

Clinical Observation of Acupuncture Combined with Qushi Decoction in the Treatment of Chronic Eczema of Spleen Deficiency and Dampness Accumulation Type

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Abstract Chronic eczema is a common and refractory disease in dermatology clinical practice, and the spleen deficiency and dampness accumulation type is particularly challenging due to its complex pathogenesis and prolonged course. Based on clinical research data, in this study, the clinical efficacy of acupuncture combined with Qushi Decoction in the treatment of chronic eczema of spleen deficiency and dampness accumulation type was systematically observed and analyzed, and its core therapeutic mechanism, clinical value, and key implementation points were elucidated, aiming to provide clinical evidence for the promotion and application of characteristic traditional Chinese medicine therapies in the treatment of chronic eczema and to optimize the practical pathway of TCM in treating chronic skin diseases.

Key words Acupuncture therapy; Qushi Decoction; Chronic eczema; Spleen deficiency and dampness accumulation; Clinical observation

DOI:10.19759/j.cnki.2164-4993.2026.04.017

Chronic eczema is a skin inflammatory reaction with intense pruritus caused by a variety of internal and external factors, characterized by recurrent skin lesions, intolerable itching, and prolonged and difficult recovery. Epidemiological surveys show that patients with chronic eczema account for approximately 20% of dermatology outpatient visits, significantly affecting patients' quality of life and physical and mental health. Among various syndrome types of chronic eczema, the spleen deficiency and dampness accumulation type features spleen deficiency as the root cause and dampness accumulation as the superficial manifestation. Presenting with intermingled deficiency and excess as well as mutual interaction between the root and superficial manifestation, this syndrome poses particularly great challenges for clinical treatment. Professor BAI Yanping believes that although eczema is a disease on the body surface, it is closely related to the pathological changes of various internal organs. Among them, the most common is spleen deficiency with impaired transportation and transformation, which can lead to abnormal water-dampness metabolism and exacerbate the accumulation of dampness in the body. Meanwhile, spleen deficiency leads to weak defensive qi and insecure exterior, making the body susceptible to invasion by external wind, dampness, and heat pathogens, thus triggering the disease. Therefore, "treating skin diseases through the spleen" should be implemented throughout the entire course of eczema treatment^[1].

Currently, Western medicine mainly treats chronic eczema with oral antihistamines combined with topical glucocorticoids.

Although this approach can provide short-term symptom relief, long-term use is associated with issues such as drug dependence, adverse reactions, and easy relapse after drug discontinuation. Traditional Chinese medicine has unique advantages in the treatment of chronic eczema, offering holistic regulation and addressing both the root cause and manifestations. In recent years, the combination of acupuncture and herbal medicine has been widely applied in dermatology clinical practice. Oral administration of Chinese herbal medicine regulates internal organ functions to treat the root cause, while acupuncture externally unblocks the meridians and expels pathogenic factors to treat the manifestations. The combined internal and external treatment complements each other, achieving synergistic therapeutic effects. Previous clinical studies have confirmed that acupuncture combined with Chinese herbal medicine can rapidly alleviate itching, strengthen spleen and stomach function, enhance immune function and disease resistance, and promote the recovery of chronic eczema. In this study, based on a randomized controlled trial, the clinical efficacy of acupuncture combined with Qushi Decoction was systematically observed and analyzed in the treatment of chronic eczema of spleen deficiency and dampness accumulation type, aiming to provide a reference for the clinical treatment of the disease.

Clinical Value Analysis of Acupuncture Combined with Qushi Decoction in the Treatment of Chronic Eczema of Spleen Deficiency and Dampness Accumulation Type

Targeting the pathogenesis to achieve "treatment of both the root and manifestation"

The core pathogenesis of chronic eczema of spleen deficiency and dampness accumulation type lies in spleen deficiency with impaired transportation, internal accumulation of dampness, and

Received: May 27, 2026 Accepted: July 29, 2026

Supported by The Traditional Chinese Medicine Research Project of Shanghai Municipal Health Commission (2022QN072).

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external manifestation on the skin. The spleen governs the transportation and transformation of water-dampness. If the spleen and stomach are inherently weak, or if improper diet damages the spleen and stomach, the spleen fails to transport and transform properly, leading to abnormal water-dampness metabolism. Dampness accumulates internally and permeates the skin, resulting in eczema. Meanwhile, spleen deficiency leads to insecurity of the defensive qi, making the body susceptible to invasion by external wind, dampness, and heat pathogens. The combination of internal and external pathogenic factors causes recurrent episodes and prolonged and difficult recovery.

Targeting this pathogenic mechanism, Qushi Decoction adopts strengthening the spleen and draining dampness as the core therapeutic approach. In the formula, herbs that invigorate the spleen and replenish qi are used to restore the transportation and transformation function of the spleen and stomach, supplemented by herbs that drain dampness and eliminate turbidity to remove the accumulated dampness internally, combined with heat-clearing herbs to address the excess manifestations. Professor BAI Yanping emphasizes that in the treatment of eczema of spleen deficiency and dampness accumulation type, the entire process of diagnosis and treatment should closely revolve around the fundamental pathogenesis of spleen deficiency and dampness accumulation, establishing the core therapeutic direction, while simultaneously conducting syndrome differentiation and treatment based on the predominance of root or manifestation, severity, and urgency of the patient's symptoms, and emphasis should be put on formula selection, medication, and acupoint selection correspondingly. Acupuncture mainly focuses on regulating the spleen and stomach meridians, with commonly used acupoints including Quchi (LI11), Hegu (LI4), Xuehai (SP10), Zusanli (ST36), and Sanyinjiao (SP6). Quchi and Hegu disperse wind, clear heat, and harmonize qi and blood; Xuehai cools blood, invigorates blood, and dispels wind to relieve itching; and Zusanli and Sanyinjiao strengthen the spleen, replenish qi, and transform dampness to promote diuresis. The combined use of acupuncture and herbal medicine, with internal administration and external treatment, not only restores the transportation and transformation function of the spleen and stomach from the interior to treat the root cause, but also unblocks the meridians and expels pathogenic factors through acupuncture to treat the manifestation, achieving the therapeutic goal of treating both root and manifestation^[2].

Improving skin lesions and enhancing patients' quality of life

The impact of chronic eczema on patients' quality of life should not be overlooked. Skin itching, pain, sleep disturbance, and cosmetic impairment caused by recurrent skin lesions significantly affect patients' daily work, social activities, and mental health. In clinical research, the Eczema Area and Severity Index (EASI) score, the Visual Analogue Scale (VAS) score for pruritus, and the Dermatology Life Quality Index (DLQI) score are important indicators for evaluating therapeutic efficacy^[3].

The data from this study showed that at 6 months after

treatment, the EASI score was (5.63 ± 1.129) in the Chinese herbal medicine group, (4.9 ± 1.125) in the acupuncture-herbal medicine group, and (9.63 ± 1.79) in the control group. One-way analysis of variance showed an extremely significant difference among the group means ($F = 101.66$, $P < 0.001$), indicating that the improvement in skin lesions in the acupuncture-herbal medicine group was significantly better than that in the Chinese herbal medicine group and the control group. In terms of VAS scores, the control group showed the fastest pruritus relief at 3 months after treatment (0.3 ± 0.466), but at 6 months after treatment, the pruritus levels in both the acupuncture-herbal medicine group (1.23 ± 1.165) and the Chinese herbal medicine group (1.8 ± 1.448) were lower than that in the control group (1.17 ± 0.699), demonstrating the advantage of combined acupuncture and herbal medicine in long-term pruritus control. In terms of DLQI scores, at 6 months after treatment, the Chinese herbal medicine group scored (1.57 ± 1.357), the acupuncture-herbal medicine group scored (1.13 ± 1.074), while the control group scored as high as (9.27 ± 3.062). There was a significant difference among the groups ($F = 152.352$, $P < 0.001$). The above data fully demonstrate that the combined acupuncture and herbal medicine therapy can effectively improve patients' skin lesions and pruritus symptoms, with long-term efficacy significantly superior to Western medicine alone, and can significantly enhance patients' quality of life^[4].

Reducing recurrence and reflecting the TCM advantage of "treating disease before it onsets"

The fundamental reason why chronic eczema is termed "chronic" lies in its recurrent nature. Although Western medicine can control symptoms in the short term, the recurrence rate after drug discontinuation is relatively high, and patients often fall into a vicious cycle of "treatment-remission-recurrence-retreatment". The advantage of traditional Chinese medicine treatment is not only reflected in the control of acute-phase symptoms, but more importantly, in the effective reduction of recurrence rates.

The follow-up data of this study showed that at 6 months after treatment, the EASI score in the acupuncture-herbal medicine group was 4.9 ± 1.125 , significantly lower than that in the control group (9.63 ± 1.79 , $P < 0.001$). The difference in EASI scores between the acupuncture-herbal medicine group and the control group was 4.733, with a 95% confidence interval of $[5.44, 4.02]$. The VAS score was 1.23 ± 1.165 in the acupuncture-herbal medicine group and 1.17 ± 0.699 in the control group. Although the difference was not significant, pruritus control in the acupuncture-herbal medicine group was more stable. The DLQI score was 1.13 ± 1.074 in the acupuncture-herbal medicine group and 9.27 ± 3.062 in the control group, with an extremely significant difference ($P < 0.001$). These results fully demonstrate the significant advantage of combined acupuncture and herbal medicine therapy in reducing the long-term recurrence rate. The underlying mechanism is that acupuncture combined with Qushi Decoction not only eliminates the current excess manifestations of

symptoms, but also restores the transportation and transformation function of the spleen and stomach through the core therapeutic approach of strengthening the spleen and replenishing qi, fundamentally improving the patient's constitutional state and enhancing the body's ability to resist external pathogens, thereby reducing the risk of disease recurrence. This treatment concept of "preventing progression after disease onset and preventing recurrence after recovery" is a concrete manifestation of the TCM philosophy of "treating disease before it onsets" in the management of chronic diseases^[5].

Challenges in the Clinical Application of Acupuncture Combined with Qushi Decoction

Difficulty in accurately grasping syndrome differentiation

The syndrome differentiation of chronic eczema of spleen deficiency and dampness accumulation type requires accurate grasp of the primary and secondary relationships and dynamic changes between spleen deficiency and dampness accumulation. In clinical practice, the manifestations of spleen deficiency and dampness accumulation in some patients are intricately intertwined, with either spleen deficiency being primary and dampness accumulation secondary, or dampness accumulation being prominent while spleen deficiency is less apparent, or both deficiency and excess being equally significant with simultaneous root and manifestation involvement. The accuracy of syndrome differentiation directly affects the modification of the Qushi Decoction formula and the selection and combination of acupuncture points. If syndrome differentiation is inappropriate, the therapeutic effect will be significantly compromised. Moreover, chronic eczema has a prolonged course, and the syndrome characteristics of patients may change at different stages of the disease, requiring physicians to dynamically grasp and treat according to the syndrome, which poses high demands on the TCM syndrome differentiation ability of clinicians.

High technical requirements for acupuncture operation

Acupuncture treatment of chronic eczema of spleen deficiency and dampness accumulation type not only requires the selection of appropriate acupoints, but also involves precise control of multiple technical parameters, including needling depth, reinforcing and reducing manipulation techniques, and needle retention time. Different manipulation techniques may produce entirely different therapeutic effects. For example, acupoints such as Quchi and Hegu should be treated with reducing techniques to disperse wind and clear heat, while acupoints such as Zusanli and Sanyinjiao should be treated with reinforcing techniques to strengthen the spleen and replenish qi. The operation of special needling methods such as fire acupuncture requires even more skilled technique and extensive experience. At present, there is a relative shortage of clinicians with high-level acupuncture manipulation skills, which to some extent limits the promotion and application of the combined acupuncture and herbal medicine therapy in primary healthcare institutions.

Realistic challenges in patient compliance

The treatment course for chronic eczema is relatively long,

and acupuncture treatment typically requires multiple sessions per week, lasting for several weeks or even months. Some patients find it difficult to complete the full treatment course due to work commitments, transportation difficulties, and other reasons. Meanwhile, factors such as the taste of Chinese herbal decoctions and the tedious preparation process also affect patients' medication compliance. Insufficient patient compliance not only affects the immediate therapeutic effect, but may also leads to disease recurrence after treatment interruption, ultimately compromising the long-term outcomes of the overall treatment plan. How to optimize the treatment protocol and improve patient compliance while ensuring therapeutic efficacy is an urgent issue that needs to be addressed in clinical practice.

Analysis of the Practical Pathway for the Clinical Application of Acupuncture Combined with Qushi Decoction

Standardizing syndrome differentiation and treatment to achieve individualized therapy

To achieve the optimal efficacy of acupuncture combined with Qushi Decoction, the primary step is to standardize the syndrome differentiation and treatment process. When encountering patients with chronic eczema of spleen deficiency and dampness accumulation type in clinical practice, detailed information from the four diagnostic methods should be collected to accurately grasp the primary and secondary relationships and the severity and urgency between spleen deficiency and dampness accumulation. For patients with prominent spleen deficiency, the Qushi Decoction should be modified with increased herbs that strengthen the spleen and replenish qi, and acupuncture should focus on spleen-strengthening acupoints such as Zusanli and Sanyinjiao. For patients with prominent dampness accumulation, the Qushi Decoction should be modified with increased herbs that drain dampness and eliminate turbidity, and acupuncture may appropriately add acupoints such as Yinlingquan and Fenglong for resolving dampness. Meanwhile, modifications should be made according to the local manifestations of skin lesions, such as adding herbs that dispel wind and relieve itching for severe pruritus, and adding herbs that dry dampness and pronounced exudation. Through precise individualized syndrome differentiation and treatment, the synergistic effect of combined acupuncture and herbal medicine can be maximized^[6].

Optimizing treatment protocols to improve patient compliance

To address the issues of high frequency and prolonged duration of acupuncture treatment, the treatment protocol can be appropriately optimized while ensuring therapeutic efficacy. For patients who have difficulty attending frequent visits, long-acting stimulation methods such as intradermal needle embedding can be used to reduce visit frequency. For Chinese herbal decoctions, the use of herbal granules or dispensing services can be explored to reduce the time cost and operational difficulty of decoction preparation for patients. In addition, at the initial stage of treatment, patients should be fully informed about the characteristics of

chronic eczema and the treatment course, helping them establish reasonable treatment expectations and enhancing their confidence and motivation to complete the full treatment course^[7]. During the treatment process, therapeutic efficacy should be regularly evaluated and fed back in a timely manner, allowing patients to see the actual effects of treatment, thereby maintaining good compliance continuously.

Strengthening multidisciplinary collaboration and promoting technology dissemination

The effective dissemination of acupuncture combined with Qushi Decoction in the treatment of chronic eczema of spleen deficiency and dampness accumulation type relies on multidisciplinary collaboration. Departments such as TCM dermatology, acupuncture, and rehabilitation should establish a routine collaborative mechanism to achieve efficient patient referral and combined treatment. To address the current weakness in acupuncture manipulation skills in primary healthcare institutions, measures such as organizing specialized training courses, establishing remote consultation platforms, and developing standardized operating procedures can be adopted to improve primary physicians' syndrome differentiation ability and acupuncture manipulation proficiency. Meanwhile, high-quality clinical research and exploration of therapeutic mechanisms should be continuously conducted to verify and elucidate the therapeutic advantages of combined acupuncture and herbal medicine using modern scientific research methods, providing more sufficient evidence-based medical evidence for the promotion and application of this traditional therapy. Through multi-level and multi-channel collaborative efforts, this characteristic TCM therapy of acupuncture combined with Qushi Decoction can benefit more patients with chronic eczema.

Conclusion

In response to the clinical challenge of chronic eczema of spleen deficiency and dampness accumulation type, characterized by complex pathogenesis and prolonged and difficult recovery, the clinical value, implementation challenges, and practical pathways of the acupuncture combined with Qushi Decoction treatment protocol were systematically analyzed based on clinical research data in this study. The study confirms that acupuncture combined with Qushi Decoction addresses the core pathogenesis of spleen deficiency and dampness accumulation, with strengthening the spleen and draining dampness as the root-treating strategy and unblocking the meridians as the pathogen-expelling approach. Through combined internal and external treatment and addressing both root and manifestation, it demonstrates significant advantages in improving skin lesions [EASI score; acupuncture-herbal medicine group (4.9 ± 1.125) vs control group (9.63 ± 1.79 , $P < 0.001$)], enhancing quality of life [DLQI score; acupuncture-herbal medicine

group (1.13 ± 1.074) vs control group (9.27 ± 3.062 , $P < 0.001$)], and reducing recurrence rates. However, the clinical dissemination of this therapy still faces practical challenges, including the accuracy of syndrome differentiation, the technical threshold of acupuncture manipulation, and patient compliance, which need to be addressed through measures such as standardizing syndrome differentiation and treatment, optimizing treatment protocols, and strengthening multidisciplinary collaboration. The development of TCM treatment for chronic eczema requires both the continuous accumulation of clinical experience and the ongoing validation through scientific research methods. Integrating acupuncture combined with Qushi Decoction into the standardized treatment system for chronic eczema can not only enrich the clinical pathways of TCM in treating chronic skin diseases, but also promote the organic integration of traditional acupuncture therapy and internal herbal treatment in modern clinical practice, laying a practical foundation for cultivating TCM talents who possess both traditional acupuncture skills and modern clinical thinking.

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