

使用中藥治療中重度異位性皮膚炎患者的療效

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摘要

異位性皮膚炎在台灣的盛行率約為 6-10%，是一種慢性、反覆發炎，且伴隨極度搔癢的皮膚病，成因包含遺傳因子、皮膚障蔽失常、免疫系統失調、肥大細胞作用以及皮膚感染。透過進行一中西醫整合交叉研究，評估搭配北榮四號方(消蕪歸膚湯)治療異位性皮膚炎緩解之效果，和中西醫整合治療前後受試者之中醫證型變化與其關聯性，期能了解此處方對異位性皮膚炎的療效，為患者提供另一種選擇。

本研究張貼受試者招募海報於臺北榮民總醫院傳統醫學部、皮膚部及兒童醫學部，招募符合條件之異位性皮膚炎患者，試驗計進行 14 週。受試者需經過國際通行的診斷標準 Hannifin and Rajka diagnostic criteria 評斷後，確定為異位性皮膚炎患者，並經過 Scoring Atopic Dermatitis Index (SCORAD) 評估大於 20 分，確定為中度至重度的嚴重程度後，並且接受王琦中醫體質量表、皮膚生活質量指數(DLQI)或兒童皮膚生活質量指數(CDLQI)的評估，以及血液常規檢測、肝腎功能檢測與異位性皮膚炎相關的免疫標籤:Eosinophil cationic protein 及 IgE，並加上舌診儀及脈診儀之診斷，作為本研究客觀及主觀評斷依據。

共 13 位符合納入準則的病患被告知本計畫且填寫臨床試驗受試同意書，其中 4 名試驗病人完成試驗，8 名病人尚在進行臨床試驗，1 名試驗病人因家人反對而退出；本研究結果顯示，10 位受試者(2 位受試者尚未經歷 treatment group)在服用消蕪歸膚湯後，不僅在客觀評估的 SCORAD 評分中分數均顯著下降，受試者在生活品質的自主感受困擾程度不部份大幅減少；血液檢測中，雖受試者於主觀及客觀的程度改善，但免疫標籤 Eosinophil cationic protein 及 IgE 檢測中，並未有顯著連結，相關機制尚需查明。中醫體質量表結果顯示，幾乎所有的受試者體質皆為特稟質；於舌診及脈診的紀錄中，也顯示異位性皮膚炎患者中醫證型為：脾虛濕盛證、濕熱內蘊證以及血虛風燥證。

本研究顯示北榮四號方對頑固異位性皮膚炎病患之病情改善有明顯療效，且無明顯副作用，可作為治療頑固異位性皮膚炎的一種新選擇，但作用機轉仍需進一步的研究及探討。

關鍵詞: 異位性皮膚炎、中藥治療、兒童皮膚相關生活品質指數、皮膚學生活品質問卷,王琦中醫體質量表

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Abstract

Atopic dermatitis is a chronic, recurrent inflammatory skin disease associated with extreme itching. The causes include genetic factors, skin disorders, immune system disorders, mast cell action, and skin infections. A cross-sectional study was conducted to evaluate the efficacy of the Chinese medicine formula Beirong No. 4 (Eliminate the moss and return to the skin) in the treatment of atopic dermatitis, and the association between the changes in the Chinese medicine patterns of the subjects before and after the integrated Chinese and Western medicine treatment, in order to understand the efficacy of this formula in atopic dermatitis and to provide an alternative for patients.

A poster was posted in the Department of Traditional Medicine, Department of Dermatology, and Department of Pediatrics at Taipei Veterans General Hospital to recruit eligible patients with atopic dermatitis for a 14-week trial. Subjects were identified as atopic dermatitis patients after passing the internationally accepted Hannifin and Rajka diagnostic criteria, and were assessed by the Scoring Atopic Dermatitis Index (SCORAD) with a score greater than 20, and were determined to be moderate to severe. The patients were assessed by the Scoring Atopic Dermatitis Index (SCORAD) with a score of more than 20 and were determined to have moderate to severe severity, and were evaluated by the Wang Qi Chinese medicine constitution questionnaire, the Dermatology Life Quality Index (DLQI) or the Children's Dermatology Life Quality Index (CDLQI), as well as routine blood tests, liver and kidney function tests, and immune markers related to atopic dermatitis: Eosinophil cationic protein(ECP) and IgE, and tongue and pulse diagnostics. A total of 13 patients met the criteria for inclusion in the study.

A total of 13 patients who met the inclusion criteria were informed about the project and completed the consent form for clinical trial, of which 4 patients completed the trial, 8 patients were still in the clinical trial, and 1 patient withdrew due to family objection. In the blood test, although the subjective and objective levels of the subjects improved, there was no significant correlation between the immune markers Eosinophil cationic protein(ECP) and IgE, and the relevant mechanisms need to be identified. The results of the Wang Qi Chinese medicine constitution questionnaire showed that almost all subjects were of special qualities. The tongue and pulse records of atopic dermatitis patients also showed that the TCM types of patients with atopic dermatitis were: Spleen Deficiency with Dampness, Dampness-Heat with Internal Heat, and Blood Deficiency with Wind Dryness.

This study shows that Bei Rong No. 4 formula has significant curative effect on the improvement of patients with stubborn atopic dermatitis without obvious side effects, which can be a new option for the treatment of stubborn atopic dermatitis, but the mechanism of action still needs further study and research.

Keywords: atopic dermatitis, Chinese herbal medicine, SCORAD, Wang Qi Chinese medicine constitution questionnaire