Treatment of the Localized Neurodermatitis by Plum-blossom Needle Tapping and with the Modified Yangxue Dingfeng Tang —A Clinical Observation of 47 Cases

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Objective: To observe the therapeutic effects of plum-blossom needle tapping combined with the modified Yangxue Dingfeng Tang (a decoction for nourishing the blood and expelling wind) for the localized neurodermatitis. Methods: 141 cases of the localized neurodermatitis were randomly divided into 3 groups. Forty-seven patients in the treatment group received local tapping and oral medication of the modified Yangxue Dingfeng Tang which consisted of Sheng Di Huang (生地黄 Radix Rehmanniae), Dang Gui (当归 Radix Angelicae Sinensis), Chi Shao (赤芍 Radix Paeoniae Rubra), Tian Dong (天冬 Radix Asparagus), Mai Dong (麦冬 Radix Ophiopogonis), Jiang Can (僵蚕 Bombyx Batryticatus), Mu Dan Pi (牡丹皮 Cortex Moutan), Chuan Xiong (川芎 Rhizoma Chuanxiong), He Shou Wu (何首乌 Radix Polygoni Multiflori), and Quan Xie (全蝎 Scorpio). Forty-seven patients in the control group I were simply given the modified Yangxue Dingfeng Tang, and 47 patients in the control group II were treated with oral benadryl and Vitamin C plus local external application of 10% urea ointment. The treatment course for all the 3 groups lasted 30 days. Results: The short-term and long-term effects for the treatment group were much better than those of the 2 control groups (P<0.05). Conclusion: The plum-blossom needle tapping plus the modified Yangxue Dingfeng Tang exhibits a better and stable effect for the localized neurodermatitis.

Since 1993, the authors have successfully treated 47 cases of the localized neurodermatitis by plum-blossom needle tapping and with the modified Yangxue Dingfeng Tang, with quite good therapeutic results reported as follows.

Clinical Data

The 141 patients in this series, all conforming to the standard for diagnosing the localized neurodermatitis described in Standards for Clinical Diagnosis and Cure and Improvement of Disease,1 were randomly divided into the following 3 groups. Among the 47 cases in the treatment group were 28 males and 19 females with an average age of 33.24 ± 5.43 years and an average illness course of 3.47 ± 2.38 years. Among the 47 cases in control group I were 30 males and 17 females with an average age of 30.65 ± 6.68 years and an average illness course of 3.69 ± 3.14 years. Among the 47 cases in control group II were 27 males and 20 females with an average age of 32.36 ± 4.84 years and an average illness course of 3.25 ± 2.73 years. The data were comparable among the three groups in sex, age and illness course with no statistically significant difference (P>0.05).

Methods of Treatment

1. Patients in the treatment group were treated by plum-blossom needle tapping and oral TCM herbal decoction. Sterilized with 75% alcohol, the local
rash site was moderately or heavily tapped with a plum-blossom needle of Huatuo Brand until dropping of some scales and indistinct bleeding. The treatment was given once every other day. The recipe of the modified *Yangxue Dingfeng Tang* consisted of:

Sheng Di Huang (生地 黄 Radix Rehmanniae) 10g,  
Dang Gui (当归 Radix Angelicae Sinensis) 10g  
Chi Shao (赤芍 Radix Paeoniae Rubra) 10g  
Tian Dong (天冬 Radix Asparagi) 10g  
Mai Dong (麦冬 Radix Ophiopogonis) 10g  
Jiang Can (僵蚕 Bombyx Batryticatus) 10g  
Mu Dan Pi (牡丹皮 Cortex Moutan) 10g  
Chuan Xiong (川芎 Rhizoma Chuanxiong) 12g  
He Shou Wu (何首乌 Radix Polygoni Multiflori) 12g  
Quan Xie (全蝎 Scorpio) 4g  
The decoction was orally taken one dose a day in twice.

2. Patients in Control Group I were simply treated with the modified *Yangxue Dingfeng Tang*.

3. Patients in Control Group II were orally given Benadryl 50mg each time and Vitamin C 0.2g each time, 3 times a day, plus external use of 10% urea ointment on the affected areas 3-4 times a day.

The 3 groups were treated for 30 days as a course of treatment. In addition, patients were asked not to drink alcoholic wine or strong tea and not to eat pungent food. The short-term therapeutic effects were evaluated at the end of the treatment while the long-term effects half a year later.

The ridit analytic method was adopted for statistical processing of the therapeutic results in all the 3 groups.

**Criteria for the Therapeutic Effects**

Criteria for the therapeutic effects were drawn up in reference to *Standards for Clinical Diagnosis and Cure and Improvement of the Diseases*.

1) **Cured**: Complete disappearance of skin rash with no itching sensation.

2) **Improved**: Obvious subsidence of skin rash, with appearance of no new rash.

3) **Failed**: No obvious improvement or even increase in skin rash and no alleviation of pruritus.

**Results of Treatment**

The comparison of short-term therapeutic effects among the 3 groups are shown in Table 1.

The short-term therapeutic effects in the treatment group were much better than those of the 2 control groups (*P*<0.05), but with no significant difference between the 2 control groups (*P*=0.05).

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Cured</th>
<th>Improved</th>
<th>Failed</th>
<th>Total effective rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>47</td>
<td>35 (74.47%)</td>
<td>11 (23.40%)</td>
<td>1 (2.13%)</td>
<td>97.87%*</td>
</tr>
<tr>
<td>Control group</td>
<td>47</td>
<td>20 (42.55%)</td>
<td>22 (46.81%)</td>
<td>5 (10.64%)</td>
<td>89.36%</td>
</tr>
<tr>
<td>Control group</td>
<td>47</td>
<td>15 (31.91%)</td>
<td>26 (55.32%)</td>
<td>6 (12.77%)</td>
<td>87.23%</td>
</tr>
</tbody>
</table>

* *P*<0.05 as compared to the data of the 2 control groups.

2. The comparison of long-term therapeutic effects among the 3 groups are shown in Table 2.

Three cases in the treatment group, 2 cases in control group I and 4 cases in control group II were not followed up for some reasons. The total long-term effective rate in the treatment group was markedly superior to those of the 2 control groups (both *P*<0.05), but with no noticeable difference between the 2 control groups (*P*>0.05), indicating that the long-term therapeutic effect in the treatment group was stable.
Table 2. Comparison of the long-term therapeutic effects among the 3 groups

<table>
<thead>
<tr>
<th>Group</th>
<th>n</th>
<th>Cured</th>
<th>Improved</th>
<th>Failed</th>
<th>Total effective rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment group</td>
<td>44</td>
<td>35 (75.00%)</td>
<td>9 (20.45%)</td>
<td>2 (4.54%)</td>
<td>95.45%*</td>
</tr>
<tr>
<td>Control group 1</td>
<td>45</td>
<td>15 (33.33%)</td>
<td>23 (51.11%)</td>
<td>7 (15.56%)</td>
<td>84.44%</td>
</tr>
<tr>
<td>Control group 2</td>
<td>43</td>
<td>10 (23.26%)</td>
<td>24 (55.81%)</td>
<td>9 (20.93%)</td>
<td>79.07%</td>
</tr>
</tbody>
</table>

*p<0.05 as compared to the data in the 2 control groups.

Discussion

It is generally believed that the onset of neurodermatitis is closely related to mental factors, inflammatory stimulation, endocrine disorder with an increased immunosuppression. Tapping the skin with a plum-blossom needle can regulate the functions of the channels and the internal organs, thus making the functions of the body return to normal. The plum-blossom needle tapping on the neurodermatitis-affected sites until indistinct bleeding can clear away pathogenic heat and toxin, promote circulation of qi and blood, eliminate swelling, relieve the hard mass,2 dredge the channels, improve microcirculation, promote resorption of the inflammatory metabolite, strengthen immunity, eliminate inflammation and relieve itching. In the recipe of Yinxue Dingfeng Tang, Sheng Di Huang (生地黄 Radix Rehmanniae), Chi Shao (赤芍 Radix Paeonae Rubra) and Mu Dan Pi (牡丹皮 Cortex Moutan) have the effect to clear away heat from the blood. Dang Gui (当归 Radix Angelicae Sinensis) and He Shou Wu (何首乌 Radix Polygoni Multiflori) can nourish the blood and moisten the dryness. Tian Dong (天冬 Radix Asparagi) and Mai Dong (麦冬 Radix Ophiopogonis) can nourish yin and clear away heat. Jiang Can (僵蚕 Bombyx Batryticatus) and Quan Xie (全蝎 Scorpio) can expel wind and stop itching. Chuang Xiong (川芎 Rhizoma Chuanxiong) and Chi Shao (赤芍 Radix Paeonae Rubra) can promote blood circulation to remove blood stasis. When these drugs are used together, they can nourish the blood, clear away heat from the blood, promote blood circulation, expel wind and stop itching. Good therapeutic effects have been shown in this study on treatment for the localized neurodermatitis by the aforementioned therapy.

References


（Translated by Duan Shumin 段树民）