollinating or when molds are flourishing. People who suffer from year-round hay fever (perennial rhinitis) may be allergic to persistent allergens in the environment coming from such sources as dust mites, mice, and cockroaches.

Here's how hay fever works. In response to the triggers noted above, an individual prone to allergies develops an exaggerated immune response. Substances known as IgEs flood the nasal passages, white blood cells called eosinophils arrive by the millions and billions, and inflammatory substances such as histamine, prostaglandins, and leukotrienes are released in massive amounts. The overall effect is the familiar one of swelling, dripping, itching, and aching.

The mechanism of allergic response is fairly well understood. Why allergic people react so excessively to innocent bits of pollen, however, remains a complete mystery.

Conventional treatment for hay fever primarily involves non-sedating antihistamines and nasal steroids and is usually quite effective.

**Principal Proposed Natural Treatments**

The herb butterbur is best known as a promising new treatment for [migraine headaches](#). However, butterbur may also be helpful for allergic rhinitis.

In a 2-week, double-blind, placebo-controlled study of 186 people with intermittent allergic rhinitis, use of
butterbur at a dose of three standardized tablets daily, or one tablet daily, reduced allergy symptoms as compared to placebo.\textsuperscript{34} Significantly greater benefits were seen in the higher dose group. Such “dose dependency” is taken as a confirming sign that a treatment really works.

In another double-blind study, 330 people were given either butterbur extract (one tablet three times daily), the antihistamine fexofenadine (Allegra), or placebo.\textsuperscript{44} The results showed that butterbur and fexofenadine were equally effective, and both were more effective than placebo.

A previous 2-week, double-blind study of 125 individuals with hay fever (technically, seasonal allergic rhinitis) compared a standardized butterbur extract against the antihistamine drug cetirizine.\textsuperscript{18} According to ratings by both doctors and patients, the two treatments proved about equally effective. Unfortunately, this study did not use a placebo group.

Two much smaller studies produced inconsistent results\textsuperscript{27,35}.

For more information, including dosage and safety issues, see the full Butterbur article.

An alternative to allergy shots known as sublingual immunotherapy (SLIT) involves using allergenic substances placed under the tongue. Numerous double-blind, placebo-controlled studies indicate that SLIT can improve all major symptoms of allergic rhinitis when the offending allergens are known.\textsuperscript{32,43,48,51,63,68,69} However, in a 2008 comprehensive review of SLIT for grass pollen and house dust mite allergies, researchers raised questions regarding the quality and consistency of these and other studies.\textsuperscript{55}

If SLIT is effective, it may require 2-3 years for significant benefit to develop.\textsuperscript{54} One placebo-controlled study found that 3 years of treatment was more effective than 2 years.\textsuperscript{56} In addition, to provide benefits for grass allergy season, SLIT must be started at least 8 weeks prior to the onset of the grass allergy season; even longer lead times lead to even better results.\textsuperscript{58} Putting all this evidence together, it appears that SLIT may work best if used year round, and year-after-year.

One study suggests that SLIT is not only effective for treating allergy, but may be useful in preventing the development of new allergies or mild persistent asthma in children with allergic rhinitis or intermittent asthma.\textsuperscript{70}

While SLIT is fairly well accepted in conventional medicine, another form of “alternative” allergy shots remains firmly in the alternative medicine field: enzyme potentiated desensitisation (EPD). This method involves injections of allergens combined with certain enzymes. In one double-blind, placebo-controlled study, EPD failed to prove more helpful than placebo for seasonal allergic rhinitis.\textsuperscript{33}

Other Proposed Natural Treatments

Several natural products have shown potential benefit for allergic rhinitis in one or more preliminary controlled trials. These include a water-extract of hops, a freeze-dried extract of stinging nettle\textsuperscript{1}, various probiotics\textsuperscript{36,52,57}, an extract of soy sauce (Shoyu polysaccharides)\textsuperscript{37,38}, the herbs Tinospora cordifolia\textsuperscript{39} and Astragalus membranaceus\textsuperscript{40}, rosmarinic acid (a substance found in the herb rosemary, and many other herbs, including Perilla frutescens)\textsuperscript{28,40}, and an Ayurvedic herbal formula containing Commiphora mukul, Tinospora cordifolia, Rubia cordifolia, Emblica officinalis, Moringa pterygosperma, and Glycyrrhiza glabra\textsuperscript{23,24,29}.

Traditional Chinese herbal medicine has shown some promise for allergies as well.\textsuperscript{23,24,29} Another traditional Chinese treatment, acupuncture, is commonly recommended for allergies, but a controlled trial of 40 people failed to find significantly more benefit with real acupuncture than with fake acupuncture.\textsuperscript{30} However, another study found benefit with real acupuncture plus real traditional Chinese herbs as opposed to placebo acupuncture and nonspecific Chinese herbs.\textsuperscript{41} A carefully conducted review of 7 placebo-controlled trials failed to find convincing evidence for acupuncture’s effectiveness against allergic rhinitis.\textsuperscript{67}

One rather unusual study tested a nasal spray containing capsaicin, the “hot” in cayenne and other hot peppers.\textsuperscript{31}
 Highly preliminary evidence suggests spirulina may counter allergic reactions of the type involved in hay fever.  

A sizable (112-participant) double-blind study of vitamin E at a dose of 800 mg daily for hay fever found modest benefits at best.  

A 12-week, double-blind, placebo-controlled study of 40 people tested the supplement conjugated linoleic acid (CLA) as a treatment for people with allergies to birch pollen and found some evidence of benefit.  

Vitamin C is often suggested as a treatment for allergies, but the research results are preliminary and somewhat contradictory.  

Test tube studies suggest that flavonoids—biologically active compounds found in many plants—may help reduce allergy symptoms. A particular flavonoid, quercetin, seems to be one of the most active. Many texts on natural medicine claim that quercetin works like the drug cromolyn (Intal), by stopping the release of allergenic substances in the body. However, while we have direct evidence that cromolyn is effective, there have not been any published studies in which people were given quercetin and their allergic symptoms decreased. It is a long way from test tube studies to real people.  

Oligomeric Proanthocyanidins (OPCs) from grape seed or pine bark are also often said to be effective. However, an 8-week, double-blind trial of 49 individuals found no benefit from grape seed extract (dose not stated).  

Adrenal extracts, bee pollen, Bacopa monniera (brahmi), barberry, vitamin B6, vitamin B12, cat’s claw, Coleus forskohlii, methyl sulfonyl methane (MSM), and betaine hydrochloride are sometimes recommended for hay fever, but there is as yet no significant evidence that they are effective. A 2009 review of 6 high-quality trials with over 1,000 children found that neither omega-3 nor omega-6 oil consumption prevented allergic diseases in high-risk children. Allergic diseases included eczema, asthma, allergic rhinitis or food allergy; and omega-3 and omega-6 sources included gamma-linolenic acid (GLA), fish oil, canola oil, and borage oil.  

It has often been suggested that consumption of honey can reduce symptoms of hay fever. However, the one published study designed to test this suggestion failed to find benefit. Another study failed to find the bee product royal jelly effective.  

Acupuncture has also shown some promise for allergic rhinitis. In a randomized, placebo-controlled trial enrolling 80 adult subjects, real acupuncture was superior to sham acupuncture after 8 weeks of treatment for symptoms of persistent allergic rhinitis.  

In one study, self-hypnosis appeared to provide some benefits.  

This topic is also discussed in the Homeopathy database, under the chapter on hay fever.  

References [+]  


