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Clinical Comparative Study on the Treatment of Common Allergic Skin Diseases in Children with Traditional Chinese and Western Medicine

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Abstract: *Objective:* To explore the clinical application effect of traditional Chinese medicine syndrome differentiation treatment and Western medicine conventional treatment for common allergic skin diseases in children. *Methods:* 80 children with allergic skin diseases admitted to our hospital from January 2025 to December 2025 were selected as the research subjects and randomly divided into an observation group and a control group, with 40 cases in each group. The control group was given first-line Western medicine symptomatic treatment according to the specific skin disease types, and the observation group was given corresponding Chinese medicine prescriptions based on TCM syndrome differentiation. The total clinical treatment effectiveness, symptom scores before and after treatment, and the occurrence of adverse reactions were compared between the two groups of children. *Results:* After treatment, the total effective rate of treatment in the observation group was higher than that in the control group, and the improvement in children's symptom scores was better than that in the control group ($P < 0.05$). There was no significant difference in the incidence of adverse reactions between the two groups ($P > 0.05$). *Conclusion:* Traditional Chinese medicine syndrome differentiation treatment for common allergic skin diseases in children can effectively improve the clinical symptoms of children and improve the overall treatment effect, and the treatment safety is equivalent to that of Western medicine treatment.

Keywords: Children; Allergic skin diseases; Syndrome differentiation and treatment; Western medicine treatment; Clinical efficacy

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1. Introduction

Allergic dermatoses are a type of allergic disease with a high incidence rate in pediatric dermatology. They are mainly caused by external allergen stimulation, immune dysfunction and other factors, and include atopic dermatitis, urticaria, contact dermatitis and other common types [1]. This type of disease is characterized

by repeated attacks, severe itching, and a protracted course. It will directly affect children's skin condition and sleep quality. Long-term disease may also interfere with children's growth, development, and physical and mental health [2]. Current clinical Western medicine treatments for allergic skin diseases in children are mostly based on first-line drugs such as antihistamines and topical glucocorticoids, which have a rapid onset of action but a high long-term recurrence rate. Some children may develop mild intolerance after long-term medication [3]. Traditional Chinese medicine has unique advantages in the treatment of children's skin diseases. It takes syndrome differentiation and treatment as the core, divides syndrome types according to the children's constitution and skin lesions, implements individualized medication, and focuses on regulating the overall state of the body, which can effectively reduce the probability of disease recurrence. This study selected 80 children admitted to our hospital in 2025 to conduct a controlled trial to compare the clinical effects, symptom improvement, and safety of the two treatment options of traditional Chinese and Western medicine.

2. Materials and methods

2.1. General information

80 children with allergic skin diseases admitted to our hospital from January 2025 to December 2025 were selected and divided into an observation group and a control group by the random number table method, with 40 cases in each group. There were 21 males and 19 females in the control group, aged from 2 to 12 years old, with an average of (6.52 ± 1.35) years, and the disease duration ranged from 1 to 8 months, with an average of (4.26 ± 1.12) months. There were 22 males and 18 females in the observation group, aged from 3 to 11 years old, with an average of (6.48 ± 1.32) years, and the disease duration ranged from 1 to 7 months, with an average of (4.18 ± 1.09) months. There was no statistical difference in the basic data of gender, age, and disease course between the two groups of children $P > 0.05$, indicating comparability of the groups. The children included in this study were 32 cases of atopic dermatitis, 28 cases of acute urticaria, and 20 cases of contact dermatitis. Traditional Chinese medicine syndrome types included 35 cases of wind-heat accumulation type, 29 cases of damp-heat soaking type, and 16 cases of spleen deficiency and dampness type. The distribution of syndrome types in the two groups was balanced and comparable. Inclusion criteria: (1) Meet the clinical diagnostic criteria for allergic skin diseases in children; (2) Children aged 2 to 12 years old; (3) Family members of children with informed consent and consent to participate in the study. Exclusion criteria: (1) Children with bacterial or fungal skin infections; (2) Children who have used immunosuppressants and hormonal drugs in the past month; (3) Children with abnormal liver and kidney function and coagulation dysfunction.

2.2. Method

The control group was treated with first-line Western medicine for symptomatic treatment, and the medication plan was formulated according to the specific skin disease types of the children. Children with atopic dermatitis take oral loratadine syrup, 5 mL each time once a day for children aged 2 to 6 years old, and 10 mL each time for children aged 7 to 12 years old. At the same time, desonide cream is used externally, twice a day, and is evenly applied to the affected area. Children with acute urticaria should take cetirizine drops orally, 0.25 mL once a day for children aged 2 to 6 years old, and 0.5 mL each time for children aged 7 to 12 years old. Continuous administration should be used to control the subsidence of the wheal. Children

with contact dermatitis were first separated from allergens. Those with mild skin lesions were treated with calamine lotion 3 times a day. Those with severe redness, swelling and itching were combined with desonide cream 2 times a day. All children were treated continuously for 4 weeks.

The observation group used traditional Chinese medicine syndrome differentiation and treatment, and targeted medication according to the syndrome type based on the morphology of the children's skin lesions, tongue coating and pulse, and clinical symptoms. Children with wind-heat-accumulating skin type are treated with soothing wind, clearing away heat, relieving itching and eliminating rash. Xiaofeng Powder is used. The basic prescription includes 6 g of Schizonepeta, 6 g of Fangfeng, 3 g of Cicada, 6 g of Arctium, 8 g of Rehmannia, 6 g of Anemarrhena, and 3 g of Licorice. Take 1 dose per day. Decoction 150 mL of juice and take it warm twice in the morning and evening. Children with damp-heat immersion type are treated with clearing away heat and diuresis, detoxifying and relieving itching. Longdan Xiegan Decoction is used. The basic formula includes 3 g of gentian, 6 g of skullcap, 6 g of gardenia, 8 g of Alisma, 8 g of poria, 6 g of plantain and 3 g of licorice. One dose per day: decoct 150 mL of juice and take it warm twice in the morning and evening. Children with spleen deficiency and dampness syndrome should be treated by strengthening the spleen, removing dampness, nourishing blood and moisturizing the skin. Shenling Atractylodes Powder is used. The basic formula includes 8 g *Codonopsis pilosula*, 8 g *Atractylodes macrocephala*, 8 g *Poria cocos*, 8 g Chinese yam, 10 g coix seed, 8 g white lentils, and 3 g licorice, 1 dose per day; boil 150 mL of water and take it warm twice in the morning and evening. All children were treated continuously for 4 weeks. During the treatment period, the children were instructed to eat a light diet, avoid seafood, spicy and other allergenic foods, and keep the skin clean and moisturized.

2.3. Observation indicators

2.3.1. The total effectiveness of clinical treatment

The efficacy is determined based on the subsidence of skin lesions and relief of itching in children. Markedly effective means that skin lesions completely subside, itching symptoms disappear, and there is no new rash; effective means that most of the skin lesions subside, itching is significantly relieved, and occasionally a small amount of new rashes occur; ineffective means that skin lesions are not improved or even worsened, and itching symptoms are not relieved.

2.3.2. Symptom scores before and after treatment

Score the four symptoms of skin itching, erythema, papules, and desquamation of the child. Each item is scored from 0 to 3 points, and the total score is from 0 to 12 points. The higher the score, the more serious the skin symptoms of the child.

2.3.3. Incidence of adverse reactions

The incidence of adverse reactions such as dry mouth, mild diarrhea, and dry skin was recorded for the two groups of children during treatment.

2.4. Statistical methods

SPSS 22.0 was used to process data. Measurement data are expressed as mean plus or minus standard deviation, and a t-test is performed; count data are expressed as percentages, and a χ^2 test is performed. $P < 0.05$ represents significant difference.

3. Results

3.1. Comparison of the total effective rate of clinical treatment between the two groups of children

The total effective rate of the observation group was higher than that of the control group ($P < 0.05$) (**Table 1**).

Table 1. Comparison of total effective rates between the two groups [n (%)]

Group	Effective	Valid	Invalid	Always efficient
Control group (n=40)	18(45.00)	14(35.00)	8(20.00)	32(80.00)
Observation group (n=40)	25(62.50)	13(32.50)	2(5.00)	38(95.00)
χ^2				4.114
P				0.043

3.2. Comparison of symptom scores between the two groups of children before and after treatment

After treatment, the symptom scores of both groups decreased, and the scores of the observation group were lower than those of the control group ($P < 0.05$) (**Table 2**).

Table 2. Comparison of symptom scores between the two groups (mean ± SD, points)

Group	n	Pre-treatment symptom score	Post-treatment symptom score
Control group	40	8.65 ± 1.24	4.28 ± 0.96
Observation group	40	8.59 ± 1.21	2.15 ± 0.82
t value		0.219	10.671
P value		0.827	< 0.001

3.3. Comparison of the incidence of adverse reactions in children between the two groups

There was no significant difference in the incidence of adverse reactions between the two groups ($P > 0.05$) (**Table 3**).

Table 3. Comparison of the incidence of adverse reactions in children between the two groups [n (%)]

Group	Dry mouth	Mild diarrhea	Dry skin	Overall incidence
Control group (n=40)	2(5.00)	1(2.50)	2(5.00)	5(12.50)
Observation group (n=40)	1(2.50)	2(5.00)	1(2.50)	4(10.00)
χ^2				0.000
P				1.000

4. Discussions

The pathogenesis of children's allergic skin diseases is closely related to children's own physiological characteristics. The functions of children's internal organs are not fully developed, the skin texture is relatively loose, and the ability to resist external sensitizing stimuli is relatively weak. At the same time, the body's immune regulatory function is not mature enough, so the incidence rate of this type of disease is extremely high in children. Western medicine clinically believes that the core cause of this type of disease is

a type I allergic reaction caused by the body's exposure to allergens, which will cause skin blood vessels to dilate and increase permeability, and then cause a series of clinical symptoms such as erythema, papules, and itching. Therefore, the core of clinical Western medicine treatment is to block allergic reactions, relieve local skin inflammation, and reduce itching symptoms. In the field of traditional Chinese medicine, children's allergic skin diseases are included in the categories of eczema, allergic eruptions, etc. The onset is related to the invasion of wind, dampness, and heat evils, as well as the weakness of the spleen and stomach, and insufficient qi and blood in children. The root cause of the disease is dysfunction of the body's internal organs and insufficient righteousness, and the external manifestations are the onset of pathogenic factors on the skin. Therefore, traditional Chinese medicine treatment is not limited to relieving skin surface symptoms, but pays more attention to the overall regulation of the body's internal organs' functions, and eliminates the internal causes through syndrome differentiation and medication, so as to achieve a therapeutic effect that takes into account both the specimen and the specimen [4].

The results of this study show that the total effective rate of treatment for children in the observation group is significantly higher than that of the control group. This result can illustrate that the overall therapeutic effect of the traditional Chinese medicine syndrome differentiation treatment program on children's allergic skin diseases is better than conventional Western medicine treatment. Antihistamines such as loratadine and cetirizine and topical hormonal drugs such as desonide cream used in Western medicine can quickly block histamine-mediated allergic reactions and relieve acute symptoms such as skin itching, redness and swelling in children in a short period of time. However, these drugs can only act on the external links of the disease and cannot regulate the immune status and organ function of the children. Therefore, some children are prone to relapse after stopping the medication, and there are certain limitations in the overall effectiveness of treatment. The syndrome differentiation and treatment system of traditional Chinese medicine can implement targeted intervention according to the pathogenesis of different syndrome types in children. Children with wind-heat syndrome type are mostly caused by exogenous wind-heat evil and stagnation in the skin. Xiaofengsan modified prescription can clear away wind and heat, penetrate the rash, and relieve itching. It can quickly dispel wind-heat evil on the surface of the skin and relieve the symptoms of acute rash and itching. Children with damp-heat immersion type often have skin lesions caused by internal damp-heat in the body and exogenous skin. The addition and subtraction of Longdan Xiegan Decoction can effectively remove damp-heat poisonous evils from the body and improve symptoms such as skin exudation, redness, swelling, and stubborn itching. Most children with spleen deficiency and excess dampness have a long course of disease and recurrent illness. The core cause is weak transportation and transformation function of the spleen and stomach, and abnormal water and damp metabolism. The addition and subtraction of Shenling Baizhu Powder can replenish the spleen and stomach, strengthen the spleen and remove dampness, improve the constitution of children with spleen deficiency from the root, reduce the endogenous development of water and dampness, and solve the core problem of recurrent disease. This personalized syndrome differentiation medication model can accurately correspond to the etiology and pathogenesis of different children, taking into account both symptomatic and root causes so that the overall treatment effect can be significantly improved [5].

The symptom score improvement effect of the observation group was better. This result can directly reflect that TCM syndrome differentiation treatment has a more prominent effect on improving the clinical symptoms of children's skin. Skin itching, erythema, papules, and desquamation are the core symptoms

of allergic skin diseases in children and are also the main factors affecting the quality of life of children. Although Western medicine can quickly control itching symptoms, its repair effect on chronic skin lesions such as dry skin, desquamation, and recurrent erythema is relatively limited. The improvement of symptoms with long-term single medication will gradually slow down. Traditional Chinese medicine prescriptions exert therapeutic effects through multiple targets and multiple channels. Various syndrome differentiation prescriptions can not only eliminate disease pathogens and alleviate skin inflammatory reactions, but also regulate the movement of Qi and blood in the body and nourish the skin veins. Prescriptions used for wind-heat and damp-heat syndromes can remove stagnation of heat and dampness from the skin, and quickly subside acute skin lesions such as erythema and papules. Prescriptions used for spleen deficiency and excess dampness syndromes can replenish qi and blood, nourish the skin, and gradually improve chronic skin damage such as dryness, desquamation, and roughness. The combined use of multiple drugs can simultaneously improve the clinical symptoms of children and allow the skin condition to be fully repaired. Therefore, the symptom score of children after treatment decreases more significantly, and the symptoms are improved more thoroughly [6].

Safety research data show that there is no significant difference in the incidence of adverse reactions between the two groups of children during treatment, which can confirm that TCM syndrome differentiation treatment of allergic skin diseases in children is as safe as Western medicine treatment and will not increase the risk of medication for children. Antihistamines used clinically in Western medicine may cause mild dry mouth, drowsiness and other discomforts. Long-term use of topical hormone ointments may cause local dry skin, slight pigment abnormalities and other problems. The traditional Chinese medicine prescriptions used in this study are all mild medicinal materials commonly used in pediatric clinical practice. The dosage is strictly controlled according to the age and constitution of the children. The medicinal properties are mild, and the toxicity and side effects are very low. The mild diarrhea that occurs in a few children is mostly a normal reaction of the dehumidifying drugs acting on the intestines and can be relieved by itself without special treatment. Both groups of adverse reactions were mild and transient, and would not affect the overall treatment process, nor would they have any adverse effects on the physical development of the children, which is sufficient to demonstrate that the clinical application of TCM syndrome differentiation treatment programs is relatively safe and suitable for long-term standardized use in children [7].

The core advantage of Western medicine treatment is that it takes effect quickly and can quickly control the acute symptoms of children. However, it has the disadvantage of treating the symptoms rather than the root cause and having a high recurrence rate. Traditional Chinese medicine syndrome differentiation treatment is based on children's overall constitution and etiology and pathogenesis, and achieves disease treatment by regulating organ functions and eliminating intrinsic pathogens. Symptoms can be improved more thoroughly and the long-term prognosis can be better. At the same time, it will not increase the risk of adverse reactions and is more suitable for the clinical characteristics of recurrent allergic skin diseases in children. For children with a short course of disease and acute attacks, TCM prescriptions can quickly remove pathogenic factors, relieve itching, and control the progression of skin lesions. For children with a longer course of disease and recurrent attacks, TCM conditioning can improve partial constitutions such as spleen deficiency, dampness and heat, and reduce the probability of disease recurrence from the root cause. Both Chinese and Western medicine treatment options have their own advantages, but the comprehensive clinical value of individualized TCM syndrome differentiation treatment is higher and is more suitable for long-term promotion and application in pediatric clinical practice [8].

5. Conclusion

In summary, the use of traditional Chinese medicine syndrome differentiation and treatment for common allergic skin diseases in children can effectively improve the efficiency of clinical treatment, comprehensively improve clinical symptoms such as skin itching, erythema, and desquamation in children. It also has high treatment safety and is an efficient and safe pediatric clinical treatment plan.

About the author

Zhou Jiwen (1983—), female, Han nationality, native of Suzhou, Jiangsu Province, with a bachelor's degree, currently holds the title of deputy chief physician, and is a dermatologist at Wujiang District Children's Hospital in Suzhou. Her research direction is the treatment of common skin diseases in children by integrating traditional Chinese and Western medicine.

Disclosure statement

The author declares no conflict of interest.

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