

Progress in the Treatment of Eczema in the Last Decade by External Treatment of Chinese Medicine

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Abstract: *Objective:* To discuss the clinical effect, practical significance and related research progress of external Chinese medicine treatment in the treatment of chronic eczema in recent years. To elucidate the important role of external Chinese medicine therapy in the treatment of chronic eczema. **METHODS:** The relevant literature in the past ten years was reviewed and organised, supplemented by clinical cases. **RESULTS:** External Chinese medicine treatments play an important role in the treatment of chronic eczema. **CONCLUSION:** External Chinese medicine treatment provides a wide range of clinical treatment options for chronic eczema, is safe to operate, and has a rapid onset of action; the application of the correct external Chinese medicine treatment can produce significant results in chronic eczema.

Keywords: External treatment of Chinese medicine, Auricular acupoint therapy, Acupuncture therapy, Moxibustion therapy, Bloodletting therapy, Chronic eczema.

1. Introduction

In recent years, eczema has become a common dermatological disease due to the accelerated pace of modern life, uncontrolled consumption of fat, sweet and thick flavours, and climate change. Eczema is a chronic inflammatory disease of the skin with intense itching caused by many factors. The internal causes are mostly chronic infectious diseases, endocrine and metabolic factors, genetic factors, etc. The external causes are related to diet, contacts and living environment, which are difficult to be cured. The disease can occur in all age groups, and because of its intense itching and impact on appearance, it seriously affects the patient's mental health and daily life, and has a corresponding impact on his family. Modern medical treatment of eczema is nearly complete, mainly using antihistamines, glucocorticosteroids, etc., but because of its obvious side effects and high drug dependence, it is impossible to achieve the goal of long-term use. The external treatment method of Chinese medicine is cheap and convenient, with little adverse reaction. So that the cost of treatment and pain of its patients has been reduced significantly. Thus, it is widely accepted by patients. The article collects the literature related to the treatment of eczema by external treatment of Chinese medicine through China Knowledge Network, Wanfang Database, China Wipo Database and other literature searching channels, and reviews the four aspects of external treatment of eczema, such as acupuncture, moxibustion, auricular acupuncture point therapy, cupping therapy and other external treatments of traditional Chinese medicine. The current research status of chronic eczema was analysed in order to provide reference for the future application of external Chinese medicine treatment, and to promote the application of external Chinese medicine treatment in the treatment of chronic eczema again.

2. Modern Medical Advances in Eczema

2.1 Pathogenesis

Modern medicine believes that eczema is a chronic inflammatory disease of the skin caused by a variety of factors

that cause intense itching of the skin, the internal causes of chronic infectious diseases, endocrine and metabolic factors, genetic factors, etc., and the external causes of the diet, contact with substances and living environment. [1] The main features are papules, plaques with mossy changes and hyperpigmentation, accompanied by obvious itching. Repeated scratching and skin lesions are important reasons for its difficulty in healing.

2.1.1 Genetic factors

Genetic factors [2] Genetic factors are central to the development of eczema. There is a certain possibility that the onset of eczema may be due to its genetic mutation. Some studies have shown that the risk of eczema is increased in people with mutations in the FLG gene of polykeratin microfilaments, the reason for which is that the FLG gene is related to the formation of the keratinised layer of the skin, and because of its mutation it affects a certain degree of integrity of the skin, which results in the lowering of the skin barrier to foreign substances, such as pollen, which causes the invasion of these foreign substances to lead to the activation of the Th2 cells. The invasion of these foreign substances causes antigen-presenting cells to agitate Th2 cells, leading to the induction of an allergic reaction.

2.1.2 Changes in endocrine levels

Some women develop certain lesions when their hormone levels change significantly during their menstrual cycle. It is due to the production of their endogenous luteinising hormone antibodies that significantly increase their eczema levels.

2.1.3 Immunological factors

Modern medicine believes that eczema is an allergic skin disease caused by multiple factors, belongs to type IV allergic reaction, mainly mediated by T-cells, T-cells involved in type IV allergic reaction are mainly CD4+ T-cells, according to the secretion pattern of cytokines, the cells can be divided into Th1 and Th2 subgroups, the two subgroups can produce

mutually inhibitory substances. In normal healthy people, Th1 cells and Th2 cells exist and are in balance, when the imbalance of the dynamic balance of Th1 and Th2 is the key factor leading to the occurrence of their allergic reactions.

2.2 External Factors

2.2.1 Environmental factors

A hot, humid environment may increase the humidity of the skin's surface, and the increase in temperature may cause the dermal papillary layer of the rash to expand, increasing its inflammatory exudate. A humid environment can worsen the itchiness of the rash, which may cause the patient to keep scratching the affected area, leading to worsening of the lesions.

2.2.2 Dietary factors

The intake of foods high in sugar can cause the sebaceous glands to secrete excessively and affect the body's metabolism. Foods high in histamine such as aubergines and bananas release histamine which increases the discomfort associated with eczema.

2.2.3 Drug factors

Medications are a key factor in the formation of certain eczemas. For example, the use of non-steroidal anti-inflammatory drugs (NSAIDs) increases their risk of developing eczema.

3. Treatment

The principles of Western medical treatment of eczema are based on finding and removing the suspected cause of the disease and avoiding irritation. Antihistamine medication is the mainstay.

4. Traditional Chinese Medicine Etiology and Pathogenesis of Eczema

Chronic eczema belongs to the scope of Chinese medicine wet disease sores, immersion disease. Due to the different parts of its occurrence, this disease also has the names of nipple wind, umbilical cord sore, kidney sac wind and so on. After the Qing Dynasty, the disease began to be collectively referred to as wet sores. Although the symptoms of the disease in the surface, but with its internal organs have many links. The external symptoms mostly reflect the imbalance of the internal environment. The Surgery of the Genuine" mentions that "wet sores, dampness and heat of the gas stored in the muscle coupling, hair for the red, swollen, itchy and painful disease", which emphasises that the occurrence of wet sores is mostly related to dampness and heat. The Yellow Emperor's Classic of Internal Medicine (HUNDI NEIJING) states that "all pain and itchy sores belong to the heart, and all dampness, swelling and fullness belong to the spleen." This emphasises the close relationship between eczema and the heart and spleen. The spleen [3] favours dryness and hates dampness, and if there is an excess of dampness, leading to a deficiency of the spleen and dampness, this will also cause eczema to appear. The book describes the specific symptoms of eczema,

"eczema sores born between the skin, initially red, swollen, itchy and painful, or even broken running water, long time does not heal, " "the shape of a bean grain, or such as corn, the colour or red or purple, itchy or even, can not sleep at night." From this we can see that eczema has a great impact on the daily life of patients.

5. Progress in Clinical Research

5.1 Acupuncture and Moxibustion Therapy

Professor Liang Fengxia [4] classified eczema into three types: blood deficiency and wind-dryness, yin deficiency and damp-heat, and spleen deficiency and dampness. Under the principle of clearing heat and removing dampness in the treatment of eczema, the commonly used acupuncture points such as Yintang, Quchi, Fengmen, Lung Yu, Sea of Blood, Ashigaru, Sanyinjiao, and the local skin lesions were used for acupuncture, and then other symptoms of the patients were used for the addition and subtraction of the acupuncture points. Through acupuncture, the local qi and blood of the skin lesions were stimulated to alleviate the symptoms of itching and pain. Ding Xiaoying [5] et al. selected 43 patients with chronic eczema in Bali Zhuang community, Chaoyang District, Beijing, and divided them into the control group and the study group through a randomised controlled trial. The control group underwent conventional treatment with oral cetirizine hydrochloride. While the study group added the acupuncture periarthritis method based on Ah Yes point to their control group. After 20 days of treatment, the efficacy of the study group and the quality of life of the patients were significantly higher than that of the control group. The peripuncture method improves the microcirculation of the local lesion tissues and increases blood flow. to achieve the therapeutic purpose. Xing Junbiao [6] et al. selected 80 patients with chronic eczema who were admitted to the TCM Hospital of Wuqing District, Tianjin. The control group used conventional therapy, and the observation group based on the research group according to their patients' symptoms such as itching with wind evil as the main acupuncture points such as Quchi, Haohai and Fengchi. For patients with dampness-heat struggle, patients with more dampness than heat, Yinlingquan and Hegu were selected to clear heat and dry dampness, activate blood circulation and remove blood stasis. After two weeks of treatment, the efficacy of the study group was significantly higher than that of the control group, and the difference was significant.

5.2 Auricular Acupoint Therapy

Zheng Haigen [11] and other professors intervened with auricular acupoint pressure method for 90 patients diagnosed with chronic eczema in the elderly between July 2021 and February 2022 and analysed their efficacy. The methodology was as follows: 45 cases each were divided into control and study groups according to randomised control group. Hydrocortisone butyrate cream was evenly applied to the lesions, while in the study group, the auricular points of endocrine, adrenal, lung, spleen and Fengxi were taken. Pressure was applied to only one side at a time. Two weeks were taken as a course of treatment and two courses of treatment were carried out. The results of the two groups of clinical symptoms points, as well as the area of skin lesions

and itching scores were lower than before treatment. And the score of the study group was lower than that of the control group. Yuan Duo et al. For 89 patients diagnosed with damp-heat eczema between November 2013 and February 2014, auricular pressure therapy was used to carry out the corresponding intervention treatment. And its efficacy was analysed. Methods are as follows: according to the principle of randomised control, it was divided into observation group and control group. The observation group was given levocetirizine dispersible tablets daily. In the control group, auricular acupoint therapy was added on the basis of the observation group, and auricular acupoints were selected for the treatment of middle ear, tip of ear, wind stream, adrenal glands, tip of the opposite screen, auricle lung, and dorsal lung, respectively. The auricular acupoints were applied once every 3 days, with 1 day's rest after every 2 times, and the auricular acupoints were pressed and applied alternately in both ears. The duration of treatment was 4 weeks. The effective rate of the control group was higher than that of the observation group, and the difference was statistically significant. And the EASI score and itching score of both groups improved compared with the pre-treatment. Wan Simin [8] et al. selected 72 patients diagnosed with chronic eczema who attended the Department of Dermatology of the Second Traditional Chinese Medicine Hospital of Sichuan Province from December 2019 to January 2021, who were diagnosed with chronic eczema. They were treated with auricular acupoint therapy combined with fire acupuncture. The methods were as follows: 72 patients with chronic eczema were selected and divided into the control group and the experimental group. The control group was treated with topical dianabed ointment, while the experimental group was treated with fire acupuncture combined with auricular acupoint pressure, both groups were treated for 21 days, and the results of the experimental group were higher than the observation group in terms of effective rate, and there was statistical significance. Gui Xi [9] et al. selected patients admitted to the dermatology outpatient clinic and Tuina outpatient clinic of Dongguan Hospital of Traditional Chinese Medicine from January to December 2022, which were divided into a treatment group and a control group. They were divided into 33 cases each in the treatment group and the control group. Tretinoin and auricular acupressure were selected for the control group. The treatment group was plum blossom needle and auricular acupressure. Each treatment interval of 3 days, a total of 4 weeks. Results The effective rate of the treatment group was higher than that of the control group, and there was a statistical difference.

5.3 Moxibustion Therapy

Liu Chun [12] et al. selected 72 patients with wet sores of spleen deficiency and dampness type from Jilin Provincial Hospital of Traditional Chinese Medicine, and divided the 72 patients into the control group and the study group according to the method of randomised control. In the control group, acupuncture therapy was used, and the main points were bilateral A Shi points, Qu Chi, Blood Sea, Feng Shi, and Yin Ling Quan. The supporting points were bilateral foot Sanli and Sanyinjiao. In the study group, the control group was treated with ginger moxibustion on both sides of the lungs, diaphragm and spleen. The treatment was carried out once every ten days and lasted for three courses. After treatment,

the efficacy of the study group was higher than that of the control group. The difference was statistically significant. Zhang Fangzhi [13] et al. selected 80 patients who met the criteria of eczema in the outpatient clinic of the acupuncture department of Changsha Hospital of Traditional Chinese Medicine, and divided them into a control group and a study group according to the principle of randomised control, the control group took oral berry loratadine, and the study group added wheat grain moxibustion on the basis of the control group with the acupoints of Quchi, Haohai, Hetani, Ashiri and Ahshi points. Two weeks for a course of treatment, continued for two courses of treatment. After treatment. The itching score and skin lesion score of the study group were lower than those of the control group. It was statistically significant.

5.4 Bloodletting Therapy

Teng Yan [14] et al. selected 79 patients with blood deficiency and wind dryness type eczema from the outpatient clinic of the Department of Dermatology of Yingkou City Hospital of Traditional Chinese Medicine, and divided them into the control group and the study group according to the method of randomised numerical table, with 39 cases in the control group and 41 cases in the study group. In the control group, Fuxin Gel was used for external treatment, while in the study group, Plum Blossom Needle was used for bloodletting therapy on the basis of the control group. Specific acupoints, such as the Sea of Blood, Quchi, Diaphragm Yu, and local skin lesions were used for bloodletting therapy. The topical application of Fuxin gel was the same as that in the control group. After two courses of treatment, the total effective rate of the two groups was significantly higher than that of the control group and was statistically significant. Gu Boting [15] et al. selected 76 cases of moist-heat eczema patients from the Fourth People's Hospital of Panzhuhua, Sichuan Province. According to the principle of randomised control, they were divided into control group and study group. The control group was orally administered levocetirizine hydrochloride. The study group was treated with bloodletting therapy and acupoint therapy. Bloodletting and cupping were carried out with the A Yes point as the centre, bloodletting was carried out by puncturing at the back of the ear, and the diaphragm yu and other acupoints were treated with flat tonicity and flat diarrhoea. Danshen injection was also extracted for acupoint injection therapy. After 1 ten days of treatment for both groups, the itching score and skin lesion score of the study group were significantly higher than those of the control group, and the difference was statistically significant.

6. Discussion

The external treatment of Chinese medicine has a very significant role in the clinical treatment of skin diseases, he can be administered through the skin, orifices and other parts of the body surface or acupuncture, so that its direct effect on the local lesions or meridian system to regulate the body's functional state to achieve the purpose of treatment of the disease. Comparing the internal and external treatments, it can be observed that although they take different paths, they both aim to achieve the goal of regulating the body and restoring health. Especially for patients who are unable to take oral medication or who are critically ill, external therapies show unique value and efficacy.

The twelve meridians are knotted up in the ear, and the body's health can be reacted to holographically in the ear. Auricular acupressure is the use of Wang Bu Liuhan seeds or pills and other small hard things placed on the adhesive tape. It is applied to the corresponding acupoints to stimulate them and stimulate the Qi of the meridians. Auricular acupoint therapy has a long history, written in the Warring States period to the Qin and Han Dynasties, "Yellow Emperor's Classic of Internal Medicine" initially appeared in the theory system related to auriculotherapy. Although there is no special chapter on the ear in the Yellow Emperor's Classic of Internal Medicine, the discussion of the ear in the Ling Shu and Su Wen has already covered the dimensions of physiological positioning and liaison, pathological diagnosis and treatment, and its diagnostic and treatment areas cover the local ear and the whole person. Acupuncture and moxibustion, as a characteristic therapy of traditional Chinese medicine, believes that diseases occur because of the imbalance of yin and yang in the human body, and acupuncture and manipulation of tonicity and diarrhoea to regulate yin and yang, dredge the meridians and regulate the function of internal organs, in order to achieve the role of treating diseases. Bloodletting therapy is in line with the theoretical system of opening the Xuanfu and driving away the evil qi, and bleeding is one of the ends of sweating, so that the evil qi has a way out to alleviate the clinical symptoms of skin diseases. To sum up, the external treatment method of Chinese medicine for the treatment of skin diseases has its own unique characteristics, but also for many patients to alleviate the skin disease itching and other symptoms brought about by the trouble, and in the clinic has achieved certain results, but there are still problems and challenges, first of all, is that the fire needle, roller needles and so on may cause damage to the skin, if the medical practitioner is not properly operated to have the possibility of causing infections and other adverse reactions to make the The first is that fire needles and roller needles may cause skin damage. Secondly, there is the problem of standardisation. There are many kinds of external treatment methods of TCM, such as medicinal baths, compresses, fumigation, etc., each of which has its own characteristics of the operation process and technical requirements. However, in clinical practice, due to the lack of a unified standard, different institutions or doctors may operate in different ways, which leads to the unstable efficacy of the external treatment methods, which is one of the reasons for the limited acceptance of the external treatment methods of TCM in the international arena. Through the writing of this paper, the author is more aware of the problematic aspects of external treatment method of TCM for dermatological research, and it is more important to strengthen the research of external treatment method in the future to promote the establishment of stricter quality control standards. Publicity will also be increased to increase public awareness of external Chinese medicine treatments and improve their acceptance and compliance.

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