

Research Progress of Traditional Chinese Medicine on Skin Pruritus in Maintenance Hemodialysis Patients and Related Pathogenesis Thinking

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Abstract: *The pathogenesis of skin pruritus in maintenance hemodialysis patients is complex, and modern medical treatment is facing a bottleneck. Based on the theory of “deficiency in origin and excess in superficiality,” traditional Chinese medicine has been deepening its understanding of the etiology and pathogenesis of this disease, and has formed a consensus based on spleen and kidney deficiency and mutual accumulation of dampness, turbidity, blood stasis and heat. On this basis, the external treatment of traditional Chinese medicine represented by traditional Chinese medicine fumigation / medicated bath and acupoint stimulation (auricular point, massage, scraping) shows definite curative effect and unique advantages, and the comprehensive combination scheme has become the trend of clinical research. However, the existing research is still insufficient in terms of theoretical depth, program standardization and mechanism of action. This paper systematically reviews the relevant literature, summarizes the evolution of the understanding of etiology and pathogenesis and the progress of treatment, and puts forward the introduction of the theory of “imbalance between Ying and Wei” to integrate the existing understanding and deepen the thinking of the theory of external treatment, in order to provide direction for future clinical and scientific research.*

Keywords: Maintenance hemodialysis, Skin pruritus, Uremic pruritus, External therapy of traditional Chinese medicine, Pathogenesis.

1. Introduction

Maintenance hemodialysis (MHD) is the main alternative therapy for end-stage renal disease, but the related complications seriously affect the quality of life of patients. Among them, skin pruritus (Uremic Pruritus) is one of the most common and painful symptoms in MHD patients, with a prevalence of up to 30% to 70% [1]. This symptom not only leads to severe discomfort, but also is closely related to sleep disorders, anxiety and depression, skin damage and increased risk of infection, which seriously reduces the quality of life and treatment compliance [2]. Modern medicine believes that its pathogenesis is related to many factors such as uremic toxin accumulation, calcium and phosphorus metabolism disorder, skin barrier function destruction, chronic micro-inflammatory state and neurosensitization [3,4]. Although there are various options for treatment (such as gabapentin, κ -receptor agonists, intensive dialysis, etc.), it is often accompanied by problems such as limited efficacy, obvious side effects or high cost [5,6].

Traditional Chinese medicine has the advantages of overall regulation and syndrome differentiation in the treatment of chronic complex diseases. In view of the characteristics that MHD patients should not increase the burden of oral drugs too much, external treatment of traditional Chinese medicine has become a potential research direction and practical means with its characteristics of direct access to the disease, safe use and small side effects. In recent years, related clinical studies have been increasing, and the understanding of etiology and pathogenesis has been deepening. This article aims to systematically sort out the literature in recent years, review the development and treatment progress of TCM etiology and pathogenesis (especially external treatment), and discuss the existing problems and future research directions in this field.

2. Traditional Chinese Medicine Cognition of Skin Pruritus

There is no name of “uremic pruritus” in ancient Chinese medicine books. According to its clinical manifestations, it can be classified into “itchy wind”, “blood wind sore”, “wind itching” and other categories. Traditional understanding is mostly based on wind, dampness, heat, blood deficiency and so on. (1) Core pathogenesis: deficiency of the body by the wind, blood gas fight. Such as “the source of disease theory” cloud: “wind itching, is the body by the wind, the wind into the striae, and blood gas fight, and all exchanges between the skin.” (2) A profound understanding of “wind evil”. Ancient books believe that “wind” is the core factor of itching. “Suwen · Shengqi Tongtian Theory” Cloud: The wind is the beginning of all diseases. It points out the universality of pathogenic wind evil. “Jingui Yaolue” cloud: Evil in the meridian, it is itchy and addictive rash. It shows that wind evil can cause itching and rash. The wind “good behavior and change” explains the clinical characteristics of the impermanence and wandering of pruritus. (3) The discussion of “blood” as the core of the lesion. Although itching is in the skin, the ancient books clearly point out that the root of the disease is “blood”, which is divided into two ends: (1) Blood deficiency causes itching (deficiency syndrome): “various disease causes and symptoms theory” further explains: “... Lady deficiency, wind evil in the Ying and Wei, overflowing between the skin...”, pointing out that the body deficiency wind evil is in the Ying and blood. The theory of “blood deficiency generating wind” is derived from this: Yin and blood deficiency, skin loss of nourishment, dryness generating wind, and wind stirring itching. It is more common in chronic, dry itching. (2) Blood heat induced itching (empirical): “Huangdi Neijing”: All pain itching sores, all belong to the heart (fire). The heart governs the blood vessels, which suggests that itching is closely related to blood heat.

When “Yi Zong Jin Jian” discusses “blood-wind sore”, he points out: It is caused by damp heat in the liver and spleen meridians, external wind evil, attack on the skin, and depression in the lung meridian, causing sores all over the body. Shaped like millet, itchy. Heat evil in the blood, burn skin, is an important pathogenesis of acute, red rash itching. (3) Itch caused by blood stasis: Wang Qingren in the Qing Dynasty pioneered the “medical forest correction”: blood stasis, blood activity is itchy to stop. It is believed that blood stasis obstructs the veins, skin dystrophy, and can also cause itching, which opens up new ideas for the treatment of intractable itching. (4) The emphasis on “positive deficiency” is based. Ancient books have repeatedly emphasized that the deficiency of internal healthy qi is the basis of the disease, not only “the theory of various diseases.” “Surgical Dacheng” on “itching wind”: “... liver blood deficiency, dry heat, wind, can not be cast wind medicine.” “Surgical treatment book” pointed out: Itch wind, itching all over the body, and no sores, scratching more than. Liver blood deficiency, dry heat wind. The “liver blood deficiency” here points out the specific viscera direction of “body deficiency”, which is consistent with the modern understanding of liver and kidney homology and essence and blood deficiency. (5) Analysis of concurrent pathogenesis (dampness, heat, dryness). Ancient books recognize that itch is rarely caused by a single factor, often accompanied by many evils. (1) Damp-heat fight: such as “Qianjin Yaofang” in the treatment of immersion sores (often accompanied by itching) of the prescription more heat and dampness, suggesting that damp-heat itching. (2) Blood dryness and wind: on the basis of blood deficiency, the body fluid is further dried up, forming “blood dryness”, itching is even worse, and the skin is dry and desquamated. This theory is highly consistent with the pathogenesis of fluid consumption in modern dialysis patients.

The enlightenment of the wisdom of ancient books to modern clinical practice: In summary, the ancient books of traditional Chinese medicine have constructed a basic pathogenesis model of skin pruritus with “body deficiency (blood deficiency, yin deficiency) as the basis, wind evil as the standard, disease location in blood, often accompanied by dampness, heat and dryness”. However, the pathogenesis characteristics of skin pruritus were not discussed based on the pathology of maintenance hemodialysis patients.

3. Deepening the Understanding of Etiology and Pathogenesis of Traditional Chinese Medicine: from the Consensus of “Deficiency in Origin and Excess in Superficiality” to the Refinement of Pathogenesis Elements

3.1 The Establishment and Consensus of the Theoretical Framework of “Virtual Reality”

Modern Chinese medicine’s understanding of MHD skin pruritus has gone beyond the early model of simply arguing from external pathogens such as “wind”, “dampness”, and “heat”, forming a systematic pathogenesis framework with “deficiency in origin and excess in superficiality” as the core, which has become the basic consensus of the current academic community [6,7]. MHD patients have a long course

of disease and long-term illness, which is fundamentally due to spleen and kidney yang deficiency. The kidney is the congenital foundation, and the spleen is the acquired foundation. The deficiency of both spleen and kidney leads to the lack of qi and blood, and the water metabolism is abnormal. This “deficiency” is the internal basis of disease. Due to deficiency, water dampness does not change, accumulates in the body, depression and heat, brewing “damp turbidity heat toxin”; at the same time, long-term illness into the collaterals, qi deficiency to promote weakness, coupled with turbidity block, poor blood flow and the formation of “blood stasis”. The pathological products such as dampness, turbidity, heat and blood stasis are entangled with each other, which are accumulated in the body and immerse the skin, thus causing itching. Liu Jiabin (2024) found through clinical syndrome research that MHD pruritus patients generally have the syndrome characteristics of deficiency in origin and excess in superficiality, deficiency and excess, among which blood deficiency, yin deficiency, blood stasis and dampness turbidity are the core syndrome elements [8]. Xia Yuanying et al. (2025) further summarized the common syndromes as “blood deficiency and wind dryness syndrome”, “damp-heat accumulation skin syndrome” and “blood stasis blocking collaterals syndrome”, which confirmed the different combination modes of deficiency (mainly blood deficiency and yin deficiency) and excess (mainly dampness, heat and blood stasis) from a clinical perspective [7].

3.2 Modern Clinical Correlation and Interpretation of Pathogenesis Elements

Under the guidance of the theory of “deficiency in origin and excess in superficiality”, researchers have further explored the relationship between TCM syndromes and objective indicators of modern medicine, trying to provide a more objective interpretation of TCM pathogenesis.

(1) “turbidity toxin intrinsic” and toxin inflammation: “Zhuodu” is a summary of the accumulated metabolic waste and harmful substances in the body, which is highly related to the concepts of “uremic toxin” and “microinflammatory state” in modern medicine. A number of studies have shown that the severity of pruritus is positively correlated with serum phosphorus, parathyroid hormone (PTH), C-reactive protein (CRP) and other indicators [1,3,9]. External treatment of traditional Chinese medicine has also been observed to reduce the levels of inflammatory factors such as serum interleukin-6 (IL-6) and tumor necrosis factor- α (TNF- α) while relieving itching [10-12], which provides preliminary evidence for the regulation of micro-inflammatory state by the treatment of “clearing heat and detoxifying, removing blood stasis and removing turbidity”.

(2) “Blood deficiency and wind dryness” and skin barrier: This syndrome type is characterized by dry skin, desquamation, excessive itching, and aggravation at night, which is directly corresponding to the severe impairment of skin barrier function (dry skin disease) in modern medicine. It is considered to be the most common basis of MHD itching [7, 13].

Clinical studies using the method of nourishing blood and moistening dryness (such as Mi, 2024) have shown that while

improving itching, the patient's skin dryness has also been significantly alleviated [14].

“Blood stasis blocking collaterals” and microscopic pathology: The theory of “chronic disease entering collaterals” and “blood stasis obstructing collaterals” suggests that pruritus is related to the poor circulation of qi and blood at the micro level of skin. Guo Shuangfen et al. (2025) proposed the treatment of “micro-sweating method.” The mechanism is to open the Xuanfu striae through the products of Xinwen Xuansan, and to penetrate the evil of turbidity and blood stasis closed in the muscle surface collaterals, so as to reconcile qi and blood [15]. The high-frequency use of blood-activating and collateral-dredging drugs such as safflower, *Salvia miltiorrhiza* and *Spatholobus suberectus* in many external prescriptions also reflects the clinical emphasis on improving the local “stasis” state [16-18].

At present, “spleen and kidney deficiency as the basis, dampness, blood stasis, heat and toxin as the standard” has become a mature TCM pathogenesis model to explain MHD skin pruritus. The research is deepening from macro syndrome differentiation to the correlation between micro syndrome elements and modern medical indicators, which promotes the objectification of TCM syndrome differentiation. However, this framework can be further integrated and sublimated in explaining the specific relationship between local symptoms (itching) on the body surface and the overall state of the whole body (spleen and kidney deficiency, turbidity and blood stasis).

This prompts us to think about whether we can introduce a core pathogenesis concept that can better control the physiology and pathology of the body surface and connect the internal and external qi and blood operation and defense functions. The theory of “Ying-Wei imbalance” provides the possibility for this.

The skin pruritus of MHD patients is caused by pathological changes on the basis of MHD deficiency and excess, deficiency and excess: deficiency of spleen and kidney, deficiency of nutrient health, resulting in weakness of nutrient and defense, skin malnutrition and pruritus (deficiency); Turbid toxin and blood stasis blocking the skin's smallest collaterals (sun collaterals) can also cause skin itching caused by heat and wind. The blood stasis blocking skin sun collaterals can also lead to depression of nutrient and defensive operation, further exacerbating skin dystrophy and skin itching (standard reality). Therefore, the final result leads to the combination of nourishing skin + defensive instability + turbid stasis and wind → acting on the skin together, causing intractable itching. The basic pathogenesis of MHD skin itching should be “Ying-Wei imbalance”. The pathological changes of “Ying-Wei imbalance” affect the effective circulation of the skin “Ying-Xing-Mai and Wei-Xing-Wai,” and it is difficult to achieve the dynamic balance between nutrition supply and body defense (maintaining skin moistening, body temperature stability and anti-evil ability). So as to systematically construct a complete pathogenesis chain from internal imbalance to body surface symptoms, and provide a precise theoretical target for external treatment to directly intervene in the body surface state (reconciling Ying and Wei).

4. Progress of TCM Treatment: External Treatment is Booming, and Combined Application has Become the Mainstream

Based on the principle of “Fuzheng Quxie and Benben Tongzhi”, traditional Chinese medicine has various methods for treating MHD skin pruritus. In view of the problems of increasing volume load, high potassium risk, gastrointestinal stimulation and poor patient compliance in MHD patients, the external treatment of traditional Chinese medicine has been widely studied and applied because of its direct effect on the disease, rapid onset, few side effects and high patient acceptance. Wei Liliang et al. (2025) used CiteSpace to analyze the knowledge map of the application of appropriate techniques of traditional Chinese medicine in MHD patients. The results showed that the research in this field continued to be hot, and external washing of traditional Chinese medicine and acupoint therapy were important interventions [19]. And it shows a clear trend from single therapy to comprehensive program development.

4.1 Main External Treatment Methods and Clinical Research Evidence

(1) Herbal fumigation / medicated bath therapy: This is the most in-depth study and the most widely used external treatment. With the help of the warm-heat effect and transdermal absorption of the liquid medicine, it directly acts on the affected area and exerts the functions of expelling wind, dehumidification, clearing heat, nourishing blood, moistening dryness, activating blood circulation and detoxification. curative effect validation: A large number of clinical studies have confirmed its effectiveness. A meta-analysis of Wang Shu (2024) showed that the total effective rate of Qufeng Chushi Yangxue external washing prescription was significantly better than that of conventional western medicine control [20]. Guo Weiyi et al. (2024) reported that the self-made Qufeng Yangxue Runfu Liquid medicated bath combined with levocetirizine hydrochloride was more effective than western medicine alone and could improve patients' sleep [18]. Yu Yue (2021)'s self-made external antipruritic prescription fumigation and washing also achieved good results [21].

The treatment is rich: The clinical medication is closely related to the pathogenesis, including: (1) nourishing blood and moistening dryness (*angelica sinensis*, white peony root, *rehmannia*, etc.), aiming at blood deficiency and wind dryness, such as Zhang Xiaomin et al. (2024). (2) Clearing heat and removing dampness and detoxification (*Phellodendron*, *Sophora flavescens*, *Smilax glabra*, *Rhubarb*, etc.), aiming at damp-heat turbidity toxin [16, 22]. (3) Qufeng Zhiyang (*Fructus Kochiae*, *Cortex Dictamni*, *Fructus Cnidii*, etc.), for symptomatic medicine. (4) Activating blood circulation, removing blood stasis and dredging collaterals (*safflower*, *rhizoma ligustici wallichii*, *cassia twig*, *spatholobus suberectus*, etc.), aimed at dredging sun collaterals [15, 17].

(2) acupoint stimulating therapy auricular therapy: It is widely used because of its non-invasive and convenient. Wang Yanyan et al. (2025) confirmed that auricular point pressing with beans can effectively relieve itching [23]. A randomized controlled trial of Chi Kaikai et al. (2022) is of great

significance. The results show that auricular acupressure can not only significantly reduce the pruritus score, but also down-regulate the level of serum itch-inducing factor IL-31, which preliminarily reveals that the therapy may play a role by regulating the neuroimmune pathway [12].

Body acupoint massage and scraping: Acupoint massage works by stimulating meridians and harmonizing qi and blood. Tang Xinjiao (2016) reported the efficacy of acupoint massage combined with traditional Chinese medicine bath earlier [24]. Wang et al. (2023) applied traditional Chinese medicine whole body fumigation combined with acupoint massage, and the effect was remarkable [25]. Gua Sha therapy is also used in clinical practice by dredging the meridians and collaterals of the skin, and is often combined with other therapies, such as Mao Songjuan et al. (2025)'s traditional Chinese medicine fumigation combined with copper needle scraping and aromatherapy [17], Zhong Jiayu (2025)'s scraping along meridians combined with ear stimulation [10].

(3) Other External Treatments:

(1) External application of Chinese medicine ointment / oil: The ointment or oil made of traditional Chinese medicine is directly applied to the itching site, such as lithospermum oil, licorice oil, coptis ointment, etc., which has both moisturizing and therapeutic effects.

(2) Chinese medicine ion introduction: The use of physical means to promote the percutaneous absorption of drug ions, commonly used in promoting blood circulation and removing blood stasis, tongluo analgesic drug penetration.

(3) traditional Chinese medicine fumigation: Using the steam generated by the decoction of traditional Chinese medicine to fumigate the whole body or part, both hyperthermia and medication, can better "open the interstices".

(4) acutherapy: Acupuncture can adjust the function of zang-fu organs, dredge meridians, qi and blood, and has the effects of expelling turbidity and toxin, dredging blood gas, dispelling wind and relieving itching.

(5) Chinese medicine retention enema: Add and subtract into the liquid, through the infusion or enema tube to inject it into the colorectal, Tongfu Jiangzhuo, can strengthen the blood toxins from the intestinal excretion effect, so as to play the antipruritic effect.

4.2 Combination of Internal and External Treatment and Multi-therapy Combination

It reflects the trend of the combination of the overall treatment concept of traditional Chinese medicine and modern. How Chengming et al. (2024) used traditional Chinese medicine internal and external washing combined with hemoperfusion [22]. Zeng Caihua et al. (2025) used self-made Chinese herbal tea combined with hemoperfusion [26]. Professor Chen Hongyu's experience of "internal and external treatment at the same time" emphasizes the treatment of spleen and kidney by oral administration, and the treatment of external fumigation and washing to remove wind and dredge collaterals [27]. In the field of pure external treatment, the combination of two or

more external treatments (such as medicated bath / Chinese herbal fumigation + acupoint massage [24,25], medicated bath + scraping + aromatherapy [17]) has become a common strategy to improve the efficacy.

4.3 Characteristics and Problems of Current Therapeutic Research

4.3.1 Major trend:

(1) From single intervention to combined synthesis: more and more clinical and research use compound regimens to pursue synergistic effects between different therapies.

(2) The research design tends to be standardized: the number of randomized controlled trials (RCTs) has increased, such as studies by Chi Kaikai [12] and Guo Weiyi [18], which provide high-quality evidence.

(3) Some studies began to detect objective indicators such as serum inflammatory factors and pruritus mediators, and tried to explain the biological basis behind the efficacy [10-12].

4.3.2 Existing problems:

(1) The theoretical connection between pathogenesis and treatment is not close enough: many external treatment studies still remain in the report of empirical prescriptions, and the specific corresponding relationship with the pathogenesis of "deficiency in origin and excess in superficiality" is not explained deeply, and there is a lack of core treatment principles, resulting in a slightly scattered choice of treatment methods and insufficient theoretical improvement.

(2) The standardization and repeatability of the treatment plan are poor: the key parameters of the external treatment operation (such as the concentration of the bath, the temperature time, the massage technique and the dose-effect relationship) lack a unified standard, which affects the comparability and clinical promotion between the studies.

(3) High-quality clinical evidence is still insufficient: although there are large sample RCTs, the overall number is not large, blind implementation (especially blind intervention) is difficult, and long-term follow-up data is lacking.

(4) The mechanism research is still in its infancy: the existing mechanism research is mostly limited to the correlation analysis of individual inflammatory indicators, and there is a lack of multi-dimensional and systematic research on the onset network of external treatment from the aspects of skin barrier, nerve conduction, immune regulation and metabolomics.

The external treatment of traditional Chinese medicine has established its effectiveness and safety status in the treatment of MHD skin pruritus, and combined treatment is the current mainstream direction. Future research needs to focus on solving key problems such as insufficient theoretical depth, lack of standardization of schemes, and unclear mechanisms on the basis of existing efficacy. The introduction of the theory of "Ying and Wei disorders" and "harmonizing Ying and Wei" is expected to provide a unified theoretical

framework and treatment guidance for various external treatments, so as to integrate the existing specific treatments such as nourishing blood, dispelling wind, clearing heat and activating blood, and promote the development of research to a higher level.

5. Summarized and Prospected

To sum up, the understanding of skin pruritus in maintenance hemodialysis patients by traditional Chinese medicine has established a pathogenesis system with the core of “spleen and kidney deficiency as the basis and dampness, turbidity, blood stasis and heat as the standard”. Under this guidance, traditional Chinese medicine external treatment methods such as traditional Chinese medicine fumigation / medicated bath and acupoint stimulation have been fully developed, and rich clinical effective evidence has been accumulated, and the combined treatment model has shown broad prospects.

However, in the face of this clinical stubborn disease, future research should seek breakthroughs in the following aspects:

(1) Theoretical Innovation and Integration: On the basis of consolidating the consensus of “deficiency in origin and excess in superficiality”, we should actively explore the core pathogenesis that can refine and summarize the characteristics of this disease and directly guide the surface treatment. The theory of “Ying and Wei disorders” profoundly expounds the state of qi and blood operation and defense function on the body surface, and introduces it into the interpretation of this disease. Taking “harmonizing Ying and Wei” as the general treatment principle, it is expected to organically integrate the specific treatment methods such as invigorating spleen and kidney (consolidating the root), removing blood stasis and turbidity (dredging collaterals), dispelling wind and relieving itching (relieving the exterior), so as to enhance the systematicness and guidance of the external treatment theory.

(2) Promote high-quality clinical research: It is urgent to carry out more randomized controlled trials with rigorous design (such as blind method of third-party evaluation), large sample, multi-center and sufficient follow-up period. At the same time, it is necessary to establish and promote the standardized operation norms of major external treatment techniques (such as medicated bath and acupoint massage) to ensure the repeatability of research and the standardization of clinical transformation.

(3) Deepen the exploration of integrated traditional Chinese and western medicine mechanism: We should make full use of modern science and technology to systematically study the comprehensive effects of external treatment of traditional Chinese medicine on multiple targets such as repairing skin physical barrier, regulating local and systemic immune inflammatory response, affecting pruritus-related nerve signal transduction, and improving skin microcirculation, so as to scientifically explain the modern biological connotation of “Fuzheng Quxie” and “harmonizing Ying and Wei”.

By deepening theoretical understanding, standardizing clinical practice and clarifying scientific mechanism, the external treatment of traditional Chinese medicine will contribute irreplaceable wisdom and solutions in the medical

practice of overcoming the problem of skin itching in MHD patients and comprehensively improving their quality of life. A series of studies on the pathogenesis of “imbalance of Ying and Wei” and the therapeutic principle of “harmonizing Ying and Wei” may become a valuable breakthrough to connect traditional theory with modern clinical practice and promote the academic development in this field.

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