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Clinical Observation on the Treatment of Dermatitis and Eczema Skin Diseases Using Integrated Traditional Chinese and Western Medicine

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Abstract: *Objective:* To analyze and study the clinical therapeutic effect of integrated traditional Chinese and Western medicine on patients with dermatitis and eczema skin diseases. *Methods:* A total of 40 patients with dermatitis and eczema skin diseases who were treated in our hospital from June 2026 to July 2026 were selected. According to the numerical grouping method, they were randomly divided into the conventional group and the observation group. The 20 patients treated with conventional Western medicine were named the conventional group, and the 20 patients treated with integrated traditional Chinese and Western medicine were named the observation group. The treatment effects, condition improvement time, recovery time, and itching symptom scores of the two groups of patients were compared. *Results:* Before treatment, there was no significant statistical significance in the comparison of itching symptom scores between the two groups of patients, $p > 0.05$; after different treatments for the two groups of patients, the itching symptom scores of the patients in the observation group dropped significantly compared with the patients in the conventional group, $p < 0.05$; the total effective rate of treatment of the patients in the observation group was significantly improved compared with the patients in the conventional group, $p < 0.05$; the patients in the observation group Compared with the conventional group, the symptom improvement time of the patients has no obvious advantage, $p > 0.05$, and the recovery time is greatly shortened, $p < 0.05$. *Conclusion:* From the research results, it can be seen that the treatment method of integrated traditional Chinese and Western medicine has a good therapeutic effect for patients with dermatitis and eczema skin diseases, effectively shortening the recovery time of the patient's condition, reducing the patient's itching symptom score, and is worthy of promotion and application in clinical practice.

Keywords: Integrated traditional Chinese and Western medicine treatment; Dermatitis and eczema skin diseases; Western medicine treatment

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1. Introduction

Dermatitis and eczema are both very common skin diseases in clinical practice. Patients will experience skin itching, redness, swelling, and blisters after the disease. In current clinical medicine, patients with dermatitis and eczema-like skin diseases are often treated with Western medicine, but frequent use of Western medicine may cause patients to suffer a series of adverse reactions. At the same time, although Western medicine treatment can help patients alleviate their condition, it cannot completely cure it, and symptoms often recur. Therefore, patients with dermatitis and eczema skin diseases can also be treated with a combination of traditional Chinese and Western medicine [1]. Dermatitis and eczema belong to the categories of plaster wind, traditional Chinese medicine poison and umbilical sore in traditional Chinese medicine. Dermatitis and eczema are non-infectious skin diseases with complex pathogenic mechanisms and frequent clinical symptoms, which have a huge impact on patients' quality of life. With the continuous development of traditional Chinese medicine technology in my country, great progress has been made in the treatment of dermatitis and eczema skin diseases [2]. This article analyzes and studies the clinical therapeutic effect of combined traditional Chinese and Western medicine on 40 patients with dermatitis and eczema skin diseases using different treatment methods.

2. Materials and methods

2.1. General information

A total of 40 patients with dermatitis and eczema skin diseases who were treated in our hospital from June 2026 to July 2026 were selected and randomly divided into the conventional group and the observation group according to the numerical grouping method. Among the patients in the conventional group, there were 12 male patients, accounting for 60.00%, and 8 female patients, accounting for 40.00%. The patients were all older than 26 and younger than 58 years old, with an average age of (43.64 ± 10.21) years old; among the patients in the observation group, there were 11 male patients, accounting for 55.00%, and 9 female patients, accounting for 45.00%. The patients were all older than 28 years old and younger than 60 years old, with an average age of (45.67 ± 9.38) years old. After comparing the basic data of the two groups of patients one by one, it was found that $p > 0.05$, which indicates that the difference between the basic data of the two groups of patients is not statistically significant and can be compared.

2.1.1. Inclusion criteria

(1) All patients must pass relevant clinical diagnosis and be diagnosed with dermatitis and eczema skin diseases.
(2) The patient's main clinical symptoms are redness, swelling, itching and papules.
(3) The patient has not received relevant treatment in the past month;
(4) In this research work, all patients involved must sign the "Informed Consent Form [3]".

2.1.2. Exclusion criteria

(1) In addition to dermatitis and eczema, patients also have other skin diseases, liver and kidney damage, or other chronic diseases such as diabetes [4].
(2) The patient suffers from mental illness, or is a lactating or pregnant woman.

2.2. Method

Patients in the conventional group were treated with Western medicine. The drug of choice was fluticasone propionate ointment (Timei). The method of use was: apply the drug to the affected area, covering the affected area completely, twice a day. At the same time, in conjunction with skin care, the usage method is: use moisturizer twice a day. Patients should try to avoid irritating and allergic foods such as chili peppers and seafood during treatment.

The patients in the observation group were treated with a combination of traditional Chinese medicine treatments, specifically including:

(1) External Chinese medicine treatment

This external Chinese medicine preparation is uniformly decoctioned and packaged by our hospital. The drug composition is: 10 grams of skullcap, 10 grams of *Phellodendron*, 5 grams of coptis, 10 grams of *Sophora flavescens*, 10 grams of white fresh bark, 10 grams of Kochia bark, and 5 grams of licorice. Wash outside twice a day, 5–10 minutes each time.

(2) To use tacrolimus ointment, the method of use is

Apply the drug to the affected area, covering the affected area completely, twice a day. At the same time, combined with skin care, the usage method is: use moisturizer twice a day, the same as the regular group.

(3) Dietary suggestions

During treatment, it is recommended that patients eat more foods that have the effects of clearing away heat and dampness, strengthening the spleen and nourishing blood, such as winter melon, barley, yam, lotus seeds, mung beans, etc., to help regulate dampness and heat in the body and promote skin repair. At the same time, it is necessary to strictly avoid eating spicy foods (such as chili, pepper, ginger, etc.), seafood (such as fish, shrimp, crab, etc.), beef and mutton, and alcoholic beverages to prevent aggravation of skin inflammation and itching symptoms. In addition, you should also pay attention to dietary rules, avoid overeating, maintain balanced nutrition, enhance the body's immunity, and provide a good internal environment for skin recovery.

2.3. Evaluation criteria

(1) Compare the itching symptom scores of the two groups of patients before and after treatment [5].

(2) Compare the treatment effects of the two groups of patients and divide them into markedly effective, effective and ineffective.

(3) Compare the symptom improvement time and recovery time of the two groups of patients.

2.4. Statistical methods

The statistical software used in the statistical stage of this article is SPSS23.0. The measurement data is represented by $\bar{x} \pm s$. The test stage uses a two-sample independent test. The expression method is t. The count data is expressed as a percentage (%). The test method used is χ^2. Whether p is less than 0.05 is used to determine whether it has statistical significance.

3. Results

According to **Table 1**, it can be seen that before treatment, the itching symptom scores of the two groups of patients were compared at $p > 0.05$, with no significant statistical significance; after different treatments

were given to the two groups of patients, the itching symptom scores of the patients in the observation group dropped more significantly than those in the conventional group, $p < 0.05$.

According to **Table 2**, it can be seen that after different treatments were given to the two groups of patients, the total effective rate of treatment for the patients in the observation group was significantly improved compared with the patients in the conventional group, $p < 0.05$.

According to **Table 3**, it can be seen that after different treatments were implemented for the two groups of patients, the symptom improvement time was $p > 0.05$, which was not statistically significant, and the recovery time was $p < 0.05$, which was statistically significant.

Table 1. Itching symptom scores of the two groups of patients before and after treatment ($\bar{x} \pm s$)

Group	Before treatment	After treatment
Regular group (n = 20)	4.73 ± 0.98	3.37 ± 0.79
Observation group (n = 20)	4.75 ± 1.02	2.01 ± 0.35
t	0.1000	11.1296
p	> 0.05	< 0.05

Table 2. Comparison of treatment effects between two groups of patients (%)

Group	Effective	valid	Invalid	always efficient
Regular group (n = 20)	7	9	4	16 (80.00)
Observation group (n = 20)	15	4	1	19 (95.00)
χ^2	-	-	-	10.7143
p	-	-	-	< 0.05

Table 3. Comparison of symptom improvement time and recovery time between two groups of patients ($\bar{x} \pm s$)

Group	Time to improve symptoms (days)	Recovery time (days)
Regular group (n = 20)	7.31 ± 2.65	15.25 ± 2.31
Observation group (n = 20)	7.72 ± 1.93	9.46 ± 2.15
t	1.2356	12.9737
p	< 0.05	< 0.05

4. Discussions

Dermatitis and eczema are common clinical diseases with complex pathological mechanisms, and patients have different clinical symptoms. Its onset is often closely related to the body's internal immune dysfunction, damaged skin barrier function, and external environmental factors (such as allergen stimulation, climate change, mental stress, etc.) [6]. When treating such diseases, Western medicine treatment methods are mostly based on anti-inflammatory, anti-itching, and anti-allergic principles. Commonly used drugs include hormone ointments, etc., which can help patients quickly relieve skin inflammation and itching symptoms. However, in general, their mechanism of action is relatively single, and long-term use may cause adverse reactions such as local skin atrophy and telangiectasia. At the same time, the effect of controlling the recurrence of the disease is not ideal.

It can be seen from the research results of this article that before treatment, there was no statistically

significant difference in the itching symptom scores of the two groups of patients, $p > 0.05$; after different treatments were given to the two groups of patients, the itching symptom scores of the patients in the observation group were significantly lower than those in the conventional group. Significant decrease, $p < 0.05$; compared with the patients in the conventional group, the total therapeutic efficiency of the patients in the observation group has been greatly improved, $p < 0.05$; compared with the patients in the conventional group, the recovery time of the patients in the observation group has been greatly shortened, $p < 0.05$.

This means that the combined treatment of traditional Chinese and Western medicine has a more significant effect on patients with dermatitis and eczema skin diseases, effectively complementing the advantages of the two medical systems. Although there is little difference between the two in terms of symptom improvement time, the overall efficacy of combined traditional Chinese and western medicine treatment is not weaker than that of western medicine treatment. In clinical practice, combined traditional Chinese and western medicine treatment can increase the efficacy and reduce the use of hormone ointments. In traditional Chinese medicine, it is believed that the occurrence of dermatitis and eczema-like skin diseases is closely related to factors such as "dampness, heat, wind, blood stasis, and deficiency". The traditional Chinese medicine lotions used in this study, such as skullcap, phellodendron, and coptis, can clear away heat and dampness, while sophora flavescens, white fresh bark, and kochia chinensis can dispel wind and relieve itching. The application of traditional Chinese medicine external washing treatment directly acts on the patient's affected area, which can not only help the patient clear away heat and cool blood, dry dampness and relieve itching, but also help the patient shrink local blood vessels, reduce inflammation and exudation, and relieve redness, swelling, heat and pain. At the same time, during clinical use, syndrome differentiation can also be added or subtracted according to patients with different syndrome types. For example, for patients with blood deficiency, add Angelica sinensis to nourish blood and moisturize the skin; for patients with qi stagnation and blood stasis, add peach kernels and safflower to activate blood circulation and remove blood stasis. Making full use of the essence of "syndrome differentiation and treatment" of traditional Chinese medicine, it can adjust the patient's constitution as a whole and improve the internal environment of the body [7].

5. Conclusion

In summary, the combination of traditional Chinese and Western medicine in the treatment of dermatitis and eczema has better therapeutic effects, effectively shortens the patient's recovery time, and reduces the patient's itching symptom score, which is worthy of promotion and application in clinical practice.

About the author

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Disclosure statement

The author declares no conflict of interest.

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