

Clinical effect of Chinese herbal medicine combined with psychological intervention on serum of patients with psoriasis

IL-6,IL-8andTNF-aHorizontal Impact

Zhao xi, Liu jiaqiang

Dermatology Department, Hebei Provincial Hospital stoneForest Shijiazhuang050011

Abstract: Explore whether TCM combined with psychological intervention reduces the recurrence rate of psoriasis and the serum of theil-kIL4andtnf-aThe level of expression for is related to.method:willpatients withclinically cured psoriasis randomized to treatment group and control group two groups,respectively detect two groups of patients before treatment,treatment@,Month after serumIL~6,IL~8andtnf-aThe expression level of.result:two groups before treatment,SerumIL~6,IL~8andtnf-aExpression Horizontal differenceno significant;treatmentMonth,months after,Treatment Group Serumil-kIL~8andtnf-aThere is no significant difference in the level of expression of;and the control group,Serumil-kil-iandtnf-ahas a significantly higher level of expression,and over time,The higher its level of expression.conclusion:TCM combined psychological intervention canEffective maintenance of psoriasis patients SerumIL~6,IL~8andtnf-aexpression level,Toreduce the recurrence rate of psoriasis.

Keywords: Psoriasis vulgaris;Bai;improved cold blood detoxification soup;Psychological Intervention;IL~6IL~8tnf-a;Recurrence rateFigure category number:R275.9Document identification code:Astory number:1007-5615 (2014) 04-0018-02

Psoriasis is a proliferative,erythema scaly skin disease,toinduced or aggravated by multiple mental factors,Many scholars in recent yearsTreatsit as a chronic psychosomatic disease.This disease is clinically common,duration is longerand recurring attacks,inflit heavy psychological burden on the general patient.penby users fromYear5Month to2014Year1Month on clinical cure or basiccured""patients with psoriasis Vulgaris underwent an experimental study,Explore whether Chinese medicine combined with psychological intervention affects the serum of theIL-),IL~8andTNF-aThe expression level of,Toreduce psoriasis recurrence rate,providing a theoretical basis for better clinical application in the future, theresultreport as follows.

1. materials and methods

1.1 Clinical Data This experimentis a total ofExample,isYear5months to2014Year1Month in Hebei Provincial Hospital Dermatology Clinic for the first timediagnose and reach clinically cured or basically cured patients,where menTripleexample,womenExample,Age~%year old,Average36.2year old.All patients are psoriasis vulgaris,According to whether or not to accept Chinese herbal medicineCombination Psychotherapy treatment Group and control group2Group,perGroupExample.Two groups of patients in the gender,age,literacy,illNo significant difference on the process($P>0.05$),Equalization is comparableto.

1.2 exclude Standard(1)red skin disease,Joint sickness,pus

BlisterPsoriasis;(2)withsevere liver and kidney dysfunction,Primary visceral disorders such as cardio-cerebrovascular disease;(2)cognitive workcan not be normal,or accompanied by a psychiatric disease and are ap plying related drug-speople;(4)Pregnancy and ASR breast women(5))age less@year,cannot complete the experimenter byitself;(6)cannotbetreated with a prescribed course of treatment medication or for psychotherapy,Non-compliance follow-up investigationPeople;(7)join other clinical trials.

Copyright © 2016 Author(s).

This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

1.3 treatment

1.3.1 treatment Group: (1) Traditional Chinese Medicine, Oral self-modified cooling blood solution Poison soup, every spring, The is served two months in winter, Medicinal habitat Yellow

20G, Peony Skin, Radix isatidis, radix paeoniae alba, Turmeric, bupleurum, codonopsis, Huangqi, clinical plus minus: Wind-sheng Gabaishan, white thistles; people with common cold and atractylodes macrocephala, windproof; sore throat cassia Bean root; Non-fragrant people add tangerine Peel, raw Hawthorn; Large constipation the knot adds rhubarb; the poor sleep with acacia skin, first Uto. per day 1 agent, two times after meal, or avoid frying granules blunt tea drink. (2) Psychological intervention: Centralized and one-to-one approach, and patients and their families establish a good, harmonious doctor-patient relationship, Monthly pair patients with a psychological intervention. doctor-patient discussion, guide its correct understanding of the disease, set confidence, and take a different patient Relaxation therapy, The hints therapy, etc. for individual guidance.

1.3.2 control group: do not take any intervention.

Both groups of patients need to avoid smoking alcohol, Keep warm, Proper motion, ensure adequate and good sleep, rest and rest. every 6 Weekly Outpatient or Call follow, Observe effect.

1.4 Experimental Methods Serum IL-5, IL-8 and TNF- α contains measure with double antibody sandwich (ELISA) method, kits all from Beijing Jing Mei Bioengineering Co., Ltd. offers, strictly follow the instructions to operate.

1.5 Statistics method applies SPSS 13.0 Software processing number according to, experiment data $\bar{x} \pm s$ represents a, with two-sample mean double-sided T-test, Perform a significant analysis, $P < 0.05$ has a significant difference sex, $P < 0.01$ has a very significant difference.

2. results

2.1 two groups of patients before and after the prevention of blood serum IL-6 Horizontal Change

two groups before preventive treatment, Serum IL-6 The expression level of is poor no significant ($P > 0.05$); Preventive treatment @ month + months after, Preventive Treatment Group Serum IL-6 Expression Horizontal difference between IL-6 no significant; and Prevention control group, in preventive treatment months after Serum IL-6 The level of expression is significantly higher before prophylactic treatment, difference is significant; in preventive treatment Serum after month IL-6 has a significantly higher level of expression, $P < 0.01$, before preventive treatment

Zhao, and so on: Traditional Chinese medicine combined with psychological intervention in the serum of patients with psoriasis treated with clinical IL-6, IL-8 and TNF- α Horizontal Impact

2.2 Two groups of serum before and after preventive treatment IL-8 Horizontal Change two groups before preventive treatment, serum IL-8 The expression level of is poor no significant ($P > 0.05$); Preventive treatment Month, months after, Preventive Treatment Group Serum IL-8 Expression Horizontal difference no significant ($P > 0.05$). and Prevention control group, in preventive treatment therapy months after serum IL-8 expression level prior to preventive treatment Significantly higher, $P < 0.05$ difference is significant; on preventive treatment Month months after serum IL-8 Express significantly higher level, differs significantly from pre-anti-treatment.

2.3 two groups of serum before and after prophylactic treatment TNF- α Horizontal Change two groups before preventive treatment, serum TNF- α Express Waterping Difference no significant ($P > 0.05$); Preventive treatment Month, months after, Preventive Treatment Group Serum TNF- α The expression level of no significant difference ($P > 0.05$). and Prevention control group, on pre-anti-treatment months after serum TNF- α expression level and prevents significantly higher before treatment, difference is significant; in preventive treatment Serum after month TNF- α has a significantly higher level of expression, $P < 0.01$, is significantly different than before preventative treatment.

tune, Hot Poison Flaming, Out of the skin and modern medicine says "psoriasis is a kind of inflammatory cell infil-

tration, keratinocyte excessive proliferation for pathological features of common disease,¹ Various inflammatory cytokines in the course of psoriasis has played an important role in.²

asadullah⁰ etc confirm IL-2, IL-6, IL-8, IL-42, IFN- γ , TNF- α participates in the initiation of psoriasis, maintain and relapse. The is related to the infiltration of cell components and the proliferation of keratinocytes. IL-1 Yes Th1 type cytokines one, to mediate psoriasis inflammation and immune response, Excessive hyperplasia of epidermal epidermis possible department The score is due to the excessive generation of the cytokines.⁴ IL-4 is biological-effect very strong inflammatory factor, on immunization, Inflammatory Pathology procedure plays a broad role, Serum or skin lesions local IL-4 elevation, on The excessive proliferation of psoriasis and inflammatory infiltration of lesions at the lesion Play an important role in the process.⁵ TNF- α main by single nucleus macrophage fine cell Generation, Participate in inflammation of the body and regulation of immune response, with inflammatory Sexual media effects, can help inflammatory cells penetrate blood in psoriasis wall, activated neutrophils and vascular endothelial cells cause strong body Strong Inflammatory response, Immune to psoriasis lesions, in inflammation, important role...³

The author's previous studies have confirmed that Chinese medicine combined with psychological intervention can be effectively reduce the recurrence rate for patients with psoriasis, So further discussion down Low psoriasis recurrence rate with serum IL-1, IL-4 and TNF- α The expression level of is related to the. The author's experimental study showed two groups of clinical treatment The more psoriasis patients before prophylactic treatment, Serum IL-1, IL-4 and TNF- α There is no significant difference in the level of expression of; Preventive treatment-Month, months after, Preventive Treatment Group Serum IL-6, IL-8 and TNF- α there is no significant difference in expression levels; and prevent control group, Serum IL-1, IL-5 and TNF- α has a significantly higher level of expression, and over time, The higher the level of expression. description Chinese Herbal Union Heart Intervention can effectively maintain serum in patients with psoriasis IL-1, IL-4 and TNF- α expression level, Avoid excessive expression of inflammatory factors, from the To Reduce the recurrence rate of psoriasis. for further better application in clinical provides rationale for.

References

1. Zhangchunhong, DuXixian, ZhangChunmin., and so on. The blood of patients with psoriasis vulgaris Clear TNF- α and IL-8 Horizontal Detection[J]. China Journal of Leprosy and Skin diseases, 2002(1): 102
2. Zhanglei, Liuxin, Lihua Wang, etc.. blood prescription for different types of psoriasis patients Serum Yinterferon, Interleukin 6 and tumor necrosis factor effects of J. Chinese Medicine journal, 2003(1): 1083-1092
3. asadullah K, docke WD, Volk HD, et al. The pathophysiological role of cytokines in psoriasis[J]. Drugs Today 1999; 913-924
4. Fan, Li Weihong. IL-3 and TNF- α Relationship to Psoriasis vulgaris[J]. Pharmaceutical Forum magazine, 2006: 34-37
5. Qin Jianzhong, Qin Yu, Yang Haijian, etc. Interleukin 8 in the pathogenesis of psoriasis actions in Reason[J]. Clinical Dermatology Journal, 1995, 142-144
6. Linyan, Sun Hong. Research progress of the effect of Chinese herbs on cytokines in psoriasis J. Journal of Yunnan College of Chinese Medicine, 2007(3): all-70