

EBM journal club

中藥治療異位性皮膚炎

指導醫師：陳星諭醫師

報告者：R1 黃嘉偉

- ◆ 異位性皮膚炎是一常見且具有遺傳傾向的過敏性皮膚病，其臨床特徵可因年齡不同而皮膚表現不同，經常反覆發作，病情時重時輕，個人或家族中常有氣喘、過敏性鼻炎等病史
- ◆ 根據不同文獻的報導，本病在全世界的罹病率約5-20%。

Epidemiology, Clinical Manifestations , and
Diagnosis of Atopic
Dermatitis(Eczema), UpToDate 2013

- ◆ 本病在台灣的盛行率約為8- 10 %.台灣異位性皮膚炎患者大多在5歲前發病. 2-7歲是高峰期，之後逐漸減緩

歐良修，以兒科醫師的角度看異位性皮膚炎。長庚兒童過敏氣喘中心網頁，
<http://www.cgmh.org.tw/chldhos/intr/c4a80/index.htm>

- ◆ 近年來病患、日益增多，尤其以已開發國家及都市區域的患兒較多，約為三十年前的2-3倍，這可能與環境因素密切相關。此疾病多於五歲以前發生，且女性比男性之比率約為1.3:1

Epidemiology, Clinical Manifestations , and Diagnosis of Atopic Dermatitis(Eczema), UpToDate 2013

Scenario

醫生，請問我異位性皮膚炎很久了，吃中藥會不會改善皮膚的狀況？

.....先開藥吃吃看吧..



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11歲女童異位性皮膚炎 中藥清溼熱 治隱疾



中廣新聞網 – 2013年12月17日下午12:34

相關內容



有過敏體質的十一歲女童家莉，從小吃西藥，治療反覆發作的皮膚病，今年暑假到奶奶家度假，天天接觸便當製售的潮濕環境，引發全身紅腫、丘疹、水泡及搔癢症狀。求助中醫，診斷為肺虛脾濕型異位性皮膚炎，先以中藥補中益氣，再解決反覆難纏的隱疾，兩個月後，皮膚癢症狀解除，恢復孩童皮膚的細膩光滑。(寇世菁報導)

十一歲的女童家莉，從小就有皮膚問題，每次丘疹、水泡、搔癢症狀發作，總是不停抓癢，直到流水破皮，吃西藥、擦

5A step 1 - Asking

- ◆ Background question
- ◆ 問問題（可以回答的問題）
- ◆ PICO

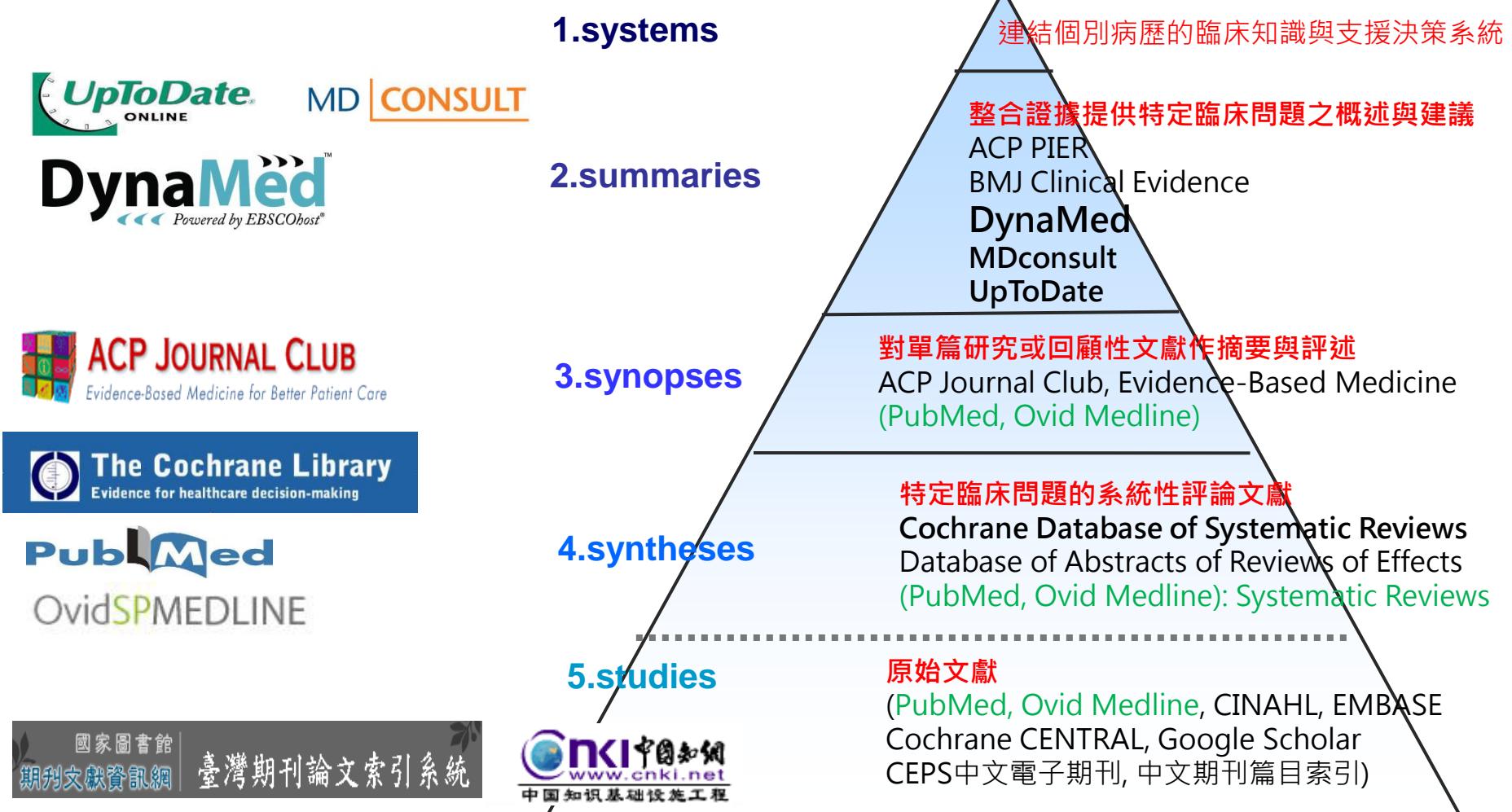
◆ 口服中藥是否可緩解異位性皮膚炎的症狀？

Problem 病人問題	異位性皮膚炎(Atopic dermatitis)
Intervention 介入處置	口服中藥 (chinese herbal medicine)
Comparison 對照的處置	不服藥 或 服西藥
Outcomes 臨床結果	異位性皮膚炎的症狀緩解 (itching)、(quality of life)

5A step 2 - Accessing

- ❖ 找資料（可獲得最好的證據資訊）
- ❖ Search strategy

5S EBM Resources



Model from: Haynes, R. B. (2006). Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based health care decisions. *ACP Journal Club*, 145(3), A8.



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- Acute palmoplantar eczema (dyshidrotic eczema)
- Irritant contact dermatitis in adults
- UVB therapy (broadband and narrowband)
- Ocular rosacea
- What's new in dermatology
- Balanoposthitis in children: Clinical manifestations, diagnosis, and treatment
- Overview of dermatitis
- Recognition and management of allergic disease during pregnancy
- Complementary and alternative therapies for allergic rhinitis and conjunctivitis
- Thiazolidinediones in the treatment of diabetes mellitus
- Pigmented purpuric dermatoses (capillaritis)
- Asthma in children younger than 12 years: Initiating therapy and monitoring control
- Treatment of herpes simplex virus type 1 infection in immunocompetent patients

內容未提及中藥治療異位性皮膚炎

DynaMed

Atopic dermatitis

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Atopic dermatitis

Updated 2013 Dec 16 03:18:00 PM: Chinese herbal medicines may improve symptoms and may be more effective than Western medicines in patients with atopic eczema
(Cochrane Database Syst Rev 2013 Sep 10) [view update](#) | [Show more updates](#)

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Atopic dermatitis

16:333(7581):1272 full-text

Herbal therapies:

- Chinese herbal medicines may improve symptoms and may be more effective than Western medicines in patients with atopic eczema (**level 2 [mid-level] evidence**)
 - based on Cochrane review of trials with methodologic limitations
 - systematic review of 28 randomized trials evaluating Chinese herbal medicines in 2,306 patients with atopic eczema
 - all trials had ≥ 1 limitation including
 - unclear allocation concealment
 - lack of blinding
 - differential drop out
 - effectiveness defined as recovery or significant improvement
 - comparing Chinese herbal medicines to placebo
 - Chinese herbal medicines associated with
 - increased effectiveness in analysis of 2 trials with 85 patients
 - risk ratio (RR) 2.09 (95% CI 1.32-3.32)
 - NNT 2-11 with 29% effectiveness in placebo group
 - reduced disease severity in analysis of 4 trials with 239 patients, results limited by significant heterogeneity
 - no significant difference in adverse events in analysis of 2 trials with 129 patients
 - comparing Chinese herbal medicines to Western medicines, Chinese herbal medicines associated with

Herbal therapies:

• LEVEL 2[mid-level]evidence
口服中藥

- ◆ Chinese herbal medicines may improve symptoms and may be more effective than Western medicines in patients with atopic eczema

Reference - [Cochrane Database Syst Rev 2013 Sep 10;\(9\):CD008642](#)

- ◆ Chinese herbal product Xiao-Feng-San may improve lesion severity, pruritus, and sleep in children and young adults with refractory atopic dermatitis

Reference - [Int Arch Allergy Immunol 2011;155\(2\):141](#)

- ◆ Chinese herbal medicine preparation may improve quality of life but not severity of atopic dermatitis in children

Reference - [Br J Dermatol 2007 Aug;157\(2\):357](#)

- ◆ *Hochuekkito* traditional herbal (Kampo) may reduce dose of topical steroids and or tacrolimus used in patients with atopic dermatitis

Reference - [Evid Based Complement Alternat Med 2010 Sep;7\(3\):367](#)

提供容易判讀的實證等級-美國家庭醫學分類

◆ Level 1 (likely reliable) Evidence:

randomized trials with at least 80% follow up, inception cohort studies for prognostic information, systematic review of Level 1 evidence reports.

◆ Level 2 (mid-level) Evidence:

randomized trials with less than 80% follow up, non-randomized comparison studies, and diagnostic studies without adequate reference standards.

◆ Level 3 (lacking direct) Evidence:

case series, case reports, expert opinion and conclusions extrapolated indirectly from scientific studies.

Chinese herbal medicine for atopic eczema (Review)

Gu S, Yang AWH, Xue CCL, Li CG, Pang C, Zhang W, Williams HC



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整合證據提供特定臨床問題之概述與建議

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2.summaries

對單篇研究或回顧性文獻作摘要與評述

ACP Journal Club, Evidence-Based Medicine
(PubMed, Ovid Medline)

3.synopses

特定臨床問題的系統性評論文獻

Cochrane Database of Systematic Reviews

Database of Abstracts of Reviews of Effects
(PubMed, Ovid Medline): Systematic Reviews

4.syntheses

原始文獻

(PubMed, Ovid Medline, CINAHL, EMBASE
Cochrane CENTRAL, Google Scholar
CEPS中文電子期刊, 中文期刊篇目索引)

5.studies

Model from: Haynes, R. B. (2006). Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based health care decisions. ACP Journal Club, 145(3), A8.

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13	EBMR--Cochrane Central Register of Controlled Trials	Database OVID
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22	Journal Citation Report(JCR) : Science Edition	Database Thomson
23	Journals@Ovid Full Text	Database OVID
24	Karger電子資源	Database Karger
25	Library & Book電子書	Database 碩睿資訊
26	McGraw-Hill電子書	Database McGraw-Hill
27	Medline+Journals @ ovid	Database OVID
28	McGraw-Hill/Oxford Journals	Database Thomson

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子資料庫名稱	子資料庫簡介
Cochrane Database of Systematic Reviews	由Cochrane 50個主題研究 小組有系統的收集臨床研究資料，統一分析並發表系統性的評論文章 (Topic Reviews) Ex. 女性投以非荷爾蒙治療熱潮紅是否有效果
Database of Abstracts of Reviews of Effects	根據各篇系統性評論文章加以摘錄評論 (Article Reviews)
Cochrane Central Register of Controlled Trials	收錄各專業組織 臨床試驗資料 Clinical Trials (Randomized Controlled Trials) Ex. H1N1流感疫苗的臨床試驗文獻
Cochrane Methodology Register	針對產生 對照實驗的方法使用 的出版書目資訊。 Ex. 中風患者使用血栓溶解治療效益

子資料庫名稱	子資料庫簡介
Health Technology Assessment	<p>收錄關於全球健康管理技術評估的資訊，包括進行中的計畫和健康技術評估單位完整的出版品的詳細資訊</p> <p>Ex. 心臟支架手術對於狹心症患者治療效果</p>
NHS Economic Evaluation Database	<p>收錄醫療經濟評估相關之文獻摘要。</p> <p>Ex. 盲腸炎患者，以腹腔鏡切除術與傳統闌尾切除術，哪個比較據醫療經濟效益？</p>
ACP Journal Club	<p>內容屬雙月刊，由醫學專家篩選大量的臨床期刊並整理摘要評論而成的實證評論文獻 (Article Reviews)</p>

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1.  [Efficacy of traditional Chinese herbal therapy in adult atopic dermatitis](#) *Lancet* 1992 Jul 18;340(8812):188. Harris DJ [corrected to Harris DW]

Lancet. 340(8810):13-7, 1992 Jul 4.



2.  [A controlled trial of traditional Chinese herbal medicine in Chinese patients with recalcitrant atopic dermatitis.](#)

International journal of dermatology. 38(5):387-92, 1999 May.



3.  [Efficacy and tolerability of a Chinese herbal medicine concoction for treatment of atopic dermatitis: a randomized, double-blind, placebo-controlled study.](#)

The British journal of dermatology. 157(2):357-63, 2007 Aug.



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4.  [In vitro and clinical immunomodulatory effects of a novel Pentaherbs concoction for atopic dermatitis.](#)

The British journal of dermatology. 158(6):1216-23, 2008 Jun.



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5.  [Efficacy of traditional Chinese herbal therapy in adult atopic dermatitis.](#)

Lancet. 340(8810):13-7, 1992 Jul.



Efficacy and tolerability of a Chinese herbal medicine concoction for treatment of atopic dermatitis: a randomized, double-blind, placebo-controlled study

K.L.E. Hon, T.F. Leung, P.C. Ng, M.C.A. Lam, W.Y.C. Kam, K.Y. Wong, K.C.K. Lee,* Y.T. Sung, K.F. Cheng,†
T.F. Fok, K.P. Fung† and P.C. Leung†

Department of Paediatrics, *School of Pharmacy and †Institute of Chinese Medicine, Chinese University of Hong Kong, Shatin, Hong Kong SAR, China

- ◆ 2007太久遠的資料，再搜尋...

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atopic dermatitis

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Scope: ▾

Results: 5 of 7229

Evaluation of the efficacy and safety of a Chinese herbal formula (RCM-106) for atopic dermatitis: study protocol for a randomised, double-blind, placebo-controlled trial in children.

Tan HY, Zhang AL, Xue CC, Chen D, Da Costa C, Lenon GB. *BMJ Open*. 2013 Dec 30; 3(12):e003906. Epub 2013 Dec 30.

Measure of atopic dermatitis disease severity using actigraphy. Sandoval LF, Huang K, O'Neill JL, Gustafson CJ, Hix E, Harrison J, Clark A, Buxton OM, Feldman SR. *J Cutan Med Surg*. 2014; 18:49-55.

Development and initial validation of a traditional Chinese medicine symptom-specific outcome measure: a Zheng-related atopic dermatitis symptom questionnaire (ZRADSQ).

Wu D, Huang C, Mo X, Liu J, Cai J, Liu C, Zhu H, Li H, Chen D. *Health Qual Life Outcomes*. 2013 Dec 21; 11(1):212. Epub 2013 Dec 21.

The effect of a spot-on formulation containing polyunsaturated fatty acids and essential oils on dogs with atopic dermatitis.

Systematic Reviews

Results: 5 of 329

Urea: a comprehensive review of the clinical literature.

Pan M, Heinecke G, Bernardo S, Tsui C, Levitt J. *Dermatol Online J*. 2013 Nov 15; 19(11):20392. Epub 2013 Nov 15.

Efficacy and safety of systemic treatments for moderate-to-severe atopic dermatitis: A systematic review.

Roekevisch E, Spuls PI, Kuester D, Limpens J, Schmitt J. *J Allergy Clin Immunol*. 2013 Oct 23; . Epub 2013 Oct 23.

Specific immunotherapy in the treatment of atopic dermatitis: a systematic review using the GRADE system.

Gendelman SR, Lang DM. *Ann Allergy Asthma Immunol*. 2013 Dec; 111(6):555-61. Epub 2013 Sep 21.

Asthma prevalence and risk factors among children and adolescents living around an industrial area: a cross-sectional study.

Ripabelli G, Tamburro M, Sammarco ML, de Laurentiis G, Bianco A.

Medical Genetics

Topic: ▾

Results: 5 of 2276

Red face revisited: Endogenous dermatitis in the form of atopic dermatitis and seborrheic dermatitis.

Ramos-E-Silva M, Sampaio AL, Carneiro S. *Clin Dermatol*. 2014 Jan-Feb; 32(1):109-15.

Atopic dermatitis: scratching through the complexity of barrier dysfunction.

Sprecher E, Leung DY. *J Allergy Clin Immunol*. 2013 Nov; 132(5):1130-1.

Staphylococcus δ-toxin induces allergic skin disease by activating mast cells.

Nakamura Y, Oscherwitz J, Cease KB, Chan SM, Muñoz-Planillo R, Hasegawa M, Villaruz AE, Cheung GY, McGavin MJ, Travers JB, et al. *Nature*. 2013 Nov 21; 503(7476):397-401. Epub 2013 Oct 30.

The altered landscape of the human skin microbiome in patients with primary immunodeficiencies.

Oh J, Freeman AF, NISC Comparative Sequencing Program, Park

atopic dermatitis traditional chinese medicine

Clinical Study Categories

Category: Therapy ▾
Scope: Broad ▾

Results: 5 of 38

Evaluation of the efficacy and safety of a Chinese herbal formula (RCM-106) for atopic dermatitis: study protocol for a randomised, double-blind, placebo-controlled trial in children.

Tan HY, Zhang AL, Xue CC, Chen D, Da Costa C, Lenon GB. BMJ Open. 2013 Dec 30; 3(12):e003906. Epub 2013 Dec 30.

Development and initial validation of a traditional Chinese medicine symptom-specific outcome measure: a Zheng-related atopic dermatitis symptom questionnaire (ZRADSQ).

Wu D, Huang C, Mo X, Liu J, Cai J, Liu C, Zhu H, Li H, Chen D. Health Qual Life Outcomes. 2013 Dec 21; 11(1):212. Epub 2013 Dec 21.

Efficacy and safety of systemic treatments for moderate-to-severe atopic dermatitis: A systematic review.

Roekevisch E, Spuls PI, Kuester D, Limpens J, Schmitt J. J Allergy Clin Immunol. 2013 Oct 23; . Epub 2013 Oct 23.

Toxic epidermal necrolysis after extensive dermal use of realgar-containing (arsenic sulfide) herbal ointment.

Wu ML, Deng JF.

Systematic Reviews

Results: 5 of 7

Efficacy and safety of systemic treatments for moderate-to-severe atopic dermatitis: A systematic review.

Roekevisch E, Spuls PI, Kuester D, Limpens J, Schmitt J. J Allergy Clin Immunol. 2013 Oct 23; . Epub 2013 Oct 23.

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Tan HY, Zhang AL, Chen D, Xue CC, Lenon GB. J Am Acad Dermatol. 2013 Aug; 69(2):295-304. Epub 2013 Jun 4.

Chinese herbal medicine for atopic eczema.

Zhang W, Leonard T, Bath-Hextall F, Chambers CA, Lee C, Humphreys R, Williams HC.

Cochrane Database Syst Rev. 2005 Apr 18; (2):CD002291. Epub 2005 Apr 18.

Chinese herbal medicine for atopic eczema.

Zhang W, Leonard T, Bath-Hextall F, Chambers CA, Lee C, Humphreys R, Williams HC.

Cochrane Database Syst Rev. 2004 Oct 18; (4):CD002291. Epub 2004 Oct 18.

- [Efficacy and safety of systemic treatments for moderate-to-severe **atopic dermatitis**: A systematic review.](#)

Roekevisch E, Spuls PI, Kuester D, Limpens J, Schmitt J.

J Allergy Clin Immunol. 2013 Oct 23. pii: S0091-6749(13)01300-6. doi: 10.1016/j.jaci.2013.07.049. [Epub ahead of print]

PMID: 24269258 [PubMed - as supplied by publisher]

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- [Chinese herbal medicine for **atopic dermatitis**: a systematic review.](#)

2. Tan HY, Zhang AL, Chen D, Xue CC, Lenon GB.

J Am Acad Dermatol. 2013 Aug;69(2):295-304. doi: 10.1016/j.jaad.2013.01.019. Epub 2013 Jun 4. Review.

PMID: 23759835 [PubMed - indexed for MEDLINE]

[Related citations](#)

- [Chinese herbal medicine for **atopic eczema**.](#)

3. Zhang W, Leonard T, Bath-Hextall F, Chambers CA, Lee C, Humphreys R, Williams HC.

Cochrane Database Syst Rev. 2005 Apr 18;(2):CD002291. Review. Update in: [Cochrane Database Syst Rev. 2013;9:CD002291](#).

PMID: 15846635 [PubMed - indexed for MEDLINE]

[Related citations](#)

2004、2005太久遠的文章

- [Chinese herbal medicine for **atopic eczema**.](#)

4. Zhang W, Leonard T, Bath-Hextall F, Chambers CA, Lee C, Humphreys R, Williams HC.

Cochrane Database Syst Rev. 2004 Oct 18;(4):CD002291. Review. Update in: [Cochrane Database Syst Rev. 2005; \(2\):CD002291](#).

PMID: 15495031 [PubMed - indexed for MEDLINE]

[Related citations](#)

□ [Availability of research results on traditional chinese pharmacotherapy.](#)

6. Pach D, Willich SN, Becker-Witt C.

Forsch Komplementarmed Klass Naturheilkd. 2002 Dec;9(6):352-8.

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□ [Traditional Chinese medicine for the treatment of dermatologic disorders.](#)

7. Koo J, Arain S.

Arch Dermatol. 1998 Nov;134(11):1388-93. Review.

PMID: 9828872 [PubMed - indexed for MEDLINE]

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1998、2002 更久遠的文章

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-> RESULT 63



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MeSH Terms	atopic dermatitis	Show index list	
OR	MeSH Terms	atopic eczema	Show index list
AND	All Fields		Show index list

Search or [Add to history](#)

[Show additional filters](#)[Display Settings:](#) Summary, 20 per page, Sorted by Recently Added[Send to:](#) [Clear all](#)

Article types

Clinical Trial

Review

More ...

Text availability

clear

Abstract available

Free full text available

/ Full text available

Publication dates

5 years

10 years

Custom range...

Species

Humans

Other Animals

Results: 1 to 20 of 63<< First < Prev Page of 4 Next > Last >>**i** Filters activated: Full text available. [Clear all](#) to show 63 items.

- [Toxic epidermal necrolysis after extensive dermal use of realgar-containing \(arsenic sulfide\) herbal 1. ointment.](#)

Wu ML, Deng JF.

Clin Toxicol (Phila). 2013 Sep-Oct;51(8):801-3. doi: 10.3109/15563650.2013.831100. Epub 2013 Sep 4.

PMID: 24003889 [PubMed - indexed for MEDLINE]

[Related citations](#)

- [Chinese herbal medicine for atopic dermatitis: a systematic review.](#)

2. Tan HY, Zhang AL, Chen D, Xue CC, Lenon GB.

J Am Acad Dermatol. 2013 Aug;69(2):295-304. doi: 10.1016/j.jaad.2013.01.019. Epub 2013 Jun 4. Review.

PMID: 23759835 [PubMed - indexed for MEDLINE]

[Related citations](#)

- [The effect of TJ-15 plus TJ-17 on atopic dermatitis: a pilot study based on the principle of pattern](#)

3. [identification.](#)

Choi IH, Kim S, Kim Y, Yun Y.

FINAL RESULT

REVIEW

Chinese herbal medicine for atopic dermatitis: A systematic review

Hsiewe Ying Tan, BAppSci,^a Anthony Lin Zhang, PhD,^a DaCan Chen, PhD,^b Charlie Changli Xue, PhD,^{a,b} and George Binh Lenon, PhD^a

Bundoora, Australia, and Guangzhou, China

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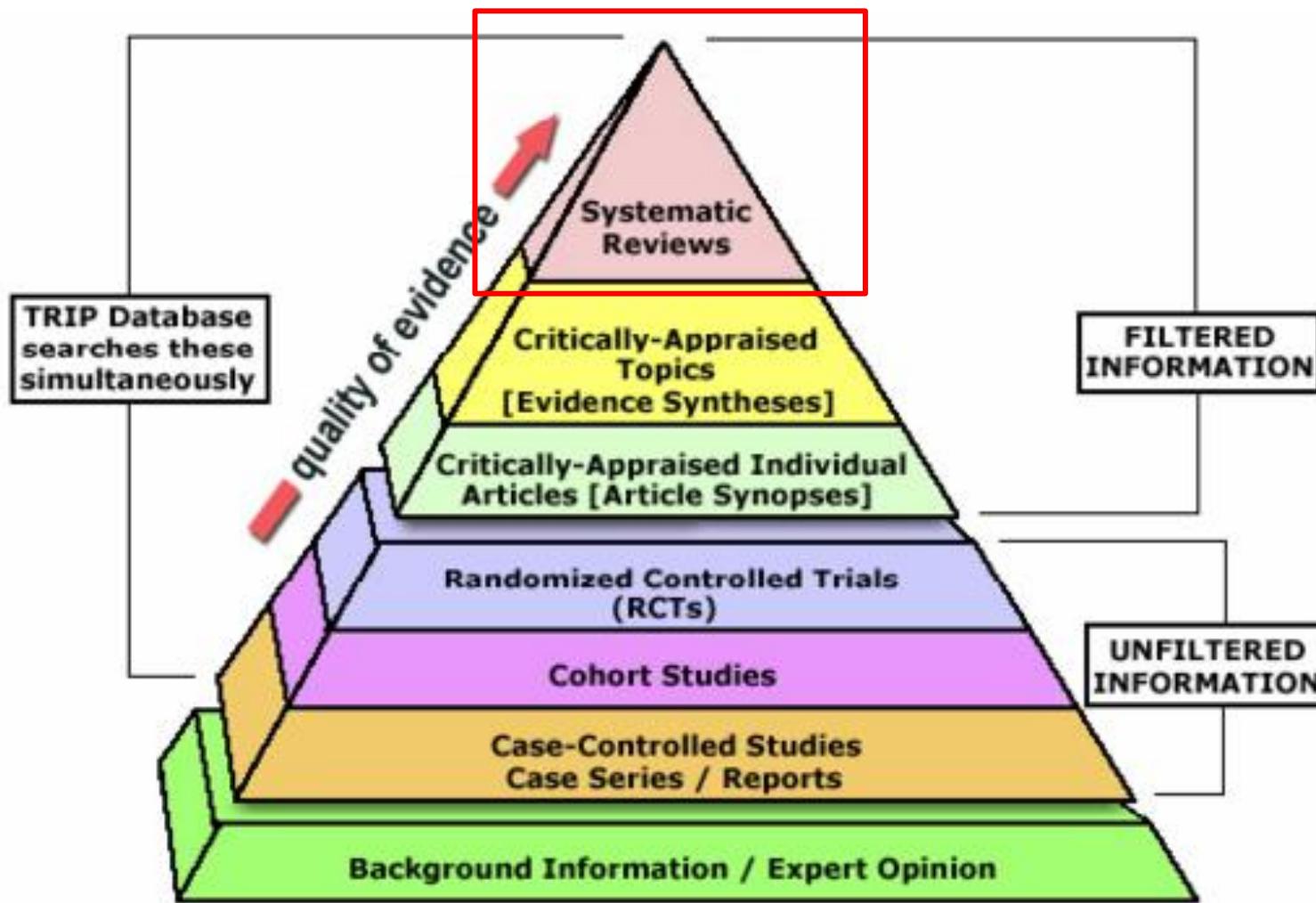
J Am Acad Dermatol 2013;69:295-304

Oxford CEBM. : 1a

證據等級: Oxford CEBM



Level	Therapy
1a	系統性回顧 Systematic review (分析數個隨機臨床對照試驗, 其結果均類似)
1b	設計良好, 結果精確(narrow CI) 之隨機臨床對照試驗 (RCT)
1c	All or none
2a	系統性回顧 (分析數個世代研究, 其結果均類似)
2b	世代研究 Cohort study ; 設計粗糙之隨機臨床對照試驗
2c	"Outcomes" Research; Ecological studies
3a	系統性回顧 (分析數個病例-對照研究, 其結果均類似)
3b	病例 - 對照研究 Case-control study
4	某家醫院的十年經驗; 設計不良之世代研究 及病例 - 對照研究
5	未經考證之專家個人意見, 基礎研究, 細胞實驗, 生理實驗, 動物實驗...的結果



from: <http://www.ebmppyramid.org/help.php>

5A step 3 - Appraising 評讀

- ◆ (文獻的效度與重要性)

期刊品質

Mark	Rank	Abbreviated Journal Title (linked to journal information)	ISSN	JCR Data <small>i</small>					Eigenfactor® Metrics <small>i</small>		
				Total Cites	Impact Factor	5-Year Impact Factor	Immediacy Index	Articles	Cited Half-life	Eigenfactor® Score	Article Influence® Score
□	1	J AM ACAD DERMATOL	0190-9622	19760	4.906	4.515	0.896	280	9.3	0.03449	1.477



Impact Factor影響指數

- 影響指數是指該期刊於早2年所出版的文獻數在某一特定年份被其它文章引用的平均數。而這是提供比較相同研究領域中，期刊相對重要程度的方法
- 即【該期刊早2年被收錄於ISI資料庫的文獻被引用次數的和】除以【該期刊早2年所有出版文獻總數】

Journal Impact Factor

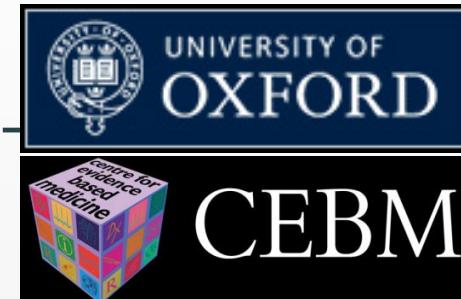
Cites in 2007 to items published in: 2006 = 20876
2005 = 27016
Sum: 47892

Number of items published in: 2006 = 885
2005 = 931
Sum: 1816

Calculation: $\frac{\text{Cites to recent items}}{\text{Number of recent items}} = \frac{47892}{1816} = 26.372$

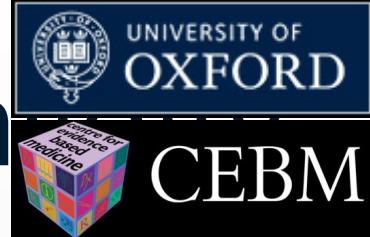
評讀文獻 2005 edition

- ◆ 我們的文獻「評讀工具」
 - ◆ Systematic Reviews
 - ◆ Clinical Appraisal Tools



- 1.此篇系統回顧是否提出明確定義的問題？
- 2.是否此篇回顧的搜尋策略可能有遺漏可能合適的臨床試驗？
- 3.選擇收錄研究的標準是否適切？
- 4.所收錄的研究是否是有效率的研究？
- 5.如果有Meta-analysis，是否所收錄的研究是否有足夠的一致性以產生合併的資料？

評讀文獻 SR-Va



CAT
2005
edition

1.此篇系統回顧是否提出明確定義的問題？

Background: Atopic dermatitis (AD) is a chronic, itching skin disease, and conventional therapies offer inadequate symptom management. Patients with AD are increasingly turning to Chinese medicine



Yes

評讀文獻 SR-Va



CAT
2005
edition

2.搜尋策略是否遺漏可能合適的臨床試驗？

包含重要的資料庫

文獻收錄時間

Electronic searches were carried out on the following databases:

CINAHL, Cochrane Library, Embase, ProQuest, PubMed, ScienceDirect, Scopus, Web of Science, VIP Database for Chinese Technical Periodicals (CQVIP), and China National Knowledge Infrastructure (CNKI).



Yes

向專家請教
特別是尚未刊載的研究



評讀文獻 SR-Va

2.搜尋策略是否遺漏可能合適的臨床試驗？



搜尋策略

包括 MeSH
term

相關研究的參
考文獻

Table I. Example for search strategy (in PubMed)

No.	Search term	Hits*
1	"Randomized controlled trial" (publication type)	315,419
2	"Randomized controlled trials as topic" (MeSH)	75,706
3	"Dermatitis, atopic" (MeSH)	12,635
4	"Medicine, Chinese traditional" (MeSH)	9495
5	"Medicine, East Asian traditional" (MeSH)	11,336
6	"Herbal medicine" (MeSH)	1,116
7	"Drugs, Chinese herbal" (MeSH)	22,232
8	"Plants, medicinal" (MeSH)	48,114
9	"Phytotherapy" (MeSH)	23,989
10	"Medicine, Kampo" (MeSH)	353
11	"Medicine, Korean traditional" (MeSH)	115
12	Terms 1 or 2	385,792
13	Terms 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11	93,361
14	Terms 3 and 12 and 13	28

MeSH, Medical Subject Heading.

*As of December 19, 2011.

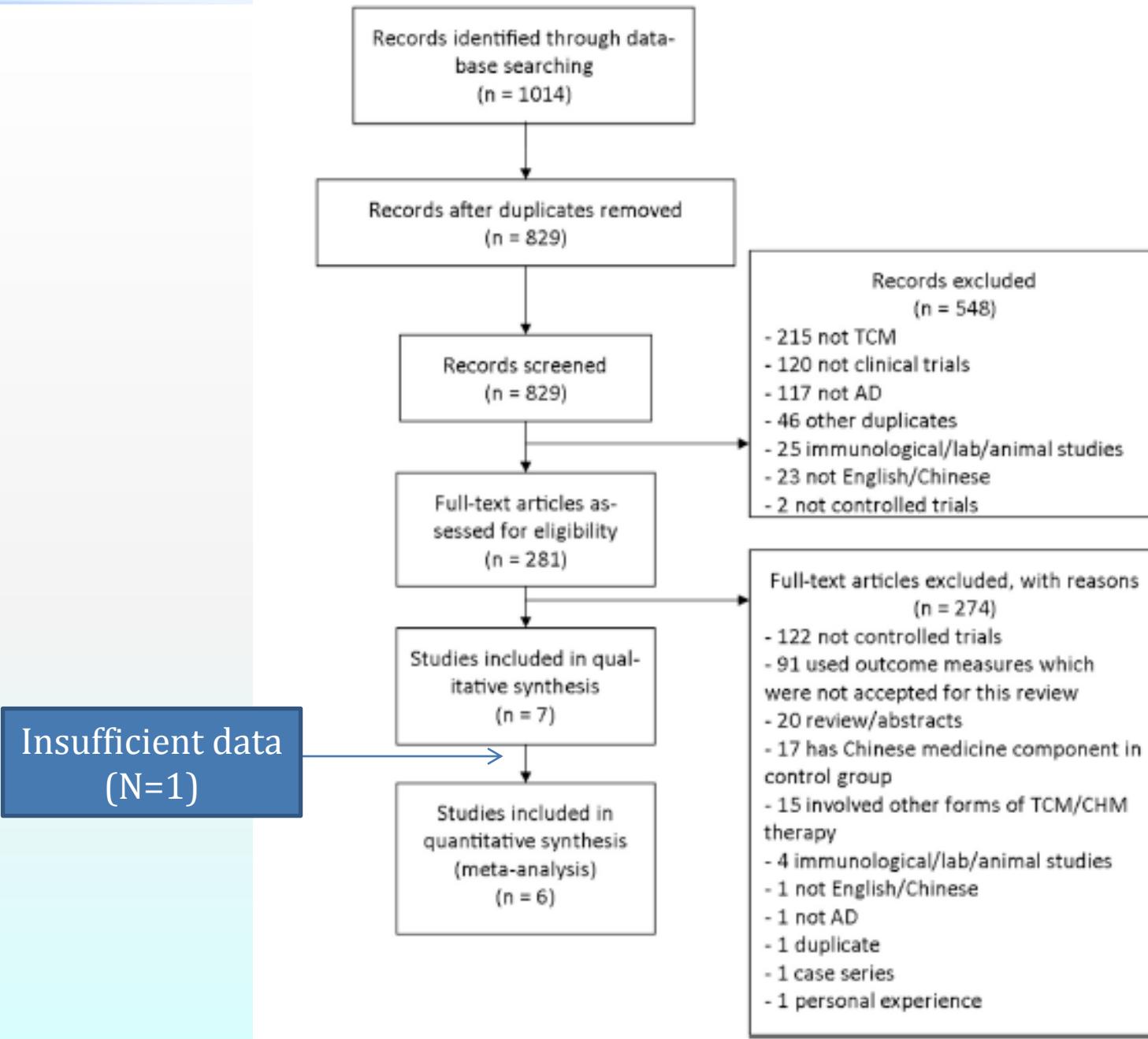
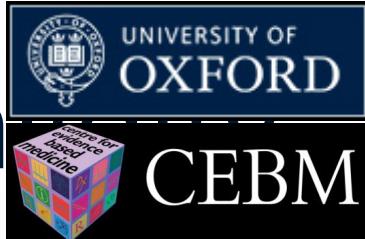


Fig 2. Study selection process. CHM, Chinese herbal medicine; TCM, traditional Chinese medicine.

評讀文獻 SR-Va



CAT
2005
edition

3. 選擇收錄的研究標準是否適切？

超過一位
Reviewer

Two independent reviewers extracted the data of included studies onto the Cochrane Skin Group dataextraction form and conducted a risk of bias assessmentusing the Cochrane Collaboration's tool forassessing risk of bias



Yes

收錄標準有明
確界定

RCTs with the following criteria were included:
published English or Chinese RCTs; diagnosis of AD
(or atopic eczema) using clinical diagnosis or validated
diagnostic criteria

文獻評估系統

The metaanalysis was conducted in RevMan5

評讀文獻 SR-Va

3. 選擇收錄的研究標準是否適切？

研究族
群 涉入
治療
比較分
組 結果
評估 適
切

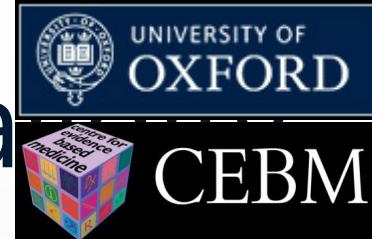
criteria **were included**:

published English or Chinese RCTs; diagnosis of AD (or atopic eczema) using clinical diagnosis or validated diagnostic criteria; diagnosis of “eczema” was only accepted when referring to children/infants; placebo, no treatment or non-Chinese medicine treatments as control interventions; non-Chinese medicine cointerventions were accepted only if it was applied to all groups; and >1 of the **following outcome measures**: (1) disease/symptom severity scoring and (2) quality of life. Concurrent therapies, adverse events, and safety profiles were recorded as **secondary outcome measures**. Studies involving other forms of TCM therapy (eg, acupuncture and topical CHM) or dermatitis (eg, neurodermatitis and contact dermatitis) were excluded



Yes

評讀文獻 SR-Va



CAT
2005
edition

4. 收錄的研究是否是有效力的研究？

描述所回顧的
每篇研究的品質

研究品質的判定準則
Ex 事先擬定 如隨機分配 雙盲
追蹤的完整性等

CAPSULE SUMMARY

- Previous reviews on Chinese medicine for atopic dermatitis were inconclusive. Clinical trials examining the safety and efficacy of Chinese medicine for atopic dermatitis have since been conducted but have yet to be systematically reviewed.
- A metaanalysis revealed significant improvement in symptom severity and quality of life, but the quality of studies was poor.
- Patients can potentially reduce steroid therapy use with the help of Chinese medicine and subsequently reduce the occurrence of related side effects.



No

risk of bias assessment



評讀文獻 SR-Va

5.收錄的研究是否有一致性以產生合併資料？

Cheng et al (2010)	Not specified	Double blind RCT—computer generated randomization list by an independent statistician	TCM, 47; placebo, 24	2 (dropped out at baseline, not included in ITT)
Fung et al (1999)	7-50 years of age	Double blind, crossover RCT	TCM, 40; placebo, 40	3 (ITT analysis not mentioned)
Hon et al (2007)	5-21 years of age	Double blind RCT—computer generated randomization code	TCM, 42; placebo, 43	ITT analysis to include all participants
Huang et al (2004)	3-11 years of age	Single blind RCT—simple randomization method (ratio 1:1)	TCM plus WM, 49; WM, 49	6 (ITT analysis used to analyze overall treatment effect)
Kobayashi et al (2010)	20-40 years of age	Double blind RCT—block randomization	TCM, 43; placebo, 48	7 (excluded from analysis)
Sheehan and Atherton (1992)	"Children" (age group not specified)	Double blind, crossover RCT	TCM, 47; placebo, 47	10 (excluded from analysis)
Sheehan et al (1992)	16-65 years of age	Double blind, crossover RCT	TCM, 40; placebo, 40	9 (excluded from analysis)



Unclear

1. 選用的方

Table IV. Herbal ingredients used in Chinese herbal medicine formulas of included studies

Shechan's formula	Jian Pi Shen Shi granules	Pentaherb	Hochu-ekki-to	Xiao Feng San
<i>Glycyrrhiza uralensis</i> (Gan Cao)	<i>Wolfiporia extensa</i> (Fu Ling)	<i>Herba menthae</i> (Bo He)	<i>Glycyrrhizae radix</i> (Gan Cao)	<i>Glycyrrhiza uralensis</i> (Gan Cao)
<i>Lebedouriella seseloides</i> (Fang Feng)	<i>Codonopsis pilosula</i> (Dang Shen)	<i>Flos Ionicerae</i> (Jin Yin Hua)	<i>Ginseng radix</i> (Ren Shen)	<i>Saposhnikovia divaricata</i> (Fang Feng)
<i>Schizonepeta tenuifolia</i> (Jing Jie)	<i>Atractylodes rhizoma</i> (Bai Zhu)	<i>Cortex phellodendri</i> (Huang Bai)	<i>Atractylodes rhizoma</i> (Bai Zhu)	<i>Schizonepeta tenuifolia</i> (Jing Jie)
<i>Lophatherum gracile</i> (Dan Zhu Ye)	<i>Aurantii nobilis</i> pericarpium (Chen Pi)	<i>Rhizoma atractylodis</i> (Cang Zhu)	<i>Aurantii nobilis</i> pericarpium (Chen Pi)	<i>Atractylodes lancea</i> (Cang Zhu)
<i>Paeonia lactiflora</i> (Bai Shao)	<i>Semen coicis</i> (Yi Yi Ren)	<i>Cortex moutan</i> (Mu Dan Pi)	<i>Angelicae radix</i> (Dang Gui)	<i>Angelica sinensis</i> (Dang Gui)
<i>Rehmannia glutinosa</i> (Sheng Di Huang)			<i>Bupleuri radix</i> (Chai Hu)	<i>Rehmannia glutinosa</i> (Sheng Di Huang)
<i>Anebia clematidis</i> (Chuan Mu Tong)			<i>Zizyphi fructus</i> (Da Zao)	<i>Clematis armandii</i> (Chuan Mu Tong)
<i>Dictamnus dasycarpus</i> (Bai Xian Pi)			<i>Astragali radix</i> (Huang Qi)	<i>Cryptotympana pustulata</i> (Chan Tui)
<i>Tribulus terrestris</i> (Ji Li)			<i>Zingiberis rhizome</i> (Gan Jiang)	<i>Linum usitatissimum</i> (Hu Ma Ren)
<i>Potentilla chinensis</i> (Wei Ling Cai)			<i>Cimicifugae rhizome</i> (Sheng Ma)	<i>Anemarrhena asphodeloides</i> (Zhi Mu) <i>Gypsum fibrosum</i> (Shi Gao) <i>Sophora flavescens</i> (Ku Shen) <i>Articum lappa</i> (Niu Bang Zi)

2. 紿藥的方式

- ◆ 1 study used **capsules**, 3 used **granules**, and 3 used **decoctions**

It remains unclear if the different methods of CHM delivery influence their treatment effects

- ◆ However, studies with significantly better outcomes used higher treatment doses, regardless of the method of delivery

使用比臨床高的劑量，出來的研究結果會比較有效果

3. 對照組

- ◆ CHM and WM combination compared to WM alone

-1篇

- ◆ CHM compared to Placebo

-5篇

-相似味道及外觀的植物，但已知對AD無療效

-Corn starch and caramel

-No details of placebo content

4.評估方式

- ◆ Primary outcome measure
Disease/symptom severity

- ◆ severity score (0-3)itch, erythema, papules, exudation, erosion, infiltration, lichenification, dryness
- ◆ SCORAD (scoring atopic dermatitis)
- ◆ Standardized scoring system
 - (erythema & surface damage)

- ◆ pruritus score
- ◆ Sleep score
- ◆ Quality of life (CDLQI)

- ❖ Secondary outcome measure
- ❖ Concurrent treatment
(原本的外用藥用量是否減少)
- ❖ Safety profile and adverse event

Cheng et al (2010)	Not specified	Double blind RCT—computer generated randomization list by an independent statistician	TCM, 47; placebo, 24 2 (dropped out at baseline, not included in ITT)
Fung et al (1999)	7-50 years of age	Double blind, crossover RCT	TCM, 40; placebo, 40 3 (ITT analysis not mentioned)
Han et al (2007)	5-21 years of age	Double blind RCT—computer generated randomization code	TCM, 42; placebo, 43 ITT analysis to include all participants
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Sheehan and Atherton (1992)	"Children" (age group not specified)	Double blind, crossover RCT	TCM, 47; placebo, 47 10 (excluded from analysis)
Sheehan et al (1992)	16-65 years of age	Double blind, crossover RCT	TCM, 40; placebo, 40 9 (excluded from analysis)

Table III. Diagnosis, interventions, and outcome measures of included studies

Author (year)	WM/TCM diagnosis	Severity	Treatment interventions	Control interventions	Outcome measures
Cheng et al (2010)	AD: Hanifin and Rajka diagnostic criteria	Extensive AD (>20% BSA involved)	Xiao Feng San granules (3-7 years of age, 3 g tid; 8-12 years of age, 6 g tid; >13 years of age, 9 g tid)	Placebo	Total clinical lesion; erythema score; surface damage score; pruritus score; sleep score
Fung et al (1999)	AD: Hanifin and Rajka diagnostic criteria	Moderate to severe AD	Sheehan's formula (decoction): 7-13 years of age, 2 large plus 2 small sachets of herbs per day; >14 years of age, 3 large plus 3 small sachets	Placebo	Clinical scores for erythema, surface damage, lichenification, and scaling
Hon et al (2007)	AD: Hanifin and Rajka diagnostic criteria	Moderate to severe AD (objective SCORAD >15)	Pentaherb capsule 3 capsules bid	Placebo	SCORAD; CDLQI; allergic rhinitis symptoms; concurrent treatment
Huang et al (2004)	AD: UK diagnostic criteria/ SP deficiency	Moderate AD	Jian Pi Shen Shi granules (3-5 years of age, 5 g tid; 6-11 years of age, 10 g tid plus cyroheptadine tablets 0.25 mg/kg/day tid; triamcinolone urea cream)	Cyproheptadine tablets 0.25 mg/kg/day tid; triamcinolone urea cream	Rajka and Langeland scoring; overall treatment effect; total immunoglobulin E; rate of recurrence 3 months posttrial
Kobayashi et al (2010)	AD: diagnostic criteria according to the Japanese Dermatological Association for AD/Kikyo condition (Qi deficiency)		Hochu-ekki-to granules 3.25 g bid	Placebo	Skin severity score; dose of topical steroids/tacrolimus used; prominent efficacy rate; aggravated rate
Sheehan and Atherton (1992)	AD: diagnostic criteria not stated	Extensive nonexudative AD, not confined to flexural sites	Sheehan's formula (decoction): 1-7 years of age, 2 large plus 2 small sachets of herbs per day; 8-13 years of age, 3 large plus 3 small sachets; >14 years of age, 4 large plus 4 small sachets (100 mL decoction/day)	Placebo	Erythema score; surface damage score; preference in treatment; improvement in ability to sleep
Sheehan et al (1992)	AD: Hanifin and Rajka diagnostic criteria	Extensive AD (>20% BSA involved)	Sheehan's formula (decoction): 4 large plus 4 small sachets (200 mL decoction/day)	Placebo	Erythema score; surface damage score; improvement in itching, sleep and asthma; preference of treatment

result

◆ 研究結果

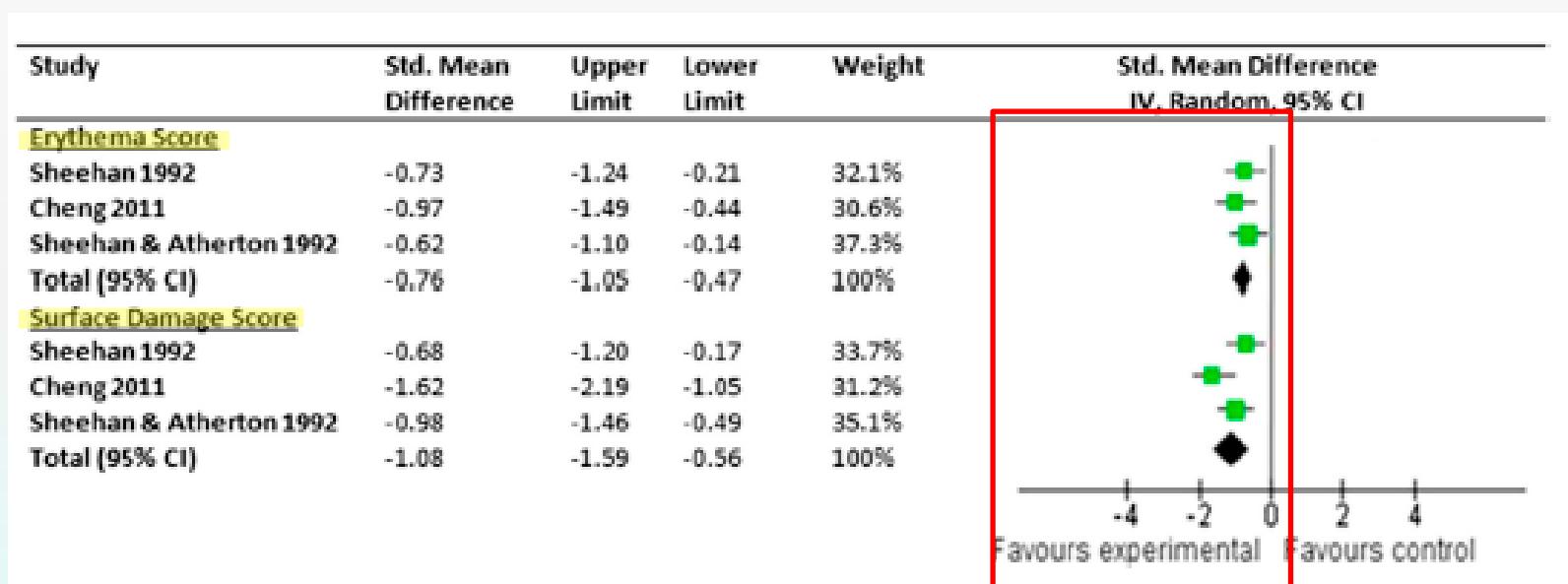
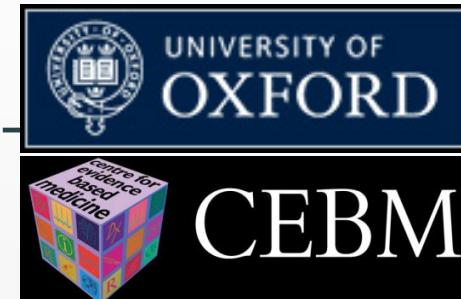


Fig 3. Metaanalysis of Chinese herbal medicine compared to placebo studies. *CHM*, Chinese herbal medicine; *CI*, confidence interval.

評讀文獻 2005 edition

- ◆ 我們的文獻「評讀工具」
 - ◆ Systematic Reviews
 - ◆ Clinical Appraisal Tools



- 😊 1.此篇系統回顧是否提出明確定義的問題？
- 😊 2.是否此篇回顧的搜尋策略可能有遺漏可能合適的臨床試驗？
- 😊 3.選擇收錄研究的標準是否適切？
- 😊 4.所收錄的研究是否是有效率的研究？
- ❓ 5.如果有Meta-analysis，是否所收錄的研究是否有足夠的一致性以產生合併的資料？

Will the results help my patient?

1.我的病人會不會跟這個研究差很多?

-本篇沒有明確的提及異位性皮膚炎的病人主要症狀為何

2.治療是否合理可行?

-很合理，可以藉由服用中藥來減少西藥的使用或症狀的控制

3.我的病人可能從治療中得到什麼好處?

-本篇沒有提及NNT評估

4.我的病人如何看待治療結果?

-正向(不痛又沒副作用)

conclusion

- ❖ The meta-analysis showed **significant improvement in symptom severity** by CHM compared to placebo
- ❖ There are **insufficient data** to show that CHM treatment in combination with WM is more effective than WM treatment alone.
- ❖ CHM was reported as well-tolerated in all the studies and there were **no reports of severe adverse events.**

- ◆ Relative Risk (RR)
 - ◆ •Relative Risk Reduction (RRR)
 - ◆ •Absolute Risk Reduction (ARR)
 - ◆ •Number Needed to Treat (NNT)
 - ◆ -在研究試驗期間，需要治療多少病人，才能預防一個壞結果

- ❖ However, the **poor quality** and **heterogeneity of studies** do not allow for valid conclusions.
- ❖ More rigorous RCTs and research on pharmacologic studies of CHM formulas are needed for stronger evidence regarding the efficacy and safety of CHM treatment for AD outside of clinical trial settings.

5A step 4 - Applying 臨床應用

- ◆ (整合四大層面)

5A step 5 - Auditing 評估成果



Scenario

醫生，請問我異位性皮膚炎很久了，吃中藥會不會改善皮膚的狀況？

可以使用中藥來改善皮膚的狀況

