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Observation on the Clinical Effect of Acupuncture Combined with Autohemotherapy in Treating Chronic Urticaria of Blood Deficiency and Wind-Dryness Type

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Abstract

Objective: To explore the clinical efficacy of acupuncture combined with autohemotherapy in the treatment of chronic urticaria with blood deficiency and wind-dryness syndrome. *Methods*: 68 patients with chronic urticaria of blood deficiency and wind-dryness type who visited the dermatology clinic of the hospital from January 2024 to January 2025 were selected. All patients were randomly divided into an acupuncture combined with autohemotherapy group (treatment group) with 34 cases and a loratadine treatment group (control group) with 34 cases. The degree of skin lesion resolution and itching, treatment effect, and recurrence rate were observed in both groups. *Results*: The treatment effect of the acupuncture combined with autohemotherapy group was significantly better than that of the western medicine treatment group. There were 22 cases of recovered patients, 6 cases of effective patients, and 6 cases of ineffective patients, with an effective rate of 82.35%, and the recurrence rate was lower. *Conclusion*: Both therapies can effectively treat chronic urticaria with blood deficiency and wind-dryness syndrome, but acupuncture combined with autohemotherapy has a definite effect in treating chronic spontaneous urticaria with blood deficiency and wind-dryness syndrome, which can better reduce the recurrence rate and improve patients' quality of life.

Keywords

Acupuncture
Autohemotherapy
Blood deficiency and wind-dryness type

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1. Introduction

"Urticaria" is currently one of the most common diseases in dermatological clinics, with approximately 15% to 20% of people experiencing at least one attack of urticaria in their lifetime [1]. Chronic urticaria, a type I allergic reaction disease, has an unclear pathogenesis, frequent recurrences, and is difficult to treat, severely affecting patients' quality of life. Therefore, preventing

and treating recurrences of chronic urticaria has become a focus of clinical research. Currently, acupuncture therapy, a traditional medical treatment, has the ability to regulate the body's immune function and exert therapeutic effects. Autohemotherapy mainly involves intramuscular injection of the patient's own venous blood into the buttocks. The use of blood to treat diseases was first recorded in Li Shizhen's "Compendium of Materia Medica", which states: "The taste is salty and bland, it is poisonous. It is used to treat emaciated patients with dry skin and muscles, and those with skin flakes. It is also used for those bitten by rabid dogs and those with alternating chills and fever. Blood is drawn and drunk warm." In the mid-20th century, the Soviet Union's autohemotherapy technique was introduced to China. Due to its definite efficacy, simple operation, and non-toxic side effects, it has been widely used in various clinical departments and systems. The department has achieved good results in treating clinically common blood-deficiency and wind-dryness type chronic urticaria using acupuncture combined with autohemotherapy. The relevant research is reported below.

2. Materials and methods

2.1. General information

Sixty-eight patients with blood-deficiency and wind-dryness type chronic urticaria admitted to our department from January 2024 to January 2025 were selected and randomly divided into a treatment group and a control group, with 34 patients in each group. In the treatment group, there were 18 males and 16 females, aged between 35 and 75 years, with an average age of (58.42±2.13) years. The duration of the disease ranged from 1 to 6 days, with an average duration of (4.64±0.85) days. The affected areas included the waist and abdomen in 14 cases, the chest and back in 12 cases, and the lower limbs in 8 cases. In the control group, there were 19 males and 15 females, aged between 38 and 74 years, with an average age of (89.54±2.41) years. The duration of the disease ranged from 1 to 7 days, with an average duration of (4.32±0.78) days. There were no statistically significant differences in age, gender, duration of disease, and average duration of disease between the two groups ($P > 0.05$).

2.2. Diagnostic criteria

2.2.1. Diagnostic criteria in traditional Chinese medicine (TCM)

Based on the "Standards for Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine" [2]: (1) Sudden onset with skin lesions presenting as edematous plaques of various sizes and shapes, with clear boundaries. (2) Skin lesions that appear and disappear suddenly, accompanied by intense itching, occurring at indefinite locations, and leaving no trace after subsiding. (3) Some cases may be accompanied by abdominal pain, diarrhea, fever, joint pain, and other symptoms. Severe cases may experience dyspnea or even asphyxia. (4) Positive skin scratch test.

2.2.2. Diagnostic criteria in Western medicine

Based on the "Chinese Guidelines for the Diagnosis and Treatment of Urticaria (2018 Edition)" [3]: (1) Sudden appearance of pink or skin-colored wheals, which may be accompanied by edematous erythema, varying in size and shape, often resolving within 24 hours without leaving a trace. (2) Associated with itching and occasionally a burning sensation. (3) Repeated episodes of wheals, with a duration of not less than 6 weeks.

2.2.3. Inclusion criteria

All patients meet the diagnostic criteria for chronic urticaria with blood deficiency and wind-dryness syndrome specified in the "Standards for Diagnosis and Therapeutic Effect of Diseases and Syndromes in Traditional Chinese Medicine" [4]. Additionally, patients must not have taken oral or topical corticosteroids or immunosuppressants in the month prior to treatment, and must not have taken oral antihistamines in the week prior to treatment. All patients must agree to sign the informed consent form. Patients who do not meet these criteria will not be included.

2.2.4. Exclusion criteria

Patients who do not meet the diagnostic or inclusion criteria. (2) Patients with severe underlying diseases. (3) Patients who refuse autologous blood therapy. (4) Pregnant women.

2.3. Treatment methods

For the treatment group, acupuncture was performed at

the following points: Quchi (both sides), Xuehai (both sides), Zusanli (both sides), and Sanyinjiao (both sides), with even reinforcement and reduction technique. After acupuncture, patients continued with autohemotherapy. Patients were seated, and a 5 mL syringe was used to draw blood from the median cubital vein. A tourniquet was applied proximal to the heart, and the blood collection site was routinely disinfected. The needle was inserted at a 30° angle to the skin with the bevel facing up, and 2 mL of venous blood was drawn. The tourniquet was then released, the needle was withdrawn, and the site was pressed with a sterile dry cotton swab for 3 minutes. After routine disinfection of the gluteus maximus muscle, the syringe (after expelling the air) was inserted straight into one side of the muscle, and 2 mL of autologous venous blood was injected. The needle was then withdrawn, and the injection site was pressed with a dry cotton swab for 1 minute until bleeding stopped. During the procedure, skilled manipulation was required to prevent coagulation of the venous blood. Treatment was performed twice a week, alternating between both gluteus maximus muscles, for a total of 2 weeks as one course of treatment. The initial dose of autohemotherapy was 2 mL. If no adverse reactions occurred, the dose was increased to 3 mL for the second injection, with gradual increases in subsequent injections, up to a maximum of 4 mL per injection for the entire course of treatment. The control group received oral administration of the antihistamine loratadine, 10 mg once every night, for 2 weeks as one course of treatment.

During treatment, patients in both groups were instructed to avoid spicy and seafood foods as prescribed. After 2 weeks, acupuncture, autohemotherapy, and oral medication were stopped, and the efficacy was evaluated 1 week later. After evaluating the efficacy, patients underwent another course of intensive treatment, and the recurrence rate was followed up for half a year.

2.4. Criteria for evaluating therapeutic effects

The criteria for evaluating the effects of treatment on chronic urticaria were based on the "Diagnostic and Therapeutic Criteria for Diseases and Syndromes in Traditional Chinese Medicine" [4]. Cure: Complete disappearance of wheals and clinical signs, with no recurrence; Improvement: More than 30% reduction in wheals or prolongation of the interval between wheal appearance, with reduction in symptoms such as itching; No improvement: No significant improvement in wheals or itching, or less than 30% reduction in wheals.

2.5. Follow-up

Effective cases from both groups were followed up once every 3 months for half a year after the end of treatment.

2.6. Statistical methods

Data were analyzed using SPSS 22.0 statistical software. The counting data were tested using the chi-squared test (x^2 test), and a P-value < 0.05 was considered statistically significant.

2.7. Self-rating anxiety scale (SAS)

A SAS score > 50 indicates anxiety, and a higher score signifies more severe anxiety [5].

2.8. Self-rating depression scale (SDS)

An SDS score > 53 indicates depression, and a higher score represents more severe depression [5].

2.9. Short form 36 health survey (SF-36)

This mainly includes indicators such as general health, physical functioning, bodily pain, and social functioning. A higher score indicates a better quality of life for the patient [6].

3. Results

3.1. Comparison of effect scores between the two groups

Before treatment, there was no significant difference in the effective index of chronic urticaria between the two groups ($P > 0.05$), indicating comparability between the groups (**Table 1**). After 1 week of treatment, the effective index scores of both groups decreased significantly compared to before treatment ($P < 0.05$), but there was no significant difference between the groups ($P > 0.05$). After 3 weeks of treatment, there was a significant difference in the effective index scores between the treatment group and the control group ($P < 0.05$), indicating that the effective index of blood-deficiency and wind-dryness type chronic urticaria significantly improved after treatment. Both treatments could improve the itching symptoms of

chronic urticaria, but the treatment effect of acupuncture combined with autohemotherapy was significantly better than that of the Western medicine treatment group. Three months later, there was a significant difference in the recurrence index scores between the treatment group and the control group for blood-deficiency and wind-dryness type chronic urticaria ($P < 0.05$). The acupuncture combined with autohemotherapy group could better relieve symptoms and reduce the recurrence rate.

Table 1. Comparison of effective indices between treatment group and control group (Score, Mean ± SD)

Group	n	Baseline	1 Week	3 Weeks	3 Months
Treatment	34	8.12 ± 1.64	5.18 ± 1.18	1.89 ± 1.05	0.51 ± 0.05
Control	34	7.45 ± 1.71	5.43 ± 1.16	4.68 ± 1.12	2.01 ± 1.02

3.2. Comparison of therapeutic effects

All patients in both groups completed the treatment. The effective rate in the treatment group was 81.25%, which was significantly higher than the 56.25% in the control group (**Table 2**). The difference was statistically significant (x^2=4.655, P=0.031 < 0.05).

Table 2. Comparison of clinical effects between the two groups after treatment n(%)

Group	n	Recovered	Effective	Ineffective	Effectiveness rate
Treatment	34	22	6	6	82.35%
Control	34	14	6	14	58.82%

3.3. Comparison of SAS scores

After treatment, the SAS scores of both groups decreased, and the difference was statistically significant ($P < 0.01$) (**Table 3**). However, there was no statistically significant difference in SAS scores between the treatment group and the control group ($P > 0.05$).

Table 3. Comparison of SAS scores between the two groups

Group	n	Before treatment	After treatment
Treatment	34	51.05 ± 4.27	43.75 ± 2.74
Control	34	49.92 ± 5.25	42.52 ± 3.43

3.4. Comparison of SDS scores

After treatment, the SDS scores of both groups decreased, and the difference was statistically significant ($P < 0.01$). However, there was no statistically significant difference in SDS scores between the treatment group and the control group ($P > 0.05$).

Table 4. Comparison of SDS scores between the two groups

Group	n	Baseline	Post-treatment
Treatment	34	54.05 ± 2.56	46.76 ± 2.74
Control	34	52.92 ± 4.25	46.52 ± 3.43

3.5. Comparison of SF-36 scores

After treatment, the SF-36 scores of both groups decreased, and the difference was statistically significant ($P < 0.01$). However, there was no statistically significant difference in SF-36 scores between the treatment group and the control group ($P > 0.05$).

Table 5. Comparison of SF-36 scores between the two groups

Group	n	Baseline	Post-treatment
Treatment	34	510.59 ± 73.43	638.17 ± 83.43
Control	34	579.49 ± 99.81	648.39 ± 72.43

4. Discussion

Modern medicine suggests that the pathogenesis of chronic urticaria is a localized edema reaction due to the dilation and increased permeability of small blood vessels in the skin and mucous membranes [7]. Textbooks and traditional Western medical theories believe that the pathogenic mechanism involves allergic or non-allergic stimuli acting on mast cells, causing them to degranulate and release vasoactive amines, which increase blood vessel permeability. Alternatively, the aforementioned factors may directly affect blood vessels, increasing their permeability and leading to superficial dermal edema and the appearance of wheals. However, with the continuous development of medicine, this mechanism cannot explain the causes of all chronic urticaria cases. More research indicates that a significant proportion of chronic urticaria patients are believed to have immune-related issues. Due to the extremely complex etiology and pathogenesis of

the disease, modern medicine currently relies heavily on symptomatic treatment with antihistamines. This approach only treats the symptoms and not the root cause, easily leading to dependence on antihistamines. Patients often experience relapse after stopping medication, making it difficult to achieve effective treatment and control of their condition, causing significant inconvenience and suffering in their daily lives and mental health.

Through this study, the authors have drawn the following conclusions: 1. Both treatment groups were able to improve the symptoms of chronic urticaria patients. However, the treatment effect of the acupuncture combined with autohemotherapy group was significantly better than that of the Western medicine group. Patients continued with autohemotherapy after acupuncture, receiving treatment twice a week, alternating between bilateral gluteal muscles, for a total of 2 weeks as one course of treatment. The comparison was even more pronounced at the 3-week and 3-month observation points. 2. In terms of treatment effectiveness and recurrence rate, the acupuncture combined with autohemotherapy group showed significantly better results than the Western medicine group.

"Complete and Effective Prescriptions for Women's Diseases" states: "To treat wind, first treat the blood; when the blood flows freely, the wind will naturally dissipate." The lungs and large intestine are internally and externally related. The lungs govern the skin and hair, and Quchi is the He-sea point of the Hand Yangming Large Intestine Meridian, which disperses lung qi to strengthen the effects of relaxing muscles, penetrating the exterior, and harmonizing the nutritive and defensive qi. Zusanli is the He-sea point of the Foot Yangming Stomach Meridian. The Yangming meridians are rich in qi and blood, nourishing the spleen and benefiting qi. The spleen is the foundation of postnatal life, so nourishing it can enhance the body's immune function. Prolonged illness and physical weakness can easily lead to blood stasis. Xuehai has the effect of promoting blood circulation and removing blood stasis, and is an important point for treating blood disorders. Dry blood generates wind, so selecting this point aligns with the principle of "to treat wind, first treat the blood; when the blood flows freely, the wind will naturally dissipate." Sanyinjiao belongs to the Foot Taiyin Spleen Meridian and is adept at harmonizing qi and blood, primarily treating various symptoms of yin deficiency. Simultaneously, Sanyinjiao is the point where the qi and blood of the three yin meridians of the foot intersect, exhibiting significant efficacy in treating various symptoms of yin deficiency. Modern medical research has found that acupuncture point therapy can effectively control the function of B cells that synthesize IgE, leading to a significant decrease in patients' serum IgE levels and HA values, reducing the release of cellular mediators, lowering vascular permeability, and enabling a certain degree of inhibition of allergic reactions in patients. This can effectively improve various symptoms of chronic urticaria patients [8].

Autohemotherapy is simple and convenient, requiring only two treatments per week, which can reduce patient visit time. It also has high safety. Antihistamine drugs commonly cause adverse reactions such as headache, dizziness, and drowsiness. In many clinical applications of autohemotherapy, the injection dose and stimulation intensity can be adjusted according to the patient's tolerance, and no significant adverse reactions have been observed. Its mechanism of action may involve activating the body's immune response, improving immune function, and promoting the production of antibodies, thereby exerting a nonspecific desensitizing effect [7].

In summary, acupuncture combined with autohemotherapy can effectively treat chronic urticaria of blood deficiency and wind-dryness type, while better reducing its incidence and improving patients' symptoms. Both short-term and long-term efficacy are superior to Western medicine treatment. Its therapeutic mechanism may be to improve urticaria symptoms by regulating the body's immune function and improving immunity. It is highly safe and worthy of clinical promotion.

Disclosure statement

The authors declare no conflict of interest.

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