

A service of the U.S. National Library of Medicine and the National Institutes of Health

My NCBI [Sign In] [Register]

All Databases PubMed Nucleotide Protein Genome Structure OMIM PMC Journals Bo

SEARCH PubMed FOR

Limits Preview/Index History Clipboard Details

DISPLAY AbstractPlus SHOW 20 Sort By Send to All: 1 Review: 0

1: Conf Proc IEEE Eng Med Biol Soc. 2007;2007:1479-82.

IEEE FULL TEXT PDF Links

Clinical effects of far-infrared therapy in patients with allergic rhinitis.

Hu KH, Li WT.

Department of Biomedical Engineering, Chung-Yuan Christian University, Chung-Li, 32023 Taiwan, ROC. drhook@ms68.hinet.net

Allergic rhinitis (AR) is the sixth most common chronic illness worldwide, which has a significant impact on patients' quality of life. The actual cost of AR is staggering, approximately \$5.6 billion being spent annually in direct medical costs and other indirect costs. Therefore, it should be taken seriously upon its evaluation and treatment. AR is an IgE-mediated inflammation, which symptoms are likely due to increased vascular permeability. Current therapeutic options such as avoidance of allergen, medication and immunotherapy are unsatisfactory. Far-infrared (FIR) is an invisible electromagnetic wave with a wavelength longer than that of visible light. It has been used to treat vascular diseases as a result of an increase in blood flow. The objective of this study was to evaluate the clinical effects of FIR therapy in patients with AR. Thirty-one patients with AR were enrolled in this study. A WS TY101 FIR emitter was placed to face the patient's nasal region at a distance of 30 cm. The treatment was performed for 40 min every morning for 7 days. Every day, patients recorded their symptoms in a diary before and during treatment. Each symptom of rhinitis was rated on a 4-point scale (0-3) according to severity. During the period of FIR therapy, the symptoms of eye itching, nasal itching, nasal stuffiness, rhinorrhea and sneezing were all significantly improved. Smell impairment was not improved until after the last treatment. No obvious adverse effect was observed in the patients during treatment and follow-up. We concluded that FIR therapy could improve the symptoms of AR and might serve as a novel treatment modality for AR.

PMID: 18002246 [PubMed - indexed for MEDLINE]

Related Articles

- Evaluation of the drug monitoring programme of azelastine hydrochloride [Arzneimittelforschung. 1997]
Montelukast plus cetirizine in the prophylactic treatment of seasonal allergic rhinitis [Allergy. 2004]
Randomized placebo-controlled trial comparing fluticasone aqueous nasal spray in patients with seasonal allergic rhinitis [Clin Exp Allergy. 2004]
Triamcinolone acetonide aqueous nasal spray in patients with seasonal allergic rhinitis [Clin Ther. 1995]
Efficacy and patient satisfaction with cromoglycate sodium nasal solution in the treatment of allergic rhinitis [Clin Ther. 2002]

> See all Related Articles...

DISPLAY AbstractPlus SHOW 20 Sort By Send to

Write to the Help Desk
NCBI | NLM | NIH
Department of Health & Human Services
Privacy Statement | Freedom of Information Act | Disclaimer