

The effect of a mixed Chinese herbal formula on the immune system of people who have perennial allergic rhinitis, a condition where the immune system overreacts to year-round allergens and causes symptoms like sneezing and congestion in the nose

Submission date 05/06/2023	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
		<input type="checkbox"/> Protocol
Registration date 07/06/2023	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
Last Edited 07/06/2023	Condition category Ear, Nose and Throat	<input type="checkbox"/> Individual participant data
		<input type="checkbox"/> Record updated in last year

Plain English summary of protocol

Background and study aims

In Taiwan, the number of people with allergic rhinitis (AR, a condition where the immune system overreacts to year-round allergens and causes symptoms like sneezing and congestion in the nose) has been rising. Doctors often prescribe mixed Chinese herbal formulas (CHF) rather than single herbs to treat AR. However, there is limited research on how these mixed CHF work. In this study, we aimed to understand how mixed CHF affect the immune system in treating AR by looking at their effects on special immune cells called regulatory B cells and levels of certain proteins called cytokines.

Who can participate?

Male and female patients aged 20 to 65 years with a clinical history of perennial allergic rhinitis characterized by rhinorrhea, sneezing, nasal itching, or nasal obstruction, occurring for an hour or more on most days throughout the year

What does the study involve?

All participants receive mixed CHF treatment for 3 months. Blood samples from patients with perennial AR were collected and measured for the number of regulatory B cells and immune cytokine levels after mixed CHF treatment for 3 months.

What are the possible benefits and risks of participating?

The medication used may relieve symptoms of allergic rhinitis such as rhinorrhea, sneezing, nasal itching, or nasal obstruction. Side effect may include dry mouth but without severe side effects.

Where is the study run from?

The traditional Chinese medicine department of Taoyuan and Linkou Chang Gung Memorial Hospital in Taiwan.

When is the study starting and how long is it expected to run for?

January 2015 to July 2017

Who is funding the study?

This work was supported by the Taiwan Ministry of Science and Technology (grant number 104-2320-B-182-007-MY2)

Who is the main contact?

Prof. Sien-Hung Yang, dryang@mail.cgu.edu.tw

Contact information

Type(s)

Principal investigator

Contact name

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Study information

Scientific Title

Immunomodulatory effects of a mixed Chinese herbal formula on perennial allergic rhinitis patients with high IgE levels via regulatory B cells

Study objectives

Regulatory B cells and immune-regulatory cytokines were involved in the immune modulation with mixed Chinese herbal formula treatment for patients with allergic rhinitis.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 23/04/2015, Medical Ethics and Human Clinical Trial Committee of Chang Gung Memorial Hospital (No. 123, Dinghu Rd., Guishan Dist., Taoyuan City 333008, Taiwan; no telephone number provided; yjding@cgmh.org.tw), ref: CGMH IRB No. 103-6851A3

Study design

Multicentre interventional non-randomized controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Treatment with a mixed Chinese herbal formula for patients with allergic rhinitis

Interventions

Patients suffering from perennial allergic rhinitis (AR; characterized by rhinorrhea, sneezing, nasal itching, or nasal obstruction occurring for an hour or more on most days throughout the year) and eligible for inclusion and exclusion criteria were enrolled.

The patients were divided into two groups. Those with high total serum IgE levels (≥ 200 IU/mL) were assigned to the H-IgE group, and those with low total serum IgE levels (< 200 IU/mL) were assigned to the L-IgE group. The patients with H-IgE levels were hypersensitive to dust mites or other common allergens, such as cats and dogs, as confirmed using a multiple allergen simultaneous test (MAST), while the patients with L-IgE levels were with or without sensitivity to allergens.

All patients in both the H- and L-IgE groups were treated with a mixed CHF composed of Xin-yi-san + Xiao-qing-long-tang + Xiang-sha-liu-jun-zi-tang at a ratio of 3:1:1 in powder form.

Participants were instructed to take 5 g of the powder orally thrice a day after each meal for three months. We measured the number of regulatory B cells and the expression of CD1d, CD80, and CD86 using flow cytometry after mixed Chinese herbal formula treatment for 3 months. We also investigated the effects of mixed Chinese herbal formula on cytokine expression using a cytometric bead array by co-culturing Breg cells with CD4+CD25- T cells from patients with allergic rhinitis.

Intervention Type

Drug

Phase

Phase II

Drug/device/biological/vaccine name(s)

Xin-yi-san, Xiao-qing-long-tang, Xiang-sha-liu-jun-zi-tang

Primary outcome(s)

Evaluation of numbers of regulatory B cells and expressions of CD1d, CD80 and CD 86 post stimulation of B cells using flow cytometry before and after 1, 2, and 3 months of mixed Chinese herbal formula treatment

Key secondary outcome(s))

Evaluation of cytokine expression in the CD19+CD25+ regulatory B cells co-cultured with CD4+CD25- T cells using cytometric bead array before and after 1, 2, and 3 months of mixed Chinese herbal formula treatment

Completion date

31/07/2017

Eligibility

Key inclusion criteria

1. A clinical history of perennial allergic rhinitis characterized by rhinorrhea, sneezing, nasal itching, or nasal obstruction, occurring for an hour or more on most days throughout the year
2. Hypersensitivity to dust mite allergens or other common allergens, as confirmed using a multiple allergen simultaneous test in the high total serum IgE levels (≥ 200 IU/mL) group
3. Male and female patients aged 20 to 65 years
4. Willing to take medicine as scheduled in this study
5. Volunteered for study enrollment and signed informed consent

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

20 years

Upper age limit

65 years

Sex

All

Total final enrolment

49

Key exclusion criteria

1. Diagnosed as active infectious diseases, such as acute sinusitis, pneumonia, or bronchitis
2. Severe organ dysfunction, such as impaired renal and hepatic function at initial diagnosis (including chronic kidney disease stages III, IV, and V and AST, ALT $\geq 3 \times$ the upper normal limit), liver cirrhosis, or heart failure
3. Using antihistamine, steroid, leukotriene inhibitors, immunosuppressant, or other Chinese herbal medicine for 1 month before enrollment
4. Women who are pregnant or are planning to conceive

Date of first enrolment

14/10/2015

Date of final enrolment

20/07/2016

Locations

Countries of recruitment

Taiwan

Study participating centre

Taoyuan Chang Gung Memorial Hospital

No. 123, Dinghu Rd.

Guishan Dist.

Taoyuan

Taiwan

333008

Study participating centre

Linkou Chang Gung Memorial Hospital

No.5, Fuxing St.

Guishan Dist.

Taoyuan

Taiwan

333423

Sponsor information

Organisation

Taoyuan Chang Gung Memorial Hospital

ROR

<https://ror.org/00fk9d670>

Funder(s)

Funder type

Government

Funder Name

Ministry of Science and Technology, Taiwan

Alternative Name(s)

Ministry of Science and Technology, R.O.C. (Taiwan), Ministry of Science and Technology of Taiwan, MOST

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

Taiwan

Results and Publications

Individual participant data (IPD) sharing plan

The data that support the findings of this study are available from the corresponding author upon reasonable request.
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IPD sharing plan summary

Available on request