

# Progress of Clinical Research on the Treatment of Chronic Eczema by Chinese Medicine

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**Abstract:** *Chronic eczema is a common skin disease, which can occur in any part of the body, patients often consciously itch intensely, the skin appears to be local thickening, mossy changes and other manifestations, and is easy to recur, which seriously affects the patient's mental health and quality of life. Chinese medicine has a long history and rich experience in the treatment of chronic eczema. This paper summarises the progress of Chinese medicine clinical research in the treatment of chronic eczema, with a view to providing clinical reference.*

**Keywords:** Chronic eczema, Traditional Chinese medicine, Research progress.

## 1. Introduction

Eczema, known as "addiction rash" in Chinese medicine, is a common chronic inflammatory skin disease with oozing tendency in dermatology. Eczema is generally divided into acute, subacute and chronic phases, of which chronic eczema (CE) is often transformed from acute and subacute recurrent episodes that do not heal, or chronic inflammation from the very beginning, which can occur in any part of the body [1]. Its main clinical manifestations are intense itching, thickening of the skin, surface roughness, prominent skin lines or mossy changes, often accompanied by a small number of scratches, blood crusts, scales and hyperpigmentation, with vesicles and exudation [2]. There is no definitive cure for this disease, and the primary clinical goal is anti-inflammatory and skin barrier repair [3]. traditional Chinese medicine for the treatment of this disease has obvious advantages. The author studied the literature on chronic eczema in the past 10 years, and summarised the research on the treatment of chronic eczema by Chinese medicine, so as to discuss the research progress of Chinese medicine in the treatment of this disease.

## 2. Etiology and Pathogenesis

By reviewing the literature on the treatment of chronic eczema by Chinese medicine in China Knowledge Network in the past 10 years, the author concluded that Chinese medicine has the following understanding of chronic eczema:

Professor Lu Yanfang [4] believes that chronic eczema is mostly caused by blood-heat and wind-dryness, and the evil is on the surface of the muscle; Zhou Yifen [5] believes that chronic eczema is a disease of this deficiency with a solid mark, and that the deficiency of spleen and yang is the essence of the disease, and that the gas of the six external sensations is the mark of the disease, which is to block the coupling of the muscles and the orifices; Zhou Yitong et al [6] through traditional Chinese medicine literature data mining that this disease is the result of internal and external factors, the internal causes are mostly related to the heart and lungs heat, liver and gallbladder dampness and heat, spleen deficiency and dampness, the external causes are mostly felt wind, dampness, heat, and over a long period of time into the

changes in the muscle surface lesions and internal organs, damage to the lungs, spleen, heart, liver, kidneys, and the qi, blood, meridians and internal organs have an inextricable link. Professor Wang Lie believes that [7] the etiology of chronic eczema has the following main points: 1, heart fire blazing, and parallel dampness and heat, hair and rash, 2, the lung gas is weak and not solid, dampness and heat inside, Yingwei disorders, the weakening of the ability to defend the outside of the onset of the disease, 3, dietary inappropriateness can easily lead to stagnation of food, damage to the spleen and stomach, resulting in the birth of dampness heat, and then there is the invasion of the six obscurities is even more hot and humidity, the outside of the skin, Yingwei disorders, 4, dampness and heat to curb the liver, emotionally upset, then liver depression, liver qi uncomfortable, the liver is depressed, the liver and the liver. Liver qi uncomfortable, then the liver depression fire wind, 5, kidney yin deficiency, involving the liver and lungs, hair and rash. Zhou Ru think [8] chronic wet sores are mostly congenital body endowment deficiency, acquired spleen and stomach weakness, transport function is reduced, coupled with daily dietary disorders, intake of cold, fat, sweet, thick and greasy products, so that the dampness and heat inside, yin and fire exuberant, the long-term depletion of yin and blood, blood deficiency can not be glorified the skin, skin lesions can be caused by the dark, itchy, hyperpigmentation or loss of skin tone.

According to the analyses of the etiology and pathogenesis of this disease by different modern medical practitioners, the author has summarised some of the more common treatments in Chinese medicine in recent years. Chinese medicine treatment is mainly based on the identification of evidence, according to the schools of thought and academic system of treatment, the method is different, reflecting the characteristics of different treatments for the same disease.

## 3. Internal Medicine (TCM)

### 3.1 Theory of Evidence-based Treatment

#### 3.1.1 "Xuanfu" theory

Mao Zhongying [9] and others believe that the main mechanism of chronic eczema is the opening and closing of

Xuanfu, based on the theory of Xuanfu, Xuanfu is closed, qi and blood seepage and irrigation of the disorder, the skin loses its glory. Therefore, opening the xuanfu, so that the normal operation of qi, blood and fluid is the key to the treatment of chronic eczema, and Xinwei can open the xuanfu to transport fluid, so that the normal operation of qi, blood and fluid to glorify and nourish the skin is the key to the treatment of chronic eczema. Pungent medicines can remove the wind-dampness of the evil, one can invigorate the yang qi in order to disseminate water dampness, so that the Xuanfu smooth, water and fluid can be spread and the disease since the removal. As for those who suffer from blood deficiency and are not moistened, the combination of pungent herbs in a large group of nourishing yin and blood tonic herbs will help to reach the Xuanfu and run the divine mechanism, so that the drugs can work better. According to the patient's characteristics, according to the dialectic, identification of wind-heat surface evidence, the treatment of pungent and cool Xuanxuan method, can be used mint, burdock, mulberry leaves, Chaihu, cicada metabolism and so on. In addition, according to the diagnosis, the clinical often with Dilong, fine Xin and other products of the pungent, so that the medicine to the disease, the qi and harmony of eczema since the removal. If the diagnosis is that the spleen and stomach are unable to transport and transform, and the dampness in the middle jiao is generated, the clinic often applies Chen Pi, Mu Xiang, Xiang Fu, Hou Pu, etc. to move the qi and dispel dampness, and open the Xuan Fu.

### 3.1.2 "yin fire" theory

Tan Dehui [10] that the spleen and stomach qi deficiency, transport and transformation is not normal, the clear yang does not rise, turbid yin does not descend, "yin fire" within the birth of the combination of heat and dampness, injection viscera, skin and hair orifices is the key to the emergence of chronic eczema and lesions. Treatment should be symptomatic treatment, attacking and complementary, to supplement the spleen and stomach, diarrhoea, yin fire, Yang Qi, while at the same time to dredge the liver and Qi, blood circulation and other methods. Warm tonic is the main treatment for the root of the disease, and heat-clearing is the secondary treatment for the symptoms, treating both the root and the symptoms at the same time; taking into account the qi mechanism, so that the tonic is not stagnant, and attacking the evil without harming the positive, so that the attack and tonic is applied at the same time. Representative formulae include "tonifying the spleen and stomach, diarrhoea, yin and fire, and raising the yang soup" [11].

### 3.1.3 The theory of "wood and fire punish gold"

Bai Xujing [12] and others believe that liver depression and fire, or liver qi upward reversal, liver fire inflammation, resulting in burns of the lungs, the lungs are not purged, but also because traditional Chinese medicine believes that "the lungs are in charge of the skin and hair", so due to liver qi uncomfortable, liver depression fire, etc., resulting in dry, rough, itchy skin is the main point of the pathogenesis of this disease. Lung qi deficiency, lung fluid deficiency, skin loss of nourishment and dryness, roughness, itching is the main point of the disease mechanism. In the treatment of this disease, the main focus should be to relieve the liver and depression,

taking into account the lung qi's propagation and purging, the basic formula can be selected from the Chai Hu Shuo Liver San plus subtractions, or plus flavour of the Free and Easy San plus subtractions.

### 3.1.4 "Complement the spleen Yang, open the coupling"

Cao Qiuyu [13] believes that the essence of the mechanism of chronic eczema for the duration of the disease for a long time, long-term disease and Yang caused by spleen Yang deficiency, affecting the spleen and stomach transport function, thus affecting the Yingwei's production and transmission, Yingwei insufficient, coupling loose, evil can dry. If the spleen is not enough, the transport and transformation of power, the blood can not be properly generated, the skin coupling can not be moistened, so itching. "Suwen xuanji original disease style" said: "the coupling closed, Yang Qi fries, can not be fluent, it is hot." Therefore, it is believed that the coupling is one of the disease mechanism. Clinical treatment can be used to raise the sun to remove dampness formula plus reduction treatment. The formula consists of six Chinese herbs, namely, sesame, firewood, Pueraria lobata, zephyr, poria, and ephedra [14].

In addition to the above theories, there are also the theories of "clearing and tonifying in parallel", "opening and closing of the six meridians", "raising the sun to remove toxins", and treating the disease from the perspective of the kidneys, and so on.

## 3.2 Typology

The TCM internal treatment of chronic eczema is generally divided into three evidence types, including Yin deficiency and blood dryness evidence, spleen deficiency and dampness trapped evidence, and blood deficiency and wind dryness evidence [15].

### 3.2.1 Yin deficiency and blood dryness evidence

skin lesions are dry and flaky, rough and hypertrophied, with intense itching, which may be accompanied by dry mouth, dry stool, or hot hands and feet, red tongue, little or peeling moss, and fine pulse. The main treatment is to nourish Yin and blood, moisten dryness and stop itching. According to the Expert Consensus on Traditional Chinese Medicine Diagnosis and Treatment of Eczema (Eczema) [16], Cool Blood and Four Substance Soup can be used to treat chronic eczema modelled on yin deficiency and blood.

### 3.2.2 Spleen deficiency and dampness syndrome

The skin lesions are mainly papules or dunes, dark or scaly, with little exudation and obvious itching. It may be accompanied by poor appetite and fatigue, abdominal distension and loose stools, long and clear or slightly yellow urine, pale and fat tongue, thin white or greasy moss, and moistened or thin and smooth pulse. The main treatment is to strengthen the spleen and remove dampness, dispel wind and stop itching. Tang Yi [17] and other application of dehumidification stomach ling soup addition and subtraction treatment of 10 cases of chronic eczema patients, the therapeutic effect is remarkable. The composition of their

formula (Houpu, Cangzhu, Baixianpi, Difengzi, Poria, Poria, Fenghuang, Atractylodes Macrocephalae, Paeonia lactiflora, Gardenia jasminoides, Glycyrrhiza glabra, Slippery stone, Chenpi, Cinnamon, etc.).

### 3.2.3 Evidence of blood deficiency and wind dryness

skin lesions are dark red or hyperpigmented, itchy, or rough and hypertrophied. Accompanied by dry mouth, poor appetite, abdominal distension, pale tongue, white moss, thin stringy pulse. The main treatment is to nourish blood and moisten dryness, dispel wind and stop itching. Hong Yurui [18] believes that nourishing the blood and promoting blood circulation, dispelling wind and relieving itching is the general principle of treating chronic eczema, and used "Plus flavour angelica drink" to treat 30 cases of chronic eczema, with a total effective rate of 96.7%. Composition of the formula (Angelica sinensis, white peony, Rhizoma Ligustici Chuanxiong, Radix Rehmanniae Praeparata, Tribulus Terrestris, Fenghuang, Thornybush, Radix Polygoni Multiflori, Radix Polygona Multiflora, Radix Astragali, Radix Glycyrrhizae Praeparata, Radix Umbelliferae, Scorpionae, Cicadellariae Scarabaeaeaeus, XuanShen Ginseng, Maitake MaiDong, Schisandrae chinensis).

## 4. External Treatment with Chinese Medicine (TCM)

### 4.1 Non-pharmacological External Treatments in Chinese Medicine

#### 4.1.1 Hairpin needling

Zhang Yonghuan [19] treated 80 cases of patients with chronic eczema, and the control group patients were given oral Freytadine, once a day, and external halometasone cream, once a day. In the observation group, different acupoints such as Neiting, Quchi, Hepu, Fenglong, and Ashansanli were selected for acupuncture treatment, and warm moxibustion was carried out on the patients' Handsanli and Ashansanli, and half an hour of needle retention was also carried out, and 10 times were one course of treatment, and then the therapeutic efficacies of the patients of the two groups were compared. The results of the observation group of patients with treatment efficiency is significantly higher than the control group of patients, the observation group of patients with chronic eczema clinical efficacy is significantly better than the control group of patients with chronic eczema clinical efficacy, the comparison between the two groups,  $P < 0.05$ , there is statistical significance. Zhao Lihua [20] Professor that the etiology of chronic eczema is endowed with intolerance, dietary disorders, or over-eating spicy stimulation of meat and fish to move the wind products, spleen and stomach damage, loss of healthy transport, dampness and heat within the birth of the combination of external exposure to the wind, both internally and externally, rheumatism, heat and evil impregnation of the skin caused by. Therefore, the acupuncture points are mainly to strengthen the spleen and treat dampness, and to nourish the lungs with earth. The main points are the middle epigastrium, Tianshu, Dahong, Lung Yu, Spleen Yu, Stomach Yu, Foot Sanli, Yinlingquan, Sanyinjiao. Supporting points include Blood Sea, Quchi, Fengshi, Huizhong, Fenglong, Diaphragm Yu, Fengchi, and so on.

Needle method is based on shallow stabbing, circumferential stabbing, and "hot people are fast", leaving the needle for 20~30min, once every other day, 10 times for a course of treatment.

#### 4.1.2 Fire Needle Therapy

Liu Yin [21] et al. treated 66 cases of chronic eczema patients, the control group was given cetirizine hydrochloride tablets 10 mg/time, 1 time/d oral, the treatment group was added with fire acupuncture treatment, selected points: the main point: A is the point; supporting points: the Tianshu, the Quchi, the Fengshi, the Sea of Blood. Methods: The patients took the sitting position or lying position, and fully exposed the skin lesions. The doctor used 75% ethanol cotton ball on the lesion site for routine disinfection, the left hand holding a hemostatic forceps, hemostatic forceps must be the ethanol cotton ball clamping, lit the flame close to the site of the needle, the right hand holding a needle, when the tip of the needle and the anterior part of the needle body burned to the whitish, rapid vertical puncture on the lesion site, the density of needle puncture is about 0.3cm<sup>2</sup>, the depth of the needle 0.5-1 mm, the specific depth of the needle puncture according to the lesion thickness depends on the. Needling from the centre of the lesion to the outer edge of the puncture, puncture and then quickly out of the needle, after treatment to the patient's local skin redness, self-sensory warmth and comfort; after the routine disinfection of the matching points with a fire needle with a 15-20 mm vertical puncture, 2 times/week, both groups were treated continuously for 1 month. The results showed that the effective rate of chronic eczema patients treated with fire-acupuncture was significantly higher than that of the control group ( $P < 0.05$ ), and the decrease of EASI score, itching area, itching degree and itching frequency score of the patients was more obvious than that of the control group ( $P < 0.05$ ), which indicated that chronic eczema treated with fire-acupuncture was better than oral hydrochloric acid alone, and the effect was better than that of oral hydrochloric acid alone, and the effect was better than that of oral cetirizine hydrochloride tablets alone.

#### 4.1.3 Stabbing and cupping method

Zhang Lian et al. [22] treated 96 cases of chronic eczema, group A chose to prick the cupping combined with mometasone furoate package treatment, selected points: Ah Yes point (local skin lesions), plus the spleen Yu, Daxi vertebrae for those who have dampness and heat, plus the lung Yu, diaphragm Yu for those who have blood deficiency and wind dryness. Operation process: the patient is asked to take the lying position or sitting position, in order to fully expose the skin lesions, easy to operate and comfortable for the purpose, the skin lesion site 75% ethanol cotton ball routine disinfection, the left hand as a bet on the hand stretching the local skin, in order to reduce the resistance to enter the needle, reduce the pain of entering the needle, the right hand holding the needle, the needle tip aligned with the skin lesion site, rapid and shallow puncture, in order to puncture the blood, mild bleeding to the degree of 0.3 cm<sup>2</sup>/1 needle; puncture end After the puncture, local fire cupping was performed, removed after 10~15 min, and the blood was wiped off with a sterilised cotton ball; after the end of the procedure,

mometasone furoate cream was applied to the affected area at a thickness of about 5 centimetres, and then wrapped in sterile gauze or dressing, and then the gauze or dressing was removed after 24 h. At other times, no more topical application of mometasone furoate was used, so as to puncture the blood channels and to the extent of mild bleeding, 0.3 cm<sup>2</sup>/1 needle. The topical application of mometasone furoate cream was discontinued at other times. At the daxi vertebrae and dorsal acupoints, several punctures were made at each acupoint, to the extent of slight bleeding, and then cupping was performed, and no ointment was needed to be applied after cupping. After cupping, the skin lesions should not be touched with water for 2 d to prevent infection, and the course of treatment was 3 weeks. group B was treated with fire acupuncture and topical application of mometasone furoate, and the course of treatment was 3 weeks. group C was treated with oral administration of dicloxacillin dispersible tablets combined with mometasone furoate cream, dicloxacillin tablets of 5 mg/tablet was taken orally at night, and the ointment was applied thinly on the lesions after the localities were washed with lukewarm water, and the ointment was applied to the lesions 2 times/d. The treatment course was 3 weeks. Results: 32 cases in group A, 6 cases were cured, 22 cases had obvious effect, 4 cases were improved, 0 cases were invalid, the cure rate was 87.5%, and the total effective rate was 100%; 32 cases in group B, 4 cases were cured, 20 cases had obvious effect, 8 cases were improved, and 0 cases were invalid. In group B, there were 4 cases of healed, 20 cases of apparent effect, 8 cases of improvement and 0 cases of invalid, with the overall effective rate of 100%; in group C, there were 32 cases, 1 case of healed, 12 cases of apparent effect, 11 cases of improvement and 8 cases of invalid, with the overall effective rate of 75% and the healing rate of 40.6%.

#### 4.1.4 Acupuncture point embedding method

Zhai Hui et al [23] treated 70 patients with chronic eczema, and patients in the control group were given dehumidifying stomach ling soup and ebastine tablets. The formula of Dehumidifying Stomach Ling Soup: 15 g of *Atractylodes macrocephala*, 12 g each of *poria*, *cypress*, and *zejiao*, 10 g each of tangerine peel, *citrus aurantium*, *poria*, and talc, and 6 g each of *atractylodes macrocephala* and *atractylodes macrocephala*. The patients of the observation group were treated with acupoint burrowing treatment on the basis of the control group. The patients in the observation group were treated with acupoint embedded threads on the basis of the control group. The patients in the middle epigastric region, the lower epigastric region, the Qihai region, the Guanyuan region, the double Tianshu region, the double Dahong region, the double Haibai region, the double Liangqiu region, the double Ashigaru region, and the double Quchi region were selected for acupoint embedded threads, and the absorbable surgical sutures were cut into small segments of about 1 cm, 30, and 45d were performed. Both groups of patients were treated continuously for 8 weeks. Results: 35 cases in the control group, 7 cases were clinically cured, 10 cases had obvious effect, 7 cases were effective, 11 cases were ineffective, and the total effective rate was 68.57%. In the observation group, there were 35 cases, 10 cases were clinically cured, 12 cases had obvious effect, 9 cases were effective, 4 cases were ineffective, and the total effective rate was 88.57%.

#### 4.1.5 Acupoint self-blooding therapy

Feng Hua [24] and others treated 28 cases of patients with chronic eczema, selecting the Sea of Blood / Foot Sanli, Qu Chi / Sanyinjiao, the above acupoints are taken bilaterally, alternating between the two groups, 1 time a week, 5 times for a course of treatment. The patients took the sitting position or supine position, firstly pressure fixation, exposure of the elbow vein, exposure of the selected acupoints, Amyl iodine disinfection twice, and then venous puncture with a disposable syringe needle, drawing out about 8mL of venous blood, and finally using a disposable cotton swab to press the venous puncture site to prevent bleeding. Results: 28 patients with chronic eczema were treated for 5 times, 10 cases were cured after 1 week of follow-up, 8 cases with obvious effect, 8 cases with improvement, 2 cases with ineffective, and the total effective rate was 92.9% (26/28).

#### 4.1.6 Acupuncture combined with auricular acupoint pressing

Zhou Guang [25] and others treated 60 cases of chronic eczema, the control group was treated with loratadine tablets combined with mometasone furoate cream, the dosage of loratadine tablets was 10 mg/times, once/d, and mometasone furoate cream was applied to the lesions, once/d. The experimental group was treated with acupuncture combined with auricular acupoints, and acupuncture was performed on splenic spleen yu, foot Sanli, Sanyinjiao and other acupoints. After disinfecting the skin of the acupoints, the patients were needled, with 1.5-inch millimetre needles inserted into the foot Sanli about 30 mm, and 1-inch millimetre needles inserted into the other acupoints about 20 mm. The A-shi acupoints should be taken at the edge of the lesions, and the patients should be needled every 2 cm, and the needles should be left in place for 30 min after obtaining qi. The auricular acupoints should be applied in the following way: take the Fengxi and the tip of the ping-pong, and massage the entire ear, and then apply the auricular acupoints to the ear. Firstly, the whole ear was massaged, and then a cotton swab was pressed to find the pressure point near the corresponding acupoints, the skin of the acupoints was disinfected, Wang Bu Li Xing seeds were placed, and pressure was applied after fixation, such as the patient's feeling of acidity, numbness, etc., and then pressure was applied to each acupoint in turn, and the patient was instructed to press the acupoints by himself/herself for 4 times, with an interval of 15 s each. The patients were asked to press the acupoints by themselves for 3 times a day for 1 cycle and 5 times for each cycle. 5 times. The pressure was replaced every 3 d, alternating between the two ears, with a weekly rest of 1 d. The treatment cycle of both groups was 2 weeks. Results: 30 cases in the control group, 10 cases were cured, 8 cases had obvious effect, 4 cases were effective, 8 cases were ineffective, the total effective rate was 73.33%. In the experimental group, 17 cases were cured, 5 cases showed obvious effect, 6 cases were effective, 2 cases were ineffective, and the total effective rate was 93.33%.

#### 4.1.7 Moxibustion

Lu Xi [26] divided 90 patients with chronic eczema into three groups equally, i.e., conventional moxibustion group, local sensitised acupoint moxibustion group, and conventional treatment group. All three groups were given oral loratadine

tablets as basic treatment. In the moxibustion group, moxibustion was applied to local skin lesions, Shenque points, bilateral foot Sanli and Quchi points. In the moxibustion group, moxibustion was applied to the local sensitisation points (starting from the centre of the lesion or itchy area, 2-3 cm away from the skin, and gradually expanding to the periphery to search for the sensitisation points, and the place where the sensory changes occurred was the sensitisation point of the area), the Shen Que point, the bilateral foot Sanli points and the Quchi points. In the conventional treatment group, only basic treatment was given. The results showed that the effective rates of both the conventional moxibustion group and the local sensitisation point moxibustion group were significantly higher than those of the conventional treatment group, the local sensitisation point moxibustion group (96.4%) was slightly higher than that of the conventional moxibustion group (93.3%), and the recurrence rates of the conventional moxibustion group (10.7%) and the local sensitisation point moxibustion group (7.4%) were significantly lower than those of the conventional treatment group (45.5%).

## 4.2 External Treatment with Chinese Medicine

### 4.2.1 Traditional Chinese medicine fumigation method

Yu Shengbin [27] treated 320 cases of chronic eczema patients, and the control group was treated with conventional western medicine, oral imipramine extended-release tablets, 1 time/d, and topical mometasone furoate cream, 2 times/d. The treatment group was treated with a self-proposed eczema topical formula (red comfrey 30g, antifungal 15g, dicotyledonous seed 30g, shengdian 30g, peppercorns 10g, white fresh skin 30g, snakebeds 20g, peach kernel 30g, liquorice (15g, Radix Paoniae Lactiflorae 30g, Ice tablet 5g, Rhubarb 30g, Bitter ginseng 30g) were fumigated on the patients' skin lesions. Both groups were treated for 10 days as 1 course of treatment, and a total of 2 courses of treatment were required. Results: 160 cases in the study group, 107 cases were cured, 36 cases had obvious effect, 12 cases were effective and 5 cases were ineffective, with a total effective rate of 96.87%; 160 cases in the control group, 68 cases were cured, 32 cases had obvious effect, 24 cases were effective and 36 cases were ineffective, with a total effective rate of 77.50%. The total effective rate of the study group was higher than that of the control group, and the difference was statistically significant ( $\chi^2=26.883$ ,  $P<0.01$ ).

### 4.2.2 Chinese herbal medicine bath therapy

Dong Dongxiang [28] et al. divided 86 patients with chronic eczema into two groups equally, both of which were given routine treatment with vitamin C and calcium. The treatment group added the agreement formula of the Department of Dermatology, Affiliated Hospital of Jiangxi University of Traditional Chinese Medicine (Thornybush, Qianliguang, Cangguizi, Bitter ginseng, Huajiao, withered alum, and Bai Xianpi) medicinal bath on the basis of this treatment, and the control group added the fortress glycerine wash on the basis of the conventional treatment. Results: 43 cases in the treatment group, 22 cases were cured, 10 cases had obvious effect, 10 cases were effective and 1 case was ineffective, the total effective rate was 97.7%. In the control group, 10 cases were

cured, 10 cases showed obvious effect, 15 cases were effective, 8 cases were ineffective, and the total effective rate was 81.4%.

### 4.2.3 Chinese medicine collapse therapy

Cheng Zhouqin [29] divided 108 patients into traditional Chinese medicine group, western medicine group and combined traditional Chinese and western medicine group, the traditional Chinese medicine group was given the Wu Bei Tang tides + matrix cream, the western medicine group was given the Chlordiazepoxide tides + placebo tides, and the combined traditional Chinese and western medicine group was given the Wu Bei Tang tides + Chlordiazepoxide tides, with the tides being applied in the morning and the tides being tended to at night, and the total duration of the medication was 8 weeks, and the period of 14 days was a course of treatment. Results: The total effective rate was 86.11% in the Chinese medicine group, 83.33% in the western medicine group, and 97.22% in the combined Chinese and western medicine group. The total effective rate of the combined Chinese and Western medicine group was better than that of the Chinese medicine group and the Western medicine group ( $P < 0.05$ ), and the efficacy of the Chinese medicine group and the Western medicine group was comparable ( $P > 0.05$ ).

In addition to the above external Chinese medicine treatments, there are also a variety of clinical treatments such as Chinese medicine rubbing, Chinese medicine sealing, Chinese medicine acupoint injection and Chinese medicine spraying.

## 5. Discussion

Chronic eczema is a common and stubborn skin disease, and internal and external treatments are the main methods in Chinese medicine treatment. Internal treatment achieves the purpose of treating eczema by adjusting the overall constitution and improving the function of internal organs. External treatment method, on the other hand, relieves the symptoms by applying external medication, acupuncture or other physical therapies directly to the affected area. The advantages of Chinese medicine in treating chronic eczema lie in the individualised treatment plan, which focuses on overall conditioning, enhancing the body's immune function and targeting the symptoms to fundamentally improve the patient's physique. However, its shortcomings are that the treatment cycle is longer, requiring active cooperation of patients, and the efficacy of treatment varies according to individual differences. With the progress of science and technology, the combination of Chinese and Western medicine has become more common, combining Chinese medicine with modern medicine, and improving the effect of Chinese medicine in treating chronic eczema with the help of modern medical technology has become the direction of future development. In addition, in-depth research on the pathogenesis and therapeutic mechanism of chronic eczema is expected to provide a more scientific and reasonable basis for the treatment of Chinese medicine and further improve the treatment effect and prognosis.

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