DOI: 10.66069/ojspub.27450762

Syndrome Differentiation and Treatment of Chronic Urticaria Based on the "Xuanfu Theory"

Teng Wang[1], Yaxin Zou[1], Jundan Dong[1], Yiran Zhang[1], Yanting Liu[2,*]

[1]Shaanxi University of Chinese Medicine, Xianyang 712046, Shaanxi, China
[2]Department of Dermatology, Shaanxi Provincial Hospital of Chinese Medicine, Xi'an 710003, Shaanxi, China
Correspondence Author

Abstract: ***Chronic urticaria is a recurrent skin disorder with limited long-term efficacy of conventional antihistamine treatment. As a core traditional Chinese medicine framework, Xuanfu theory effectively elucidates the holistic pathogenesis of chronic urticaria and guides its comprehensive management. This review systematically summarizes recent advances in the Xuanfu-based diagnosis and treatment of chronic urticaria. Dysregulated Xuanfu opening-closing and qi-fluid stagnation constitute the fundamental pathogenesis, involving excess and deficient stagnation, latent wind retention, and collateral wind agitation. The unified therapeutic principle of unblocking Xuanfu covers multiple internal herbal strategies centered on wind medicinals, as well as standardized external interventions including acupuncture and cupping. Current clinical evidence demonstrates that Xuanfu-oriented treatment achieves comparable short-term efficacy with Western medicine and yields significantly lower recurrence rates via regulating Th1/Th2 immune balance. However, existing studies are limited by insufficient high-level clinical trials, unclear molecular mechanisms, and incomplete syndrome-based research. Further rigorous clinical and experimental investigations are required to standardize and modernize the TCM treatment of chronic urticaria.***

Keywords: Xuanfu theory, Chronic urticaria, Traditional Chinese medicine, Syndrome differentiation, Wind medicinals.

1. Introduction

Chronic urticaria is a common dermatological disorder marked by recurrent wheals and intense pruritus. The disease course is prolonged and relapsing, causing significant impairment to patients' quality of life. Epidemiological data from China show that from 1990 to 2019, the number of affected individuals rose from 8.99 million to 9.64 million. The disease burden is particularly heavy among females and children under five [1]. Second-generation antihistamines, the current mainstay of conventional therapy, offer temporary symptomatic relief. However, a considerable proportion of patients respond poorly, and recurrence rates after drug withdrawal remain high [2]. This therapeutic limitation has driven interest in complementary approaches from traditional Chinese medicine (TCM).

In Chinese medicine, chronic urticaria falls under the category of "hidden rash" (yinzhen). Generations of TCM practitioners have accumulated rich experience in its syndrome differentiation and treatment. Among the distinctive frameworks of TCM, the Xuanfu theory has drawn increasing attention in dermatology. Originating from the Huangdi Neijing and systematically elaborated by Liu Wansu in the Jin Dynasty, the theory is now widely applied across multiple medical specialties [3]. The term "Xuanfu" refers to microscopic interstitial passages distributed throughout the body. These passages connect the skin and hair with the internal organs. They govern the movement of qi, blood, and body fluids, regulate defensive qi, and mediate spirit activity. The patency of the skin's Xuanfu directly affects defensive function and pathogen clearance. When the Xuanfu become dysfunctional, external pathogens invade readily and internal pathogens are retained. Wind, dampness, heat, and stasis then accumulate in the skin, triggering urticaria. Viewing chronic urticaria through the lens of Xuanfu dysfunction and establishing "unblocking the Xuanfu" as a therapeutic principle thus carries both theoretical and clinical significance.

This review systematically examines the relevant literature on Xuanfu theory-based differentiation and treatment of chronic urticaria. It covers the academic origins of the theory, its relevance to urticaria pathogenesis, the diverse therapeutic methods and formulas developed under the "unblocking Xuanfu" principle, and the contributions and limitations of current research. Future research directions are also discussed.

2. Theoretical Basis of the Xuanfu Theory

2.1 Concept and Connotation of Xuanfu

The Xuanfu theory originated from the Huangdi Neijing, which mentions "sweat pores" and "qi gates," indicating early recognition of subtle channel structures in the skin. Liu Wansu, in his Suwen Xuanji Yuanbing Shi, extended this concept into a ubiquitous micro-channel system. He argued that Xuanfu are not merely sweat pores but fundamental sites for the circulation of qi, blood, and body fluids [4].

Xuanfu possess four defining characteristics. The first is subtlety: they are minute and invisible to the naked eye. The second is ubiquity: they are distributed from the internal organs to the skin, permeating the entire body. The third is the open-close function: they actively regulate material exchange and signal transmission. The fourth is patency: under physiological conditions, Xuanfu remain patent. When obstruction occurs, circulation of qi, blood, and fluids is impeded, resulting in disease [4].

2.2 Relationship Between Xuanfu and the Skin

Liu and Liu (2024) described the role of Xuanfu in skin diseases from two dimensions [3]. First, Xuanfu serve as entry points for external pathogens. When pathogenic factors attack, the struggle at the Xuanfu leads to obstruction and impaired

barrier function. Second, Xuanfu are passages through which pathological products from visceral disharmony manifest on the body surface. This dual role—external entry and internal passage—provides a structural basis for understanding the complex pathogenesis of chronic urticaria.

When Xuanfu are patent, the skin is adequately nourished and remains supple. When obstructed, the skin becomes dry, rough, and scaly. The normal function of Xuanfu also supports defensive qi, which warms the flesh and governs the opening and closing of the interstices. Chronic urticaria, with its sudden wheals and rapid resolution, closely mirrors the bidirectional dysfunction of Xuanfu opening and closing.

3. Pathogenesis of Chronic Urticaria from the Xuanfu Perspective

3.1 Xuanfu Depression as the Core Pathogenesis

Xuanfu depression is widely recognized as the core pathogenesis of skin diseases. Liang and Ye (2022) systematically elaborated that Xuanfu are not only entry portals for pathogens but also sites where visceral dysfunction is projected onto the skin surface. This forms a transmission chain from internal viscera to body surface Xuanfu. They proposed two types of Xuanfu depression: excess-type, caused by external pathogens, heat toxins, or phlegm-dampness; and deficiency-type, caused by qi and blood depletion [5].

Li et al. (2010) first described two opposing states of Xuanfu dysfunction: obstructed closure and excessive opening. In obstructed closure, wheals are dark and slow to resolve, with persistent pruritus. In excessive opening, wheals are red, appear and disappear abruptly, and pruritus is intense. These states may alternate in the same patient, reflecting the dynamic nature of Xuanfu dysfunction [6].

3.2 Multidimensional Understanding of Pathogenesis Evolution

Zhang et al. (2018) proposed the pattern of "deficiency preceding depression." Defensive qi depletion predisposes the Xuanfu to dysfunction. External wind exploits this deficiency, obstructing the Xuanfu and entrapping the pathogen. A vicious cycle ensues—obstructed Xuanfu worsen qi deficiency, which further impairs Xuanfu function. They proposed the therapeutic guideline of "simultaneous reinforcement and elimination" [7].

Wang et al. (2026) summarized Professor Ai Rudi's experience and integrated wind pathogen, Xuanfu, and collateral disease theories. They proposed the transmission chain of "Xuanfu obstruction → collateral wind agitation." In the early stage, wind lodges in skin Xuanfu. As the disease progresses, pathogens extend into the blood collaterals, producing intractable pruritus. A three-stage system with corresponding triangular herbal combinations was developed [8].

Professor Yue Rensong introduced the "latent wind theory." After acute treatment, residual wind may hide deep within the Xuanfu or blood collaterals, forming latent wind. It is reactivated by external triggers such as infection, diet, or emotional stress. Latent wind combines with externally contracted pathogens, causing sudden Xuanfu obstruction and wheal eruption [9]. This complements Professor Ai's model: Yue focused on where and how wind lodges, while Ai addressed the secondary collateral pathology after Xuanfu obstruction.

3.3 Viscera-Emotion-Body Surface Pathogenic Network

Multiple visceral dysfunctions contribute to Xuanfu obstruction. Han et al. (2021) summarized the Zhao Bingnan dermatology school's approach. This school attributes chronic urticaria to defensive qi and yin-blood insufficiency, leading to Xuanfu insecurity and wind lodging. Treatment prioritizes qi and blood supplementation, wind dispersion, and yin-yang harmonization [10]. Xia et al. (2024) examined Ming Dynasty physicians' view that urticaria pertains to the spleen. They traced this view to Li Gao's principle that "all diseases arise from spleen and stomach decline" [11].

The liver is critical in Xuanfu obstruction. National TCM Master Yang Zhen described the chain of "liver depression → depressive heat with ministerial fire → interstice obstruction." Impaired liver free flow leads to qi stagnation, fire generation, and sweat pore closure [12]. Professor Ma Shuxia, treating pediatric chronic urticaria based on "wind connecting with the liver," contended that liver qi stagnation disrupts systemic qi movement and Xuanfu function. Her treatment emphasizes regulating the liver to extinguish wind [13].

Emotional factors also affect Xuanfu function. Li and Zhou (2023) delineated four viscera-emotion-pathology chains: grief impairing the lung and obstructing Xuanfu; anger impairing the liver and disturbing Xuanfu; heart spirit constraint halting Xuanfu opening; and pensiveness impairing the spleen and preventing Xuanfu from reaching the surface. These findings support a "regulating spirit—regulating viscera—opening Xuanfu" tripartite strategy [14].

Professor Yue Rensong's "spleen Xuanfu—skin Xuanfu" model describes how internal dampness from poor diet and sedentary habits obstructs the Xuanfu in a self-perpetuating cycle [15]. Professor Han Shouzhang's clinical experience confirms that strengthening the spleen and eliminating dampness can eradicate the root of wind production [16].

Professor Liang Fengxia approached chronic urticaria from "bladder qi transformation." Impaired bladder qi transformation prevents body fluids from reaching the skin surface, depriving the Xuanfu of nourishment. Her treatment uses Poria Five Powder (Wuling San) to warm yang and promote urination, combined with Allergy-Relieving Decoction (Guomin Jian) to harmonize the nutritive and defensive qi [17].

4. Therapeutic Principles and Formula Systems

4.1 Therapeutic Principles and Frameworks

"Unblocking Xuanfu" is the overarching therapeutic principle. Peng et al. (2017) described Xuanfu as passages for water,

portals for qi, and residences of the spirit mechanism. They established a staged treatment framework based on the disease phase [18]. Zhou and Zhao (2021) refined this into the "Xuanfu opening method" and integrated clinical cases into a theory-method-case evidence chain [19].

Two major directions emerged: unblocking Xuanfu and consolidating Xuanfu. Hong and Song (2026) proposed four treatment dimensions: dispelling wind and regulating defensive qi, clearing heat and draining dampness, invigorating blood and dispelling stasis, and supplementing the viscera [20].

Pan et al. (2022) constructed a three-method framework for blood deficiency with wind dryness pattern: dispelling wind to open Xuanfu, supplementing blood to nourish Xuanfu, and nourishing the heart to unblock Xuanfu. The third method extends Xuanfu opening to the heart-spirit level [21].

Sun et al. (2021) integrated Xuanfu theory with wind medicinals doctrine, proposing a four-method framework: supplementing deficiency to consolidate Xuanfu, dispelling wind to unblock Xuanfu, clearing heat to open Xuanfu, and nourishing blood to harmonize Xuanfu [22].

Wang et al. (2026) discussed the "outthrust method" for chronic spontaneous urticaria. They proposed four outthrust techniques—warm, clear, diffuse, and harmonize outthrust—which can be viewed as operational dimensions of unblocking Xuanfu [23].

4.2 Core Medicinals and Combination Patterns

Wind medicinals are the core drug category for unblocking Xuanfu. Sun et al. (2021) summarized six functions: dispersing and expelling pathogens, raising yang and supplementing deficiency, smoothing qi and regulating the liver, invigorating blood and unblocking collaterals, and opening orifices [22]. Professor Yue Rensong described their actions in four dimensions: regulating qi, overcoming dampness, dispersing heat, and regulating blood [15].

Professor Ai Rudi emphasized "wind medicinals enhancing efficacy, insect and vine medicinals unblocking collaterals." For intractable pruritus, insect medicinals (e.g., Scorpio, Scolopendra, Pheretima) and vine medicinals (e.g., Spatholobi Caulis, Trachelospermi Caulis et Folium, Sinomenii Caulis) are added to search and dislodge deep-seated wind in the collaterals. His three-stage triangular combination system is as follows: acute stage—Ephedrae Herba-Cinnamomi Ramulus-Zingiberis Rhizoma Recens and Lonicerae Japonicae Flos-Schizonepetae Herba-Sophorae Flavescentis Radix; chronic stage—Atractylodis Macrocephalae Rhizoma-Poria-Citri Reticulatae Pericarpium and Angelicae Sinensis Radix-Paeoniae Radix Alba-Rehmanniae Radix; acute exacerbation — Zaocys-Bombyx Batryticatus-Sinomenii Caulis [8].

4.3 Classical Formulas Reinterpreted Through Xuanfu Theory

Danggui Yinzi (Chinese Angelica Drink) treats the blood deficiency with wind dryness pattern. Song et al. (2019) revealed its combination characteristic of "simultaneous astringency and dispersion, concurrent reduction and reinforcement." Angelicae Sinensis Radix, Paeoniae Radix Alba, and Rehmanniae Radix nourish blood and moisten dryness; Saposhnikoviae Radix and Schizonepetae Herba disperse wind and scatter pathogens; Astragali Radix supplements qi and consolidates the exterior [24].

Fangfeng Tongsheng San (Saposhnikovia Sagely Unblocks Powder) acts through triple burner differentiation. The upper burner medicinals (Saposhnikoviae Radix, Schizonepetae Herba, Ephedrae Herba, Menthae Haplocalycis Herba) release the exterior and open Xuanfu. The middle burner medicinals (Scutellariae Radix, Forsythiae Fructus, Gypsum Fibrosum, Gardeniae Fructus) clear heat. The lower burner medicinals (Rhei Radix et Rhizoma, Natrii Sulfas) promote downward drainage. Angelicae Sinensis Radix, Paeoniae Radix Alba, and Chuanxiong Rhizoma nourish blood to protect the root [25].

Mahuang Lianqiao Chixiaodou Tang (Ephedra, Forsythia, and Rice Bean Decoction) targets cholinergic urticaria. Zhou et al. (2026) established three pattern types—dampness-heat in the skin, liver meridian heat, and blood deficiency with collateral stasis—using this formula as the base with pattern-specific modifications [26].

Professor Wu Haoxin applied the Neijing principle "when the pathogen is in the skin, diaphoresis expels it." He used Mahuang Fuzi Xixin Tang combined with Guizhi Tang to warm yang, promote diaphoresis, open Xuanfu, and harmonize the nutritive and defensive qi [27].

4.4 External Therapies

Li et al. (2021) classified chronic urticaria into three types for acupuncture-cupping treatment: wind invasion with Xuanfu obstruction (excess depression), prolonged stasis with Xuanfu impediment (stasis depression), and qi-blood depletion with Xuanfu insecurity (deficiency depression). Corresponding therapeutic principles were established, guiding acupoint selection and cupping manipulation [28].

Yang and Wu (2026) used blood-letting puncture with cupping combined with autohemotherapy for refractory urticaria. Blood-letting drains pathogens and unblocks collaterals; autohemotherapy regulates immune response. This approach shares with Xuanfu theory the principle of "providing pathogens an exit" [29].

5. Clinical Evidence

Wang et al. (2021) conducted a randomized controlled trial of acupuncture-cupping versus levocetirizine in 84 patients. After four weeks, total effective rates were comparable (85.0% vs. 82.9%). At the third follow-up, the recurrence rate in the acupuncture-cupping group was 25.00%, versus 73.68% in the medication group. Antihistamines temporarily suppress histamine-mediated reactions but do not eliminate the pathogenic root. Acupuncture-cupping, guided by Xuanfu theory, unblocks internal visceral Xuanfu and external skin Xuanfu, providing pathogens an exit and reducing recurrence [30].

Immunologically, acupuncture-cupping reduced serum IgE and IL-4 while increasing IFN-γ, suggesting modulation of the Th1/Th2 balance. This provides preliminary experimental support for connecting Xuanfu theory with modern immunology [30].

6. Current Research Limitations

First, research methodology is weak. Most studies are theoretical discussions or experience summaries. High-grade randomized controlled trials are scarce. The acupuncture-cupping trial remains the sole evidence highlight.

Second, micro-mechanism research lags significantly. Evidence on "unblocking Xuanfu" is limited to mast cell activation [31] and Th1/Th2 balance. Signaling pathways, molecular targets, and active ingredients of Xuanfu-opening formulas remain unknown.

Third, pattern coverage is incomplete. Only the blood deficiency with wind dryness pattern has systematic exposition. Other patterns—wind-cold fettering the exterior, wind-heat invading the exterior, gastrointestinal dampness-heat—require further investigation.

Fourth, the concept of "excessive opening" proposed by Li et al. (2010) has been largely neglected in subsequent research [6]. Differentiated protocols for bidirectional Xuanfu dysfunction remain a research gap.

7. Summary and Prospects

This review synthesizes ancient and modern literature on Xuanfu theory-based treatment of chronic urticaria. Three pathogenic chains are identified: "deficiency preceding depression," "Xuanfu obstruction → collateral wind agitation," and "latent wind lodging." A viscera-emotion-body surface network has emerged as the holistic pathogenic framework. Therapeutically, "unblocking Xuanfu" encompasses dredging and consolidating strategies, with multiple pathways including dispelling wind, clearing heat, nourishing blood, supplementing deficiency, and searching collaterals. Wind medicinals are the core drug category. Classical formulas have been reinterpreted, and Professor Ai Rudi's staged system provides a practical clinical paradigm. External therapies complement medicinal approaches. Clinical evidence confirms short-term efficacy comparable to antihistamines with superior long-term outcomes and Th1/Th2 modulatory effects.

Future research should prioritize multicenter randomized controlled trials using standardized scales, mechanistic studies employing molecular biology and pharmacology, construction of pattern-specific treatment protocols, attention to "excessive opening" as a distinct pathogenic state, and inclusion of special populations such as pediatric and cholinergic urticaria patients.

References

[1] CAO Yu, ZHENG Huilie, LIU Zhitao, et al. Analysis on the Status and Trend of Disease Burden of Urticaria in China from 1990 to 2019 [J]. The Chinese Journal of Dermatovenereology, 2022, 36(8): 905-910+919.

[2] Urticaria Research Center, Chinese Society of Dermatology. Guidelines for the diagnosis and treatment of urticaria in China (2022) [J]. Chinese Journal of Dermatology, 2022, 55(12): 1041-1049.

[3] LIU Shujun, LIU Yingqi. Research Progress of Xuanfu Theory in Skin Diseases [J]. Advances in Clinical Medicine, 2024, 14(12): 318-323.

[4] HUANG Xiaoying, YUE Rensong. Study on the Pathogenesis of Diabetic Chronic Eczema Based on "Sleep and Skin Porus Sudoriferus" and the Use of Dispelling Wind Herb [J]. Journal of Sichuan of Traditional Chinese Medicine, 2021, 39(8): 25-27.

[5] LIANG Wei-mo;YE Jin. Discussion About the Core Pathogenesis of Skin Diseases from Sweat Pore Depression [J]. Henan Traditional Chinese Medicine, 2022, 42(1): 46-49.

[6] LI Donghai, LI Yong, ZHANG Hengliu. Exploring the syndrome differentiation and treatment of urticaria from the perspective of Xuanfu opening and closing [J]. New Chinese Medicine, 2010, 42(11): 116-117.

[7] ZHANG Liyuan, YUAN Qianqian, CAI Lingling, et al. Discussion on the Treatment of Chronic Urticaria Based on Sweat Pore Theory [J]. World Chinese Medicine, 2018, 13(11): 2697-2700.

[8] WANG Xurui, LI Mingyue, PANG Yaobin, et al. Discussion on Treatment of Chronic Urticaria Based on "Xuanfu Closing, Endogenous Collateral Wind" [J]. Liaoning Journal of Traditional Chinese Medicine, 2026, 53(3): 32-35.

[9] ZHUO Wuhu, YUE Rensong. Clinical Experience of Professor YUE Rensong Who has Differentiated and Treated Refractory Chronic Urticaria Based on the Theory of "Fufeng" [J]. Journal of Sichuan of Traditional Chinese Medicine, 2021, 39(2): 5-7.

[10] HAN Xue, HAO Yan-me, XU Li-li. Famous Experts' Experiences of Zhao Bingnan's Dermatology School of TCM in Treating Chronic Urticar [J]. Chinese Journal of Library and Information Science for Traditional Chinese Medicine, 2021, 45(4): 53-56.

[11] XIA Xilin, ZHANG Ping, YI Yuanyuan, et al. Discussion on the Etiology and Pathogenesis of Urticaria by Ming Dynasty Physicians Based on the Theory of "Nettle-Rash Resulting from the Spleen" [J]. Jiangxi Journal of Traditional Chinese Medicine, 2024, 55(4): 20-22+26.

[12] LIU Burui, LI Xiaoping, HAO Jianmei, et al. National TCM Master Yang Zhen's experience in treating skin diseases from "depressive heat and ministerial fire" [J]. Shaanxi Journal of Traditional Chinese Medicine, 2022, 43(9): 1269-1271.

[13] SUN Xiaoxu, ZHAO Qiany, MA Shuxia. Ma Shuxia's Treatment of Children's Chronic Urticaria from the Viewpoint of "Wind Matching Liver" [J]. Acta Chinese Medicine, 2021, 36(7): 1476-1479.

[14] LI Meng, ZHOU Xinxin. Exploring the etiology and pathogenesis of chronic urticaria from "emotional depression" [J]. Journal of Shaanxi University of Chinese Medicine, 2023, 46(3): 55-58.

[15] HUANG Xiaoying, YUE Rensong. Study on the Pathogenesis of Diabetic Chronic Eczema Based on "Sleep and Skin Porus Sudoriferus" and the Use of

Dispelling Wind Herb [J]. Journal of Sichuan of Traditional Chinese Medicine, 2021, 39(8): 25-27.
[16] ZHANG Sibo, HAN Shouzhang. Han Shouzhang's clinical experience in treating urticaria by strengthening the spleen and dispersing wind [J]. China's Naturopathy, 2023, 31(6): 51-53.
[17] YANG Shu-rui, LIANG Feng-xia, WANG Wen-yan, et al. LIANG Feng-xia's experience in treating chronic urticaria based on the "bladder qi transformation" theory [J]. Journal of Hubei University of Chinese Medicine, 2026, 28(2): 109-112.
[18] PENG Li, SONG Zongzhou, WANG Xurui, et al. Discussion on Opening Xuanfu Clinical Thinking for Treating Dermotology Based on Xuanfu Theory [J]. Liaoning Journal of Traditional Chinese Medicine, 2017, 44(9): 1852-1854.
[19] ZHOU Tingting, ZHAO Yanxia. Clinical application of the Xuanfu opening method in treating chronic urticaria [J]. Chinese Journal of Dermatovenereology of Integrated Traditional and Western Medicine, 2021, 20(1): 88-90.
[20] HONG Zhen, SONG Yeqiang. Analysis on the Treatment of Chronic Urticaria Based on Xuanfu Theory [J]. China's Naturopathy, 2026, 34(9): 119-122.
[21] PAN Shijie, CAI Qingcheng, SUN Mingxin, et al. Research progress on Chinese herbal treatment of blood deficiency and wind dryness type chronic urticaria guided by Xuanfu theory [J]. Hebei Journal of Traditional Chinese Medicine, 2022, 44(5): 859-863.
[22] SUN Ming-xin, ZHAO Xin, SHI Fang, et al. Treatment of Chronic Urticaria Based on Xuanfu Theory [J]. JOURNAL OF BASIC CHINESE MEDICINE, 2021, 27(10): 1564-1566+1601.
[23] WANG Ziyi, XIAO Zhanshuo, XUE Yanxing. Exploration on the Idea of Syndrome Differentiation and Treatment of Chronic Spontaneous Urticaria with the Penetration Method [J]. Chinese Journal of Information on Traditional Chinese Medicine, 2026, 33(6): 139-142.
[24] SONG Zongzhou, ZHANG Jingjing, PENG li, et al. A brief exploration of Danggui Yinzi in treating chronic urticaria from the perspective of "Xuanfu" [J]. JOURNAL OF LI-SHIZHEN TRADITIONAL CHINESE MEDICINE, 2019, 30(2): 420-421.
[25] WU Jia-bao, LIU Yu, JIAO Yu-qI, et al. Viewing the function of Fangfeng Tongsheng San from the Xuanfu theory [J]. China Journal of Traditional Chinese Medicine and Pharmacy, 2022, 37(8): 4842-4844.
[26] ZHOU Shuihan, SONG Wei, CHEN Rukang, et al. Based on "Xuanfu-Qi Liquid" Theory Discussing the Modified Mahuanglianqiao Chixiaodou Decoction for Treating Cholinergic Urticaria [J]. Dermatology Bulletin, 2026, 43(3): 293-297.
[27] XU Da, WU Haoxin. Experience in treating skin diseases from the principle of "when the pathogen is in the skin, diaphoresis expels it" [J]. JOURNAL OF BASIC CHINESE MEDICINE, 2019, 25(1): 115-116+130.
[28] LI Hongkun, SHI Fang, SUN Mingxin, et al. Acupuncture-Cupping Therapy for Chronic Urticaria Based on Xuanfu Theory [J]. Journal of Clinical Acupuncture and Moxibustion, 2021, 37(8): 1-4.
[29] YANG Chunqing, WU Jianwen. Differentiation and Treatment of Chronic Refractory Urticaria Based on the Theory of "Treating Blood before Treating Wind" [J]. Traditional Chinese Medicine, 2026, 15(1): 252-256.
[30] WANG Yanjun, GUO Haichao, SUN Bin, et al. Clinical efficacy of combination therapy of Needle-pot on chronic urticaria: Based on Xuanfu theory [J]. Hebei Journal of Traditional Chinese Medicine, 2021, 43(11): 1874-1878.
[31] WANG Jiayi, LI Jie. Research progress in the pathogenesis of chronic urticaria [J]. Journal of Central South University (Medical Science), 2023, 48(10): 1602-1610.