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[Characteristics of traditional Chinese medicine users and prescription analysis for pediatric **atopic dermatitis**: a population-based study.](https://www.ncbi.nlm.nih.gov/pubmed/27276875)

Chen YC, Lin YH, Hu S, Chen HY.

BMC Complement Altern Med. 2016 Jun 8;16:173. doi: 10.1186/s12906-016-1158-1.

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Biochem Pharmacol. 2016 Jan 15;100:61-72. doi: 10.1016/j.bcp.2015.11.004.

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Kong L, Liu J, Wang J, Luo Q, Zhang H, Liu B, Xu F, Pang Q, Liu Y, Dong J.

Int Immunopharmacol. 2015 Dec;29(2):401-7. doi: 10.1016/j.intimp.2015.10.023.

PMID:

26507164

[Int Immunopharmacol.](https://www.ncbi.nlm.nih.gov/pubmed/26507164) 2015 Dec;29(2):401-7. doi: 10.1016/j.intimp.2015.10.023. Epub 2015 Oct 24.

# Icariin inhibits TNF-α/IFN-γ induced inflammatory response via inhibition of the substance P and p38-MAPK signaling pathway in human keratinocytes.

[Kong L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kong%20L%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)1, [Liu J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)2, [Wang J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)3, [Luo Q](https://www.ncbi.nlm.nih.gov/pubmed/?term=Luo%20Q%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)2, [Zhang H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Zhang%20H%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)2, [Liu B](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20B%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)2, [Xu F](https://www.ncbi.nlm.nih.gov/pubmed/?term=Xu%20F%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)2, [Pang Q](https://www.ncbi.nlm.nih.gov/pubmed/?term=Pang%20Q%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)4, [Liu Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)4, [Dong J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Dong%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26507164)2.

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/26507164)

### Abstract

Pro-inflammatory cytokines play a crucial role in the etiology of atopic dermatitis. We demonstrated that Herba Epimedii has anti-inflammatory potential in an atopic dermatitis mouse model; however, limited research has been conducted on the anti-inflammatory effects and mechanism of icariin, the major active ingredient in Herba Epimedii, in human keratinocytes. In this study, we evaluated the anti-inflammatory potential and mechanisms of icariin in the tumor necrosis factor-α (TNF-α)/interferon-γ (IFN-γ)-induced inflammatory response in human keratinocytes (HaCaT cells) by observing these cells in the presence or absence of icariin. We measured IL-6, IL-8, IL-1β, MCP-1 and GRO-α production by ELISA; IL-6, IL-8, IL-1β, intercellular adhesion molecule-1 (ICAM-1) and tachykinin receptor 1 (TACR1) mRNA expression by real-time PCR; and P38-MAPK, P-ERK and P-JNK signaling expression by western blot in TNF-α/IFN-γ-stimulated HaCaT cells before and after icariin treatment. The expression of TNF-α-R1 and IFN-γ-R1 during the stimulation of the cell models was also evaluated before and after icariin treatment. We investigated the effect of icariin on these pro-inflammatory cytokines and detected whether this effect occurred via the mitogen-activated protein kinase (MAPK) signal transduction pathways. We further specifically inhibited the activity of two kinases with 20μM SB203580 (a p38 kinase inhibitor) and 50μM PD98059 (an ERK1/2 kinase inhibitor) to determine the roles of the two signal pathways involved in the inflammatory response. We found that icariin inhibited TNF-α/IFN-γ-induced IL-6, IL-8, IL-1β, and MCP-1 production in a dose-dependent manner; meanwhile, the icariin treatment inhibited the gene expression of IL-8, IL-1β, ICAM-1 and TACR1 in HaCaT cells in a time- and dose-dependent manner. Icariin treatment resulted in a reduced expression of p-P38 and p-ERK signal activation induced by TNF-α/IFN-γ; however, only SB203580, the p38 alpha/beta inhibitor, inhibited the secretion of inflammatory cytokines induced by TNF-α/IFN-γ in cultured HaCaT cells. The differential expression of TNF-α-R1 and IFN-γ-R1 was also observed after the stimulation of TNF-α/IFN-γ, which was significantly normalized after the icariin treatment. Collectively, we illustrated the anti-inflammatory property of icariin in human keratinocytes. These effects were mediated, at least partially, via the inhibition of substance P and the p38-MAPK signaling pathway, as well as by the regulation of the TNF-α-R1 and IFN-γ-R1 signals.

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#### KEYWORDS:

Cytokines; Icariin; Inflammation; P38MAPK; Substance P

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[The use of traditional Chinese medicine in some dermatologic diseases: Part I--Acne, psoriasis, and **atopic dermatitis**.](https://www.ncbi.nlm.nih.gov/pubmed/25842471)

Baroni A, Ruocco E, Russo T, Piccolo V, Geng L, Zhou H, Chen HD, Gao XH.

Skinmed. 2015 Jan-Feb;13(1):32-8; quiz 39. Review.

PMID:

25842471

[Skinmed.](https://www.ncbi.nlm.nih.gov/pubmed/25842471) 2015 Jan-Feb;13(1):32-8; quiz 39.

# The use of traditional Chinese medicine in some dermatologic diseases: Part I--Acne, psoriasis, and atopic dermatitis.

[Baroni A](https://www.ncbi.nlm.nih.gov/pubmed/?term=Baroni%20A%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Ruocco E](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ruocco%20E%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Russo T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Russo%20T%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Piccolo V](https://www.ncbi.nlm.nih.gov/pubmed/?term=Piccolo%20V%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Geng L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Geng%20L%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Zhou H](https://www.ncbi.nlm.nih.gov/pubmed/?term=Zhou%20H%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Chen HD](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20HD%5BAuthor%5D&cauthor=true&cauthor_uid=25842471), [Gao XH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Gao%20XH%5BAuthor%5D&cauthor=true&cauthor_uid=25842471).

### Abstract

Traditional Chinese medicine (TCM) is increasingly being used in the Western world particularly in specialty areas such as gynecology, pediatrics, nutrition, and dermatology. TCM is an alternative method of therapy that proposes to treat symptoms that Western medicine is unable to manage by treating the underlying causes of disease. The authors provide a general overview of TCM remedies used in the treatment of various dermatologic disorders (acne, psoriasis, atopic dermatitis) for dermatologists interested in this unconventional therapeutic approach.

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[Use of traditional Chinese medicine reduces exposure to corticosteroid among **atopic dermatitis** children: a 1-year follow-up cohort study.](https://www.ncbi.nlm.nih.gov/pubmed/25449448)

Chen HY, Lin YH, Wu JC, Hu S, Yang SH, Chen JL, Chen YC, Lo SS.

J Ethnopharmacol. 2015 Jan 15;159:189-96. doi: 10.1016/j.jep.2014.11.018.

PMID:

25449448

[J Ethnopharmacol.](https://www.ncbi.nlm.nih.gov/pubmed/25449448) 2015 Jan 15;159:189-96. doi: 10.1016/j.jep.2014.11.018. Epub 2014 Nov 18.

# Use of traditional Chinese medicine reduces exposure to corticosteroid among atopic dermatitis children: a 1-year follow-up cohort study.

[Chen HY](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20HY%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)1, [Lin YH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lin%20YH%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)2, [Wu JC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wu%20JC%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)3, [Hu S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hu%20S%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)4, [Yang SH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20SH%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)5, [Chen JL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20JL%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)5, [Chen YC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20YC%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)6, [Lo SS](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lo%20SS%5BAuthor%5D&cauthor=true&cauthor_uid=25449448)7.

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### Abstract

#### ETHNOPHARMACOLOGICAL RELEVANCE:

Atopic dermatitis is a prevalent dermatologic disease in children. Corticosteroid is an important treatment but side effects caused by long-term and excessive use heavily concern patients. Traditional Chinese medicine (TCM) is potentially an alternative treatment and might cause less adverse effects. This nationwide retrospective cohort study aimed to examine the hypothesis that TCM use is associated with lower exposure to corticosteroid.

#### MATERIALS AND METHODS:

Children under 12 years of age with ICD-9 codes 691.8 and 692.x were identified as atopic dermatitis patients from 2007/1/1 to 2007/12/31. Corticosteroid use was compared between TCM users and non-users for one-year follow-up by using a general estimation equation model with propensity-score matching.

#### RESULTS:

A total of 9012 TCM users were identified and the use of corticosteroid after treatment was compared with matched TCM non-users. Use of TCM significantly reduced exposure to corticosteroids after 1-year follow-up. Among TCM users, the exposure to any corticosteroids was lower (42.1% reduction in TCM users versus 34.5% increase in TCM non-users, relative risk: 0.36; p-Value<0.001), the duration was shorter (relative risk for using corticosteroid more than 14 days: 0.37; p-Value<0.001), and the rate of frequent visits with steroid prescription was also lower. CHM was the most commonly used TCM modality (98.5% of all visits) and Xiao-Feng-San was the most commonly used CHM (33% of all prescriptions) with extensive coverage for pathogenesis of atopic dermatitis.

#### CONCLUSIONS:

Lower use rate of corticosteroid can be found after TCM treatment, which can be considered as an integrative therapy for atopic dermatitis. Further studies are warranted on the basis of this study.

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#### KEYWORDS:

Atopic dermatitis; Chinese herbal medicine; Corticosteroid; National Health Insurance Research Database; Pediatrics; Traditional Chinese medicine

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[The efficacy of sublingual immunotherapy with Dermatophagoides farinae vaccine in a murine **atopic dermatitis** model.](https://www.ncbi.nlm.nih.gov/pubmed/25258013)

Liu L, Guo D, Liang Q, Ding S, Wu B, Zhang L, Li Q.

Clin Exp Allergy. 2015 Apr;45(4):815-22. doi: 10.1111/cea.12417.

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[Characteristics and prescription patterns of traditional Chinese medicine in **atopic dermatitis** patients: ten-year experiences at a medical center in Taiwan.](https://www.ncbi.nlm.nih.gov/pubmed/24559829)

Lin JF, Liu PH, Huang TP, Lien AS, Ou LS, Yu CH, Yang SL, Chang HH, Yen HR.

Complement Ther Med. 2014 Feb;22(1):141-7. doi: 10.1016/j.ctim.2013.12.003.

PMID:

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[Complement Ther Med.](https://www.ncbi.nlm.nih.gov/pubmed/24559829) 2014 Feb;22(1):141-7. doi: 10.1016/j.ctim.2013.12.003. Epub 2013 Dec 11.

# Characteristics and prescription patterns of traditional Chinese medicine in atopic dermatitis patients: ten-year experiences at a medical center in Taiwan.

[Lin JF](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lin%20JF%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)1, [Liu PH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20PH%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)2, [Huang TP](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20TP%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)1, [Lien AS](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lien%20AS%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)3, [Ou LS](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ou%20LS%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)4, [Yu CH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yu%20CH%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)1, [Yang SL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20SL%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)1, [Chang HH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chang%20HH%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)1, [Yen HR](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yen%20HR%5BAuthor%5D&cauthor=true&cauthor_uid=24559829)5.

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/24559829)

### Abstract

#### OBJECTIVES:

Complementary and alternative therapies in treating atopic dermatitis are not uncommon. However, substantial evidence and consensus on treating atopic dermatitis is lacking. The aim of this study is to investigate the characteristics and utilization of traditional Chinese medicine in patients with atopic dermatitis.

#### DESIGN:

We retrospectively collected patients with atopic dermatitis at the Chang Gung Memorial Hospital in Taiwan between 2002 and 2011. Patients' demographic data, duration and frequency of treatment, serum total immunoglobulin E levels, and traditional Chinese medicine treatment principles and prescription were analyzed.

#### RESULTS:

There were 4145 patients (8.8%) received traditional Chinese medicine therapy between 2002 and 2011. Among them, 2841 (68.54%) chose TCM only and 1304 (31.46%) chose to combine TCM and WM therapies. Those who chose combination therapy were younger, and needed more times of visit and longer duration of treatment. The most frequent comorbid conditions accompany atopic dermatitis were allergic rhinitis (46.06%) and asthma (21.46%). Among the 87,573 prescriptions written for Chinese medicine, the most frequently prescribed herbal formula and single herb were Xiao-Feng-San (Eliminate Wind Powder) (16.98%) and Bai-Xian-Pi (Cortex Dictamni) (12.68%), respectively. The most commonly used therapeutic principles of herbal formulas and single herbs were releasing exterior (20.23%) and clearing heat (41.93%), respectively.

#### CONCLUSION:

Our hospital-based study characterized the utilization patterns of traditional Chinese medicine in atopic dermatitis patients. This information could be used as references for clinical application and provide valuable information for future clinical trials.

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#### KEYWORDS:

Atopic dermatitis; Complementary and alternative medicine; Traditional Chinese Medicine

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[10.1016/j.ctim.2013.12.003](https://dx.doi.org/10.1016/j.ctim.2013.12.003)

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[Development and initial validation of a Traditional Chinese Medicine symptom-specific outcome measure: a Zheng-related **atopic dermatitis** symptom questionnaire (ZRADSQ).](https://www.ncbi.nlm.nih.gov/pubmed/24359229)

Wu D, Huang C, Mo X, Liu J, Cai J, Liu C, Zhu H, Li H, Chen D.

Health Qual Life Outcomes. 2013 Dec 21;11:212. doi: 10.1186/1477-7525-11-212.

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[Toxic epidermal necrolysis after extensive dermal use of realgar-containing (arsenic sulfide) herbal ointment.](https://www.ncbi.nlm.nih.gov/pubmed/24003889)

Wu ML, Deng JF.

Clin Toxicol (Phila). 2013 Sep-Oct;51(8):801-3. doi: 10.3109/15563650.2013.831100.

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[Efficacy of a novel herbal multicomponent traditional Chinese medicine **therapy** approach in patients with **atopic dermatitis**.](https://www.ncbi.nlm.nih.gov/pubmed/23860020)

Li S, Kuchta K, Tamaru N, Lin Y, Iwasaki S, Wang R, Kobayashi Y, Rauwald HW, Kamei T.

Forsch Komplementmed. 2013;20(3):189-96. doi: 10.1159/000351280.

PMID:

23860020

[Forsch Komplementmed.](https://www.ncbi.nlm.nih.gov/pubmed/23860020) 2013;20(3):189-96. doi: 10.1159/000351280. Epub 2013 Jun 24.

# Efficacy of a novel herbal multicomponent traditional Chinese medicine therapy approach in patients with atopic dermatitis.

[Li S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23860020)1, [Kuchta K](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kuchta%20K%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Tamaru N](https://www.ncbi.nlm.nih.gov/pubmed/?term=Tamaru%20N%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Lin Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lin%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Iwasaki S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Iwasaki%20S%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Wang R](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20R%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Kobayashi Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kobayashi%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Rauwald HW](https://www.ncbi.nlm.nih.gov/pubmed/?term=Rauwald%20HW%5BAuthor%5D&cauthor=true&cauthor_uid=23860020), [Kamei T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Kamei%20T%5BAuthor%5D&cauthor=true&cauthor_uid=23860020).

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/23860020)

### Abstract

#### BACKGROUND:

In Western medicine, the application of topical steroids and oral antihistaminic or antiallergic agents is the main treatment option for atopic dermatitis (AD). However, instead of these therapies the disease may remain intractable in some patients, resulting in long-term exposure to these chemical agents and consequently leading to concerns about possible adverse drug reactions.

#### METHODS:

In the present open-label clinical study, the efficacy and safety of a novel multi component TCM therapy approach for AD was investigated. Therefore, 94 patients received the formula I (10 crude drugs) orally, combined with both the lotion II (7 crude drugs), and the ointment III (8 crude drugs). Each crude drug was extracted with boiling water in a defined manner, concentrated, and reworked into the preparations. Standardized scores were used for evaluating the severities of AD (clinical severity 0-4) and pruritus (pruritus score 0-4).

#### RESULTS:

Both scores had significantly improved at the end of a 12 month treatment (P<0.001). Eosinophil ratio and serum IgE levels, which were elevated in AD patients, were significantly reduced at the end of therapy (P<0.01). In 32 of 94 treated patients the condition markedly improved, in 59 cases AD improved, and in 3 patients there was a slight improvement with no case of ineffective treatment. There was no hint of renal or hepatic toxicity or any other adverse effects.

#### CONCLUSION:

The present study confirms that the 3 newly developed herbal TCM combination preparations are clinically efficacious on AD, accomplishing a significant reduction in both clinical and pruritus scores as well as in eosinophil ratios and serum IgE levels.

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[Prospective self-controlled trial of the efficacy and tolerability of a herbal syrup for young children with **eczema**.](https://www.ncbi.nlm.nih.gov/pubmed/21294644)

Hon KL, Lo W, Cheng WK, Leung TF, Chow CM, Lau CB, Fok TF, Ng PC, Leung PC.

J Dermatolog Treat. 2012 Apr;23(2):116-21. doi: 10.3109/09546634.2010.514893.

PMID:

21294644

[J Dermatolog Treat.](https://www.ncbi.nlm.nih.gov/pubmed/21294644) 2012 Apr;23(2):116-21. doi: 10.3109/09546634.2010.514893. Epub 2011 Feb 6.

# Prospective self-controlled trial of the efficacy and tolerability of a herbal syrup for young children with eczema.

[Hon KL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hon%20KL%5BAuthor%5D&cauthor=true&cauthor_uid=21294644)1, [Lo W](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lo%20W%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Cheng WK](https://www.ncbi.nlm.nih.gov/pubmed/?term=Cheng%20WK%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Leung TF](https://www.ncbi.nlm.nih.gov/pubmed/?term=Leung%20TF%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Chow CM](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chow%20CM%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Lau CB](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lau%20CB%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Fok TF](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fok%20TF%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Ng PC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ng%20PC%5BAuthor%5D&cauthor=true&cauthor_uid=21294644), [Leung PC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Leung%20PC%5BAuthor%5D&cauthor=true&cauthor_uid=21294644).

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/21294644)

### Abstract

#### OBJECTIVES:

Traditional Chinese medicine (TCM) is popular as an alternative medicine in children with atopic dermatitis (AD). A concoction of five herbs in a capsular preparation has been confirmed to be efficacious in improving the quality of life and sparing topical corticosteroid usage. We evaluated the clinical efficacy and tolerability of the same concoction in syrup form.

#### METHODS:

This was a prospective self-controlled trial set in the pediatric dermatology clinic of a teaching hospital. Children aged 4-7 years with moderate-to-severe AD received 20 ml of TCM syrup daily. Clinical parameters and laboratory markers were measured before and at 2 weeks, 7 weeks and 12 weeks of treatment, and at 4 weeks after completion. Disease severity was evaluated by the SCORing Atopic Dermatitis (SCORAD) index and quality of life by the Children's Dermatology Life Quality Index (CDLQI). Blood was obtained for a complete blood count, total IgE, eosinophil count, and biochemical studies prior to and after 3 months of TCM usage.

#### RESULTS:

Twenty-two patients participated in the study. There were significant improvements in the objective SCORAD, pruritus and CDLQI scores 4 weeks after study completion. There was no change in sleep score or amount of topical steroid consumption. No biochemical evidence of any adverse drug reaction was observed during the study period. The TCM syrup was generally palatable and well tolerated by the children. Adverse effects were generally mild but two patients with rash withdrew during the study.

#### CONCLUSION:

The palatability means that further evaluations and dosage studies of the concoction will be possible in young children.

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[10.3109/09546634.2010.514893](https://dx.doi.org/10.3109/09546634.2010.514893)

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[Impact of matrine on inflammation related factors in rat intestinal microvascular endothelial cells.](https://www.ncbi.nlm.nih.gov/pubmed/19635549)

Suo Z, Liu Y, Ferreri M, Zhang T, Liu Z, Mu X, Han B.

J Ethnopharmacol. 2009 Sep 25;125(3):404-9. doi: 10.1016/j.jep.2009.07.023.

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Hon KL, Lee VW, Leung TF, Lee KK, Chan AK, Fok TF, Leung PC.

Ann Acad Med Singapore. 2006 Nov;35(11):759-63.

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[A survey of traditional Chinese medicine use in children with **atopic dermatitis** attending a paediatric dermatology clinic.](https://www.ncbi.nlm.nih.gov/pubmed/16096181)

Hon KL, Ma KC, Wong Y, Leung TF, Fok TF.

J Dermatolog Treat. 2005 Aug;16(3):154-7.

PMID:

16096181

[J Dermatolog Treat.](https://www.ncbi.nlm.nih.gov/pubmed/16096181) 2005 Aug;16(3):154-7.

# A survey of traditional Chinese medicine use in children with atopic dermatitis attending a paediatric dermatology clinic.

[Hon KL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hon%20KL%5BAuthor%5D&cauthor=true&cauthor_uid=16096181)1, [Ma KC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Ma%20KC%5BAuthor%5D&cauthor=true&cauthor_uid=16096181), [Wong Y](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wong%20Y%5BAuthor%5D&cauthor=true&cauthor_uid=16096181), [Leung TF](https://www.ncbi.nlm.nih.gov/pubmed/?term=Leung%20TF%5BAuthor%5D&cauthor=true&cauthor_uid=16096181), [Fok TF](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fok%20TF%5BAuthor%5D&cauthor=true&cauthor_uid=16096181).

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/16096181)

### Abstract

Use of traditional Chinese medicine (TCM) for various paediatric diseases has been popular. Often, parents or caregivers believe that herbs possess therapeutic effects without any harmful consequence. This fallacy is especially prevalent in the caregivers of children with chronic diseases such as atopic dermatitis (AD). We interviewed 227 consecutive children with AD to assess the attitudes of the caregivers to TCM use, based on a 14-item questionnaire. Of these respondents, 67 (30%) admitted that the child had been given TCM in the past 12 months, one-third of these were currently taking TCM and one-quarter had used TCM for 6 months or more. TCM was prescribed by a Chinese medicine practitioner in 63 patients (94%), and herbal tea/soup was the commonest TCM taken. The majority (94%) had not been told of any possible side effects of TCM. Nearly 60% thought that TCM helped to improve their child's AD. Respondents for children with severe eczema were less likely to think that TCM helped to improve their child's eczema than those with mild or moderate eczema. TCM use was not associated with parental ages or 'grandparent as caregiver' but 'severe AD' was an independent factor for TCM use (OR 3.24, 95% CI 1.67-6.31; p = 0.0003).

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16096181

DOI:

[10.1080/09546630510038938](https://dx.doi.org/10.1080/09546630510038938)

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[Standardized extracts from Chinese herbs induce IL-10 production in human monocyte-derived dendritic cells and alter their differentiation in vitro.](https://www.ncbi.nlm.nih.gov/pubmed/11590386)

Novak N, Haberstok J, Kraft S, Siekmann L, Allam JP, Bieber T.

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PMID:

11590386

[J Allergy Clin Immunol.](https://www.ncbi.nlm.nih.gov/pubmed/11590386) 2001 Oct;108(4):588-93.

# Standardized extracts from Chinese herbs induce IL-10 production in human monocyte-derived dendritic cells and alter their differentiation in vitro.

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### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/11590386)

### Abstract

#### BACKGROUND:

The efficacy of traditional Chinese medicine (TCM) as a treatment for atopic dermatitis has been evaluated in clinical trials. Until now, the underlying mechanism of this treatment has remained completely elusive; this is particularly true of its putative effects on dendritic cells (DCs), which might play a pivotal role in the disease.

#### OBJECTIVE:

We investigated the influence of a standardized extract from 10 Chinese herbs that was successfully used in clinical trials on the generation of monocyte-derived DCs from atopic donors.

#### METHODS:

Detailed phenotypic and functional exploration of DCs generated in the presence of IL-4 and GM-CSF and treated with different concentrations of TCM or a placebo control was performed.

#### RESULTS:

TCM profoundly affected the morphology and phenotype of the developing DCs. They lost their typical dendritic morphology and decreased their expression of CD1a as well as the low-affinity IgE receptor CD23. Most importantly, TCM-exposed DCs exhibited a diminished stimulatory activity toward autologous antigen-specific and allogeneic T cells while secreting high amounts of IL-10.

(wikipedia: **Interleukine-10** (**IL-10**), is een menselijk cytokine met als oude naam "cytokine-synthese inhiberende factor" (**CSIF**). Het is een anti-inflammatoir cytokine dat productie van IFN-γ, IL-2, IL-3, TNF-α en GM-CSF door cellen als macrofagen en type-1helpercellen inhibeert (remt).)

#### CONCLUSION:

TCM induces immunopharmacologic alterations on DCs from atopic donors in vitro. These alterations might account, at least in part, for the therapeutic effect of this treatment in AD in vivo.

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11590386

DOI:

[10.1067/mai.2001.118597](https://dx.doi.org/10.1067/mai.2001.118597)

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# [A randomized, placebo controlled study on Fangfeng Tongsheng granule in treatment of sub-acute eczema].

[Article in Chinese]

[Zhao T](https://www.ncbi.nlm.nih.gov/pubmed/?term=Zhao%20T%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Liu WL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20WL%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Wu P](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wu%20P%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Liu YJ](https://www.ncbi.nlm.nih.gov/pubmed/?term=Liu%20YJ%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Yan YH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yan%20YH%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Wang J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Zhang CJ](https://www.ncbi.nlm.nih.gov/pubmed/?term=Zhang%20CJ%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Li GR](https://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20GR%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Li G](https://www.ncbi.nlm.nih.gov/pubmed/?term=Li%20G%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Wang FS](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20FS%5BAuthor%5D&cauthor=true&cauthor_uid=26281572), [Fan M](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fan%20M%5BAuthor%5D&cauthor=true&cauthor_uid=26281572).

### Abstract

The clinical study was conducted to further evaluation the effectiveness and safety of Fangfeng Tongsheng granule in the treatment of sub-acute eczema (superficial cold and interior heat syndrome, exterior and interior sthenic syndrome). In the block randomized, multi-centered study, totally 108 patients were enrolled and assigned to two groups: 72 patients in the test group and 36 patients in the placebo control group. Those in the test group took Fangfeng Tongsheng granule with the dose of 3 g, twice a day, while those in the control group were give simulated agent granules with the same dose. The therapeutic course lasted for 14 days. Their efficacies in TCM syndrome, dermal symptoms and adverse events were observed. According to the test results, except for the one exit case, all of the remaining 108 cases, including 71 in the test group, and 36 in the control group, completed the clinical trial. As for the efficacy of TCM syndrome, after the medication for 2 weeks, the cure rate was 33.81% (24/71) in the test group and 0% (0/36) in the control group (P < 0.01), with a statistical difference between the two groups. Regarding the TCM score, after the medication for 2 weeks, the test group decreased by (12.82 +/- 7.96), while the control group decreased by (3.67 +/- 4.12), indicating a statistical difference between the two groups. As for the efficacy of dermal symptoms, after the medication for 2 weeks, the cure rate was 25.35% (18/71) in the test group and 0% (0/36) in the control group, with a statistical difference between the two groups. Regarding the dermal symptom score, after the medication for 2 weeks., the test group decreased by (10.04 +/- 7.17), while the control group decreased by (2.33 +/- 3.57), indicating a statistical difference between the two groups. There was no significant adverse event caused by Fangfeng Tongsheng granule. In conclusion, Fangfeng Tongsheng granule was effective and safe in treating subcute eczema (superficial cold and interior heat syndrome, exterior and interior sthenic syndrome).

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26281572

[PubMed - indexed for MEDLINE]

[J Ethnopharmacol.](https://www.ncbi.nlm.nih.gov/pubmed/26087234) 2015 Aug 22;172:10-29. doi: 10.1016/j.jep.2015.06.010. Epub 2015 Jun 16.

# Sophora flavescens Ait.: Traditional usage, phytochemistry and pharmacology of an important traditional Chinese medicine.

[He X](https://www.ncbi.nlm.nih.gov/pubmed/?term=He%20X%5BAuthor%5D&cauthor=true&cauthor_uid=26087234)1, [Fang J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Fang%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26087234)2, [Huang L](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20L%5BAuthor%5D&cauthor=true&cauthor_uid=26087234)3, [Wang J](https://www.ncbi.nlm.nih.gov/pubmed/?term=Wang%20J%5BAuthor%5D&cauthor=true&cauthor_uid=26087234)4, [Huang X](https://www.ncbi.nlm.nih.gov/pubmed/?term=Huang%20X%5BAuthor%5D&cauthor=true&cauthor_uid=26087234)5.

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/26087234)

### Abstract

#### ETHNOPHARMACOLOGICAL RELEVANCE:

Sophora flavescens (Fabaceae), also known as Kushen (Chinese: ), has been an important species in Chinese medicine since the Qin and Han dynasties. The root of Sophora flavescens has a long history in the traditional medicine of many countries, including China, Japan, Korea, India and some countries in Europe. In traditional Chinese medicine (TCM), Sophora flavescens has been used extensively, mainly in combination with other medicinal plants in prescriptions to treat fever, dysentery, hematochezia, jaundice, oliguria, vulvar swelling, asthma, eczema, inflammatory disorders, ulcers and diseases associated with skin burns. The aim of this review is to provide updated and comprehensive information regarding the botany, ethnopharmacology, phytochemistry, biological activities and toxicology of Sophora flavescens and to discuss possible trends and opportunities for further research on Sophora flavescens.

#### MATERIALS AND METHODS:

We systematically searched major scientific databases (PubMed, Elsevier, SpringerLink, Google Scholar, Medline Plus, ACS, "Da Yi Yi Xue Sou Suo (http://www.dayi100.com/login.jsp)", China Knowledge Resource Integrated (CNKI) and Web of Science) for information published between 1958 and 2015 on Sophora flavescens. Information was also acquired from local classic herbal literature, conference papers, government reports, and PhD and MSc dissertations.

#### RESULTS:

The broad spectrum of biological activities associated with Sophora flavescens has been considered a valuable resource in both traditional and modern medicine. Extracts are taken either orally or by injection. More than 200 compounds have been isolated from Sophora flavescens, and the major components have been identified as flavonoids and alkaloids. Recent in vitro and in vivo studies indicate that at least 50 pure compounds and crude extracts from Sophora flavescens possess wide-ranging antitumor, antimicrobial, antipyretic, antinociceptive, and anti-inflammatory pharmacological abilities. The anticancer and anti-infection abilities of these components are especially attractive areas for research.

#### CONCLUSIONS:

Sophora flavescens (Ku Shen) is a promising traditional medicine, but there is a need for more precise studies to test the safety and clinical value of its main active crude extracts and pure compounds and to clarify their mechanisms of action. Moreover, some existing studies have lacked systematic methods and integration with the existing literature, and some of the experiments were isolated, used small sample sizes and were unreliable. More validated data are therefore required.

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#### KEYWORDS:

Alkaloids; Antimicrobial activity; Antitumor activity; Ethnopharmacology; Flavonoids; Sophora flavescens

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[10.1016/j.jep.2015.06.010](https://dx.doi.org/10.1016/j.jep.2015.06.010)

[Evid Based Complement Alternat Med.](https://www.ncbi.nlm.nih.gov/pubmed/25685167) 2015;2015:347164. doi: 10.1155/2015/347164. Epub 2015 Jan 22.

# Identifying chinese herbal medicine network for eczema: implications from a nationwide prescription database.

[Chen HY](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20HY%5BAuthor%5D&cauthor=true&cauthor_uid=25685167)1, [Lin YH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Lin%20YH%5BAuthor%5D&cauthor=true&cauthor_uid=25685167)2, [Hu S](https://www.ncbi.nlm.nih.gov/pubmed/?term=Hu%20S%5BAuthor%5D&cauthor=true&cauthor_uid=25685167)3, [Yang SH](https://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20SH%5BAuthor%5D&cauthor=true&cauthor_uid=25685167)4, [Chen JL](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20JL%5BAuthor%5D&cauthor=true&cauthor_uid=25685167)4, [Chen YC](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chen%20YC%5BAuthor%5D&cauthor=true&cauthor_uid=25685167)5.

### [Author information](https://www.ncbi.nlm.nih.gov/pubmed/25685167)

### Abstract

Eczema is a highly prevalent dermatological disease that can severely affect the patient's quality of life. Chinese herbal medicine (CHM) is commonly used in combination for eczema due to the complicated pathogenesis. This study aimed to identify a CHM network for the treatment of eczema by using a nationwide database. During 2011, 381,282 CHM prescriptions made for eczema (ICD-9-CM 692.x) were obtained from the National Health Insurance Research Database (NHIRD) in Taiwan and analyzed by using association rule mining and social network analysis. Among 661 available CHMs, 44 important combinations were identified. Among the CHM networks, seven clusters with the predominant traditional Chinese medicine (TCM) pattern were recognized. The largest CHM cluster was used to treat the wind-dampness-heat pattern, and Xiao-Feng-San (24.1% of all prescriptions) was the core of this cluster with anti-inflammation, antioxidation, and antiallergic effects. Lonicera japonica (11.0% of all prescriptions) with Forsythia suspense (17.0% of all prescriptions) was the most commonly used CHM combination and was also the core treatment for treating the heat pattern, in which an antimicrobial effect is found. CHM network analysis is helpful for TCM doctors or researchers to choose candidates for clinical practice or further studies.

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25685167

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[PMC4320894](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/)

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# Figure 1



Distribution of the number of prescriptions.



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# Figure 2

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Chinese herbal medicine network for eczema.



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# Table 5

Possible pharmacological mechanisms of Chinese herbal medicines (CHMs) used for eczema.

| **CHM** | **Possible mechanisms** |
| --- | --- |
| **Single herb (SH)**  |   |
| Forsythia suspensa (Lian Qiao) | Antioxidation [[32](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B57)]Anti-inflammation [[33](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B48)] Antiallergy effect [[34](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B49)] Antibacterial effect [[35](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B47)] |
| Coix lacryma-jobi (Yi Yi Ren) | Anti-inflammation/antiallergic effect [[36](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B60)] |
| Taraxacum mongolicum (Pu Gong Ying) | Antioxidation [[37](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B61)]  |
| Dictamnus dasycarpus (Bai Xian Pi) | Antiallergic effect [[38](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B62)]Anti-inflammation [[39](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B45)] |
| Lonicera japonica (Jin Yin Hua) | Anti-inflammation [[40](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B63)]Antiallergic effect [[41](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B64)] |
| Glycyrrhiza uralensis (Gan Cao) | Anti-inflammation/antioxidation [[42](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B65)]  |
| Rheum palmatum (Da Huang) | Antiallergic effect [[43](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B66)] |
| Paeonia suffruticosa (Mu Dan Pi) | Antiallergic effect [[41](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B64)]  |
| Kochia scoparia (Di Fu Zi) | Antiallergic effect [[44](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B46)] |
|  |
| **Herbal formula (HF)**  |   |
| Xiao-Feng-San | Antiallergic effect [[45](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B42), [46](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B40)] Antioxidation/anti-inflammation [[47](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B41)] Immunomodulation of Th1/Th2 balance [[48](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B43)] |
| Huang-Lian-Jie-Du-Tang  | Anti-inflammation, decreasing cellular adhesion molecule expression [[49](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B69)]Immunomodulation of Th1/Th2 balance [[48](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4320894/#B43)] |



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# Table 4

Top 10 pairs of Chinese herbal medicines (CHMs) used in combination for eczema.

| **CHM A (English name)** |  | **CHM B (English name)** | **Instances** | **Prevalence (%)** |
| --- | --- | --- | --- | --- |
| Lonicera japonica (Jin Yin Hua) | With  | Forsythia suspensa (Lian Qiao) | 18873 | 5.0 |
| Xiao-Feng-San | With  | Dictamnus dasycarpus (Bai Xian Pi) | 18293 | 4.8 |
| Taraxacum mongolicum (Pu Gong Ying) | With  | Forsythia suspensa (Lian Qiao) | 14816 | 3.9 |
| Dictamnus dasycarpus (Bai Xian Pi) | With  | Kochia scoparia (Di Fu Zi) | 14001 | 3.7 |
| Xiao-Feng-San | With  | Kochia scoparia (Di Fu Zi) | 13993 | 3.7 |
| Coix lacryma-jobi (Yi Yi Ren) | With  | Kochia scoparia (Di Fu Zi) | 13390 | 3.5 |
| Qing-Shang-Fang-Feng-Tang | With  | Taraxacum mongolicum (Pu Gong Ying) | 12776 | 3.4 |
| Xiao-Feng-San | With  | Forsythia suspensa (Lian Qiao) | 11980 | 3.1 |
| Xiao-Feng-San | With  | Coix lacryma-jobi (Yi Yi Ren) | 11900 | 3.1 |
| Xian-Fang-Huo-Ming-Yin | With  | Forsythia suspensa (Lian Qiao) | 11065 | 2.9 |