

# Comparative Analysis of Traditional Chinese Medicine and Contemporary Treatments for Psoriasis Vulgaris

Lijiaming Zhou<sup>1,2,\*</sup>, Zhengchun Wang<sup>2,3,\*</sup>, Yan Wang<sup>2,\*</sup>, Manning Wu<sup>1,2</sup>, Yuemin Zou<sup>1,2</sup>, Yueyue Ma<sup>2,3</sup>, Wenbo Liu<sup>2,3</sup>, Jingxia Zhao<sup>1</sup>, Dongmei Zhou<sup>2</sup>, Ping Li<sup>2</sup>

<sup>1</sup>Beijing University of Chinese Medicine, Beijing, People's Republic of China; <sup>2</sup>Department of Dermatology, Clinical Medical School of Beijing University of Chinese Medicine (Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, Beijing Institute of Traditional Chinese Medicine), Beijing, People's Republic of China; <sup>3</sup>Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, Beijing, People's Republic of China

\*These authors contributed equally to this work

Correspondence: Dongmei Zhou; Ping Li, Email 52176857@163.com; liping@bjzhongyi.com

**Abstract:** This scoping review synthesizes existing research comparing traditional Chinese medicine (TCM) and contemporary treatments (CTs) for managing psoriasis vulgaris (PsV). A thorough literature search was conducted across multiple databases through February 2024, identifying relevant systematic reviews, randomized controlled trials (RCTs), quasi-experimental, and observational studies that contrast TCM approaches with CTs for PsV. From an initial pool, 195 articles were analyzed, indicating a growing interest in this comparative area, with most studies involving sample sizes between 30 and 100 participants. Key interventions included both internal and topical applications of Chinese herbal medicines, notably *Rehmanniae Radix*, *Arnebiae Radix*, and *Smilacis Glabrae Rhizoma*. Outcomes focused on PASI scores, quality of life metrics, and adverse effects. Results suggest that TCM offers efficacy in improving PASI scores and quality of life; however, evidence concerning toxicity profiles, recurrence rates, and comorbidity outcomes remains sparse. Notable research gaps include a lack of comprehensive data on newer treatment modalities, particularly biologics. Future studies should aim to delineate subjects and interventions in greater detail to support clinical applicability.

**Keywords:** psoriasis vulgaris, traditional Chinese medicine, evidence map, clinical study, scoping review

## Introduction

Psoriasis vulgaris (PsV) is a chronic, systemic inflammatory disorder marked by erythematous plaques topped with silvery scales on the skin, presenting a significant public health challenge worldwide.<sup>1</sup> The prevalence of PsV ranges between 2% and 4% in European and American populations.<sup>2</sup> While primarily a dermatological condition, psoriasis extends its effects beyond the skin, impacting joints, the gastrointestinal system, metabolic processes, and cardiovascular health.<sup>3</sup> Recent studies have increasingly highlighted the complex, systemic nature of psoriasis, including its strong association with psychological disorders. Individuals with psoriasis are notably more susceptible to depression and anxiety than the general population, a consequence likely tied to the stress and social stigma associated with visible skin symptoms.<sup>4</sup>

Currently, there is no cure for psoriasis. Thus, treatment primarily aims to control and stabilize disease signs and symptoms, prevent recurrence and exacerbation, minimize both short- and long-term adverse drug effects, manage related complications, reduce comorbidity risk, and ultimately improve patients' quality of life (QoL).<sup>5,6</sup>

Despite advancements in contemporary treatments for psoriasis vulgaris, several limitations persist. Conventional therapies, include topical corticosteroids, systemic immunosuppressants, and biologics. Throughout this manuscript, we refer to these globally accepted first-line therapies as contemporary treatments (CTs), which often entail significant adverse effects such as skin atrophy, hepatic toxicity, and increased infection risk. Moreover, long-term use of biologics

may lead to diminished efficacy due to immunogenicity. Economic burdens and limited accessibility further restrict their widespread application, particularly in low-resource settings. Additionally, these treatments primarily target symptomatic relief rather than addressing the underlying systemic dysregulation, resulting in high recurrence rates. The lack of personalized treatment strategies also contributes to variable patient responses. These limitations underscore the necessity for alternative therapeutic approaches, such as Traditional Chinese Medicine (TCM), which may offer a more holistic and sustainable management strategy for PsV.<sup>7,8</sup>

Contemporary treatments herein refer to globally accepted first-line therapies for psoriasis vulgaris (eg, biologics, phototherapy), regardless of geographic origin, while Western treatments in the protocol specifically denoted interventions developed within Euro-American medical paradigms. This broader terminology captures evolving treatment landscapes (eg, biologics Yisaipu and small-molecule drugs Benvitimod cream approved in China, phototherapy protocols from Korean). This adjustment aligns with WHO's classification of traditional and modern medicine (the WHO Beta-3 version of International Classification of Health Interventions (ICHI), 2023).

Traditional Chinese medicine (TCM) is a time-honored medical practice rooted in Chinese culture, with a history spanning thousands of years. Recognized for its efficacy and relatively low toxicity in treating psoriasis vulgaris (PsV), TCM employs various therapeutic methods, including internal use of Chinese herbal medicine (represented by decoctions), external use of Chinese herbal medicine (represented by ointment and bath), acupuncture, ear-acupuncture, fire needle therapy, moxibustion, cupping, bloodletting, as well as dietary and lifestyle modifications. In recent decades, advancements in modern technology have enabled healthcare professionals to rigorously assess the efficacy and safety of TCM in PsV management. Additionally, foundational studies have explored the pharmacological properties of TCM. *Tripterygium Wilfordii*, a herb commonly used in the treatment of autoimmune diseases, has gained attention for its active component, triptolide. This compound, found in water decoctions of *Tripterygium Wilfordii*, exhibits immunomodulatory effects and has contributed to the development of new immunomodulatory drugs.

The utilization of TCM in the treatment of psoriasis is predominantly observed in East Asia. The current understanding of TCM's efficacy for PsV remains limited due to insufficient identification of pertinent evidence and the absence of a comprehensive systematic review. Thus, the precise role of TCM as a viable alternative treatment for psoriasis has not garnered widespread acceptance in the medical community.<sup>9,10</sup> Our initial literature review reveals that TCM interventions for psoriasis are rarely included in clinical guidelines outside Asia, and even within Chinese guidelines, the methodological rigor varies considerably. Notably, many recommendations in these guidelines are based on individual primary studies rather than substantiated by systematic reviews (SRs), underscoring the need for more robust evidence to support these practices.<sup>11</sup>

In addition to adhering to established protocols, it is essential to thoroughly examine all relevant data to identify knowledge gaps, thereby guiding future research and improving patient care. Among research methodologies, a scoping review proves to be a valuable tool for synthesizing evidence. Its strength lies in its ability to systematically map and assess the existing literature on a given topic, providing researchers with a solid foundation for further exploration and insight.<sup>12,13</sup> In this study, a scoping review was conducted to identify, elaborate on, and consolidate existing evidence regarding the effectiveness of TCM compared to CTs in individuals diagnosed with psoriasis vulgaris. The primary objective was to map the current evidence and highlight gaps that require further investigation.

## Materials and Methods

### Protocol and Registration

Our review adhered to the guidelines established by the JBI Scoping Review Methodology Group.<sup>14–16</sup> Reporting was conducted in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR),<sup>17</sup> as well as the methodology recommended by the Global Evidence Mapping Initiative.<sup>18</sup> The approach to defining the scope of the content area<sup>19–21</sup> involved: (1) setting boundaries and context for the topic; (2) identifying and selecting relevant research; and (3) outlining study outcomes and characteristics.

The protocol of this study was prospectively registered and is openly accessible on FigShare (<https://doi.org/10.6084/m9.figshare.25466671.v1>).

## Eligibility Criteria

The PCC framework was employed to develop the research objective and question, and it also informed the eligibility criteria and search strategy.

### Population

The study included adult individuals (aged 18 and above) diagnosed with psoriasis vulgaris, regardless of the severity or whether the condition was at initial onset or a relapse. Variants of psoriasis, such as psoriatic arthritis, pustular psoriasis, and erythrodermic psoriasis, were excluded.

Following PRISMA-ScR Item 7, we excluded psoriatic arthritis studies to maintain focus on cutaneous manifestations, as joint involvement necessitates distinct outcome measures (eg, PASI, ACR50)<sup>22</sup> that would confound comparative efficacy analysis. This ensures comparability with our pre-registered comparator interventions.

### Concept

The study included adult individuals (aged 18 and above) diagnosed with psoriasis vulgaris, regardless of the severity or whether the condition was at initial onset or a relapse. Variants of psoriasis, such as psoriatic arthritis, pustular psoriasis, and erythrodermic psoriasis, were excluded.<sup>8,23</sup>

For contemporary treatments (CTs), we referred to the Chinese guideline for the diagnosis and treatment of psoriasis<sup>8,23</sup> and the joint AAD-NPF guidelines of care for psoriasis management.<sup>7</sup> These treatments included topical medications (eg, vitamin D3 derivatives, corticosteroids, retinoids, vaseline), systemic therapies (eg, immunosuppressive drugs, retinoids, corticosteroids, biologics, small-molecule targeting drugs), phototherapy, and starch baths, either individually or in combination. Studies comparing a combination of TCM and CTs in the experimental group with CTs alone in the control group were excluded.

The primary endpoints of the study included the psoriasis area and severity index (PASI), quality of life (QoL), levels of inflammatory factors (IFL), as well as assessments of recurrence and toxicity. These outcomes were graphically represented to facilitate comprehensive analysis.

### Context

We reviewed research conducted in diverse clinical settings, including community clinics, hospitals, and healthcare centers.

### Types of Studies

This scoping review focused on methodologies for integrating research investigations in evidence synthesis, emphasizing clear presentation of research inquiries, search strategies, data analysis, and synthesis specifics. The study included various primary research types like randomized controlled trials (RCTs), quasi-experimental studies (Q-Exps), observational studies (OBSes), and secondary research types like systematic reviews (SRs), aligning with JBI Scoping Review Methodology Group guidelines.<sup>23</sup> SRs were defined as secondary research meeting specific criteria: clearly stated eligibility criteria or research question, a structured search strategy across at least two databases, a defined screening method, quality assessment for each study, and a transparent data analysis and synthesis approach.<sup>24</sup> RCTs were classified as experimental studies with randomized intervention allocation, while Q-Exps included experimental studies with limited randomization or specific designs such as interrupted time series or pre-post studies. OBS referred to observational studies, including case-control and cohort studies, with eligibility criteria requiring controlled parameters and a sample size of at least 30 participants. Exclusion criteria encompassed studies without a control group, clinical practice guidelines, case reports, non-systematic reviews, and qualitative studies. Publications not in Chinese or English were also excluded.

## Search Strategy

To ensure a comprehensive review of the relevant literature, we conducted extensive electronic searches across multiple databases, including Excerpta Medica Database (EMBASE), MEDLINE (accessed via PubMed), China National Knowledge Infrastructure (CNKI), Wanfang Academic Journal Full-text Database (Wanfang) and Chongqing VIP

Database (CQVIP). These databases were systematically queried to identify studies on the use of TCM methods for treating PsV. The search period spanned from database inception to February 2024, using a strategy that combined subject headings with free-text terms. The detailed search strategy used for MEDLINE (PubMed) is available in [Figure 1](#). Also, we reviewed PROSPERO and Clinicaltrials.gov to find eligible study protocols. Additionally, expert consultations were conducted to identify any further relevant studies.

```

#1 Psoriasis[Mesh]
#2 Psoriasis[Title/Abstract]
#3 #1 OR #2
#4 Medicine, Chinese Traditional[Mesh]
#5 Traditional Chinese Medicine[Title/Abstract]
#6 Traditional Medicine, Chinese[Title/Abstract]
#7 Chinese Traditional Medicine[Title/Abstract]
#8 Chinese Medicine, Traditional[Title/Abstract]
#9 Chung I Hsueh[Title/Abstract]
#10 Hsueh, Chung I[Title/Abstract]
#11 Zhong Yi Xue[Title/Abstract]
#12 #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11
#13 Acupuncture therapy[Mesh]
#14 Acupuncture Treatment[Title/Abstract]
#15 Acupuncture Treatments[Title/Abstract]
#16 Treatment, Acupuncture[Title/Abstract]
#17 Therapy, Acupuncture[Title/Abstract]
#18 Pharmacoacupuncture Treatment[Title/Abstract]
#19 Treatment, Pharmacoacupuncture[Title/Abstract]
#20 Pharmacoacupuncture Therapy[Title/Abstract]
#21 Therapy, Pharmacoacupuncture[Title/Abstract]
#22 Acupotomy[Title/Abstract]
#23 Acupotomies[Title/Abstract]
#24 Moxibustion[Mesh]
#25 Moxibustion[Title/Abstract]
#26 Cupping Therapy[Mesh]
#27 Cupping Therapies[Title/Abstract]
#28 Therapy, Cupping[Title/Abstract]
#29 Cupping Treatment[Title/Abstract]
#30 Cupping Treatments[Title/Abstract]
#31 Treatment, Cupping[Title/Abstract]
#32 Bloodletting [Title/Abstract]
#33 #13 OR #14 OR #15 OR #16 OR #17 OR #18 OR #19 OR
#20 OR #21 OR #22 OR #23 OR #24 OR #25 OR #26 OR #27
OR #28 OR #29 OR #30 OR #31 OR #32
#34 #3 AND (#12 OR #33)

```

**Figure 1** PubMed search strategy.

## Study Selection

Two reviewers (L. Zhou and Y. Zou) independently screened studies using ENDNOTE X9. Duplicate records were first removed, after which articles were carefully evaluated against the predetermined eligibility criteria by examining titles, abstracts, and full texts to determine inclusion. Any discrepancies that arose during this process were resolved by consulting a third author (D. Zhou), ensuring a comprehensive and unbiased assessment of the articles.

## Data Extraction

Data extraction was independently conducted by two reviewers (Y. Wang and M. Wu), using Excel for data organization. Extracted data included the year of publication, country, study type, conflict of interest, number of studies included addressing our review question (for SRs), number of patients (for primary studies), interventions assessed (TCM methods), comparators (CTs), reported outcome measures, and effect direction classified as “favors intervention, FI” “favors comparison, FC” or “no significance difference, ND”. Additionally, specific treatment principles, methods, and medications for each study were documented. When studies provided multiple follow-up data points, the final follow-up data was extracted. Disagreements were resolved through discussion or consultation with a third party (J. Zhao and P. Li).

## Data Synthesis and Result Presenting

We conducted a comprehensive analysis, presenting frequency counts and percentages for various aspects, including study types, populations, publication year, interventions, and outcomes. Results were communicated through narrative descriptions, tables, and diagrams to categorize studies by intervention type, research design, and effect direction.

All TCM interventions were categorized by evidence level: Level 1: Supported by  $\geq 3$  RCTs (eg, internal use of Chinese herbal medicine); Level 2: Supported by  $< 3$  RCTs but with quasi-experimental studies (eg, fire needle therapy); Level 3: Traditional use with limited contemporary evidence (eg, moxibustion). Claims were weighted accordingly in the analysis.

We employed mapping website (<https://www.bioinformatics.com.cn>) and packages in R to make diagrams and visualize results. Evidence maps were created as pie matrix plots, providing a visual representation of the evidence. These maps were structured in a grid format, with columns representing different TCM types and rows corresponding to specific outcome measures. Within each grid cell, studies were categorized by study design (RCT, Q-Exp, OBS) and effect direction. Evidence gaps were identified where a specific intersection lacked primary studies.

## Results

### Study Selection Process and Search results

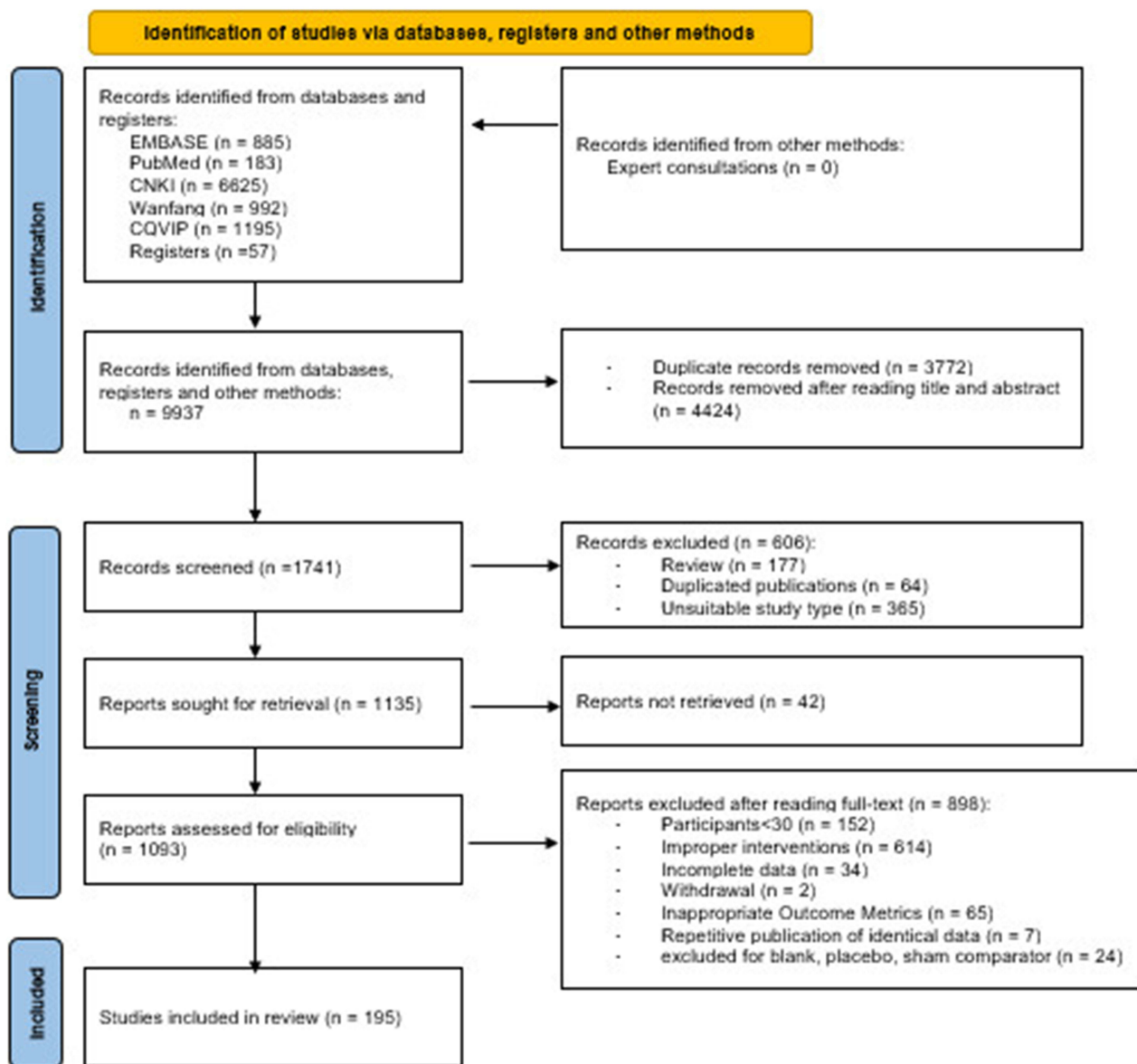
After removing duplicate records, our comprehensive search identified a total of 6165 articles on various TCM methods. Screening titles and abstracts led to the exclusion of 4424 references. Of the remaining 1741 references, 42 reports were inaccessible, 64 reports were duplicated publications, 177 reports were Reviews, and 365 reports were unsuitable study type. A detailed review of the remaining 1093 full-text articles resulted in the inclusion of 195 studies that met our criteria (Figure 2). Of 195 included studies, 177 were primary researches (RCTs/Q-Exps/OBSes) and 18 were systematic reviews (analyzed separately).

### Characteristics of the Included Studies

[Supplementary Table 1](#) summarized the characteristics of the included studies. In the following paragraphs, we would present the results in turn in the form of descriptions, tables and graphs, based on the contents of each line in [Supplementary materials](#).

#### Study Type

Of the 195 included studies, 55 were RCTs,<sup>24–79</sup> 92 were Q-Exps,<sup>80–167</sup> 30 were OBSes,<sup>168–197</sup> and 18 were SRs.<sup>10,198–214</sup> Figure 3 and [Supplementary Table 2](#) illustrated the number and the proportion of research type in the included literature.



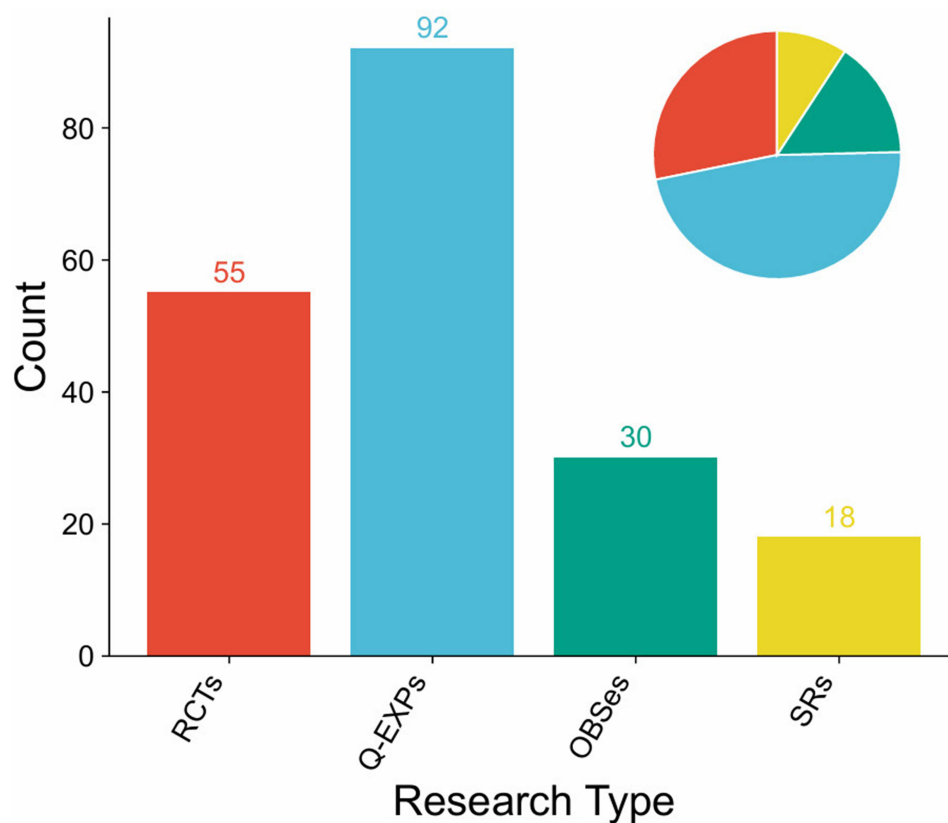
**Figure 2** Flow diagram of the study selection process.

### Publication Year

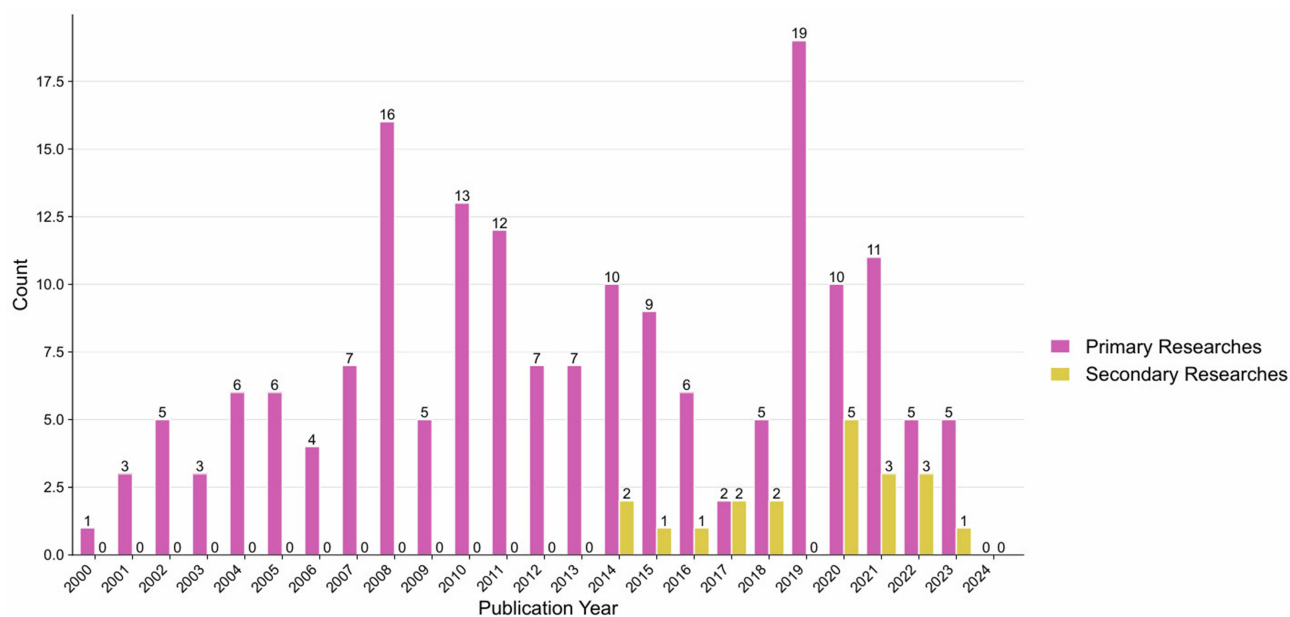
The primary studies and secondary researches included both show an upward trend over the time period analyzed, as depicted in [Figure 4](#). [Supplementary Table 3](#) summarized the number of publication year of the included studies. It is important to note that our study concluded in February 2024, leaving 10 months unaccounted for in that year. This partial data gives the impression of a decrease in study quantity in 2024. Based on the observed trajectory, it is reasonable to anticipate that the number of publications in 2024 will ultimately remain elevated. Of the 195 included studies, 90 studies, representing 46.15%, were published within the last decade. A total of 6 studies (3.08%)<sup>10,27,202,211–213</sup> were published in English. The included studies originated from four different countries and regions worldwide, with China as the leading contributor, followed by the United States and Sweden.

### Sample Size

In all primary researches included, sample sizes ranged from 30 to 553. As showed in [Table 1](#) and [Figure 5](#), 110 studies (62.15% of all primary researches) had sample sizes ranging from 30 to 59. Studies, whose sample sizes ranged from 30



**Figure 3** The number and proportion of research type in the included literature. X-axis: research type of included study; Y-axis: Count. Color: Orange bar/pie indicates randomized controlled trials (RCTs); blue bar/pie indicates quasi-experimental studies (Q-Exps); green bar/pie indicates observational studies (OBSes); yellow bar/pie indicates systematic reviews (SRs).



**Figure 4** Publication year of the included studies. X-axis: publication year; Y-axis: count.

**Table 1** The Distribution of Sample Sizes

Sample Size	Count	Proportion
30–59	110	62.15%
30–39	61	34.46%
40–49	26	14.69%
50–59	23	12.99%
60–99	47	26.55%
100–149	11	6.21%
150–199	6	3.39%
≥200	3	1.69%

to 39, made up 55.45% of these 110 studies. As well as 47 studies (26.55% of all primary researches) from 60 to 99, 11 studies (6.21%) from 100 to 149, 6 studies (3.39%) from 150 to 100, and 3 studies<sup>140,168,215</sup> (1.69%) greater than 200.

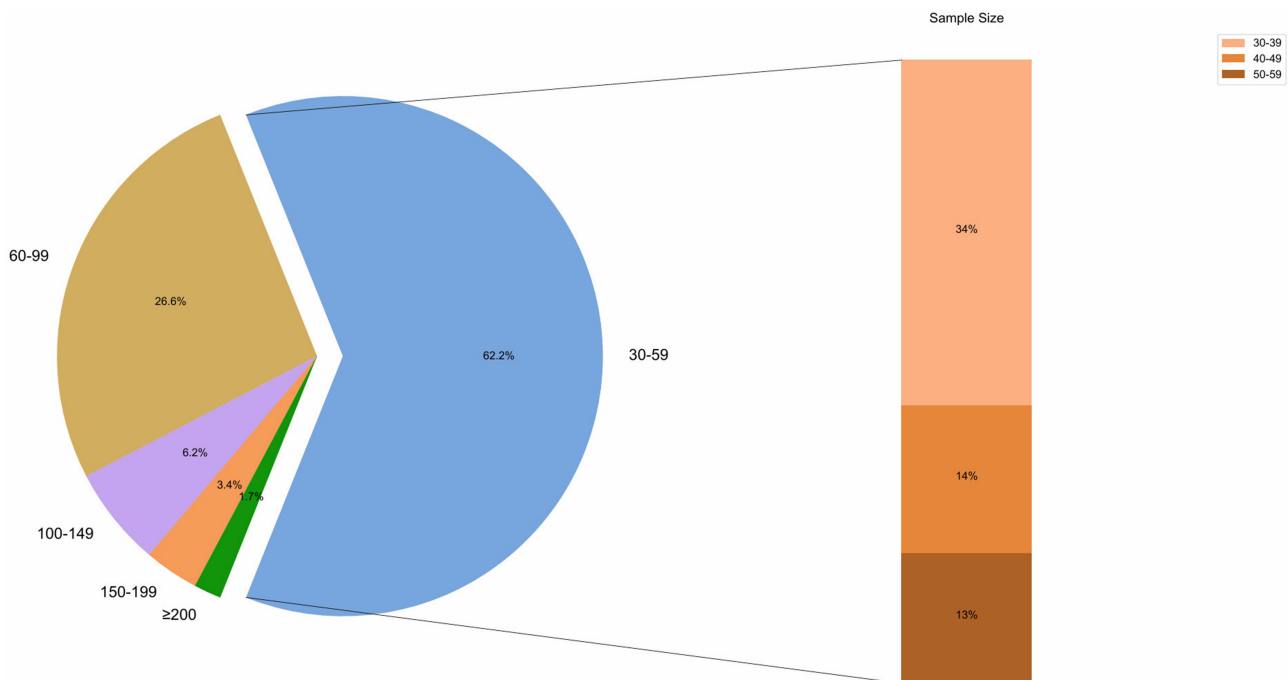
**Stage and Severity of the Disease**

Most of the included primary studies did not limit the stage and severity of the disease. Fourteen studies (7.91%) focused only on patients with mild to moderate PsV, while 6 studies (0.34%) focusing on moderate to severe or severe PsV. Moreover, 27 studies focused on progressive stage, while 11 studies (0.34%) focusing on quiescent state.

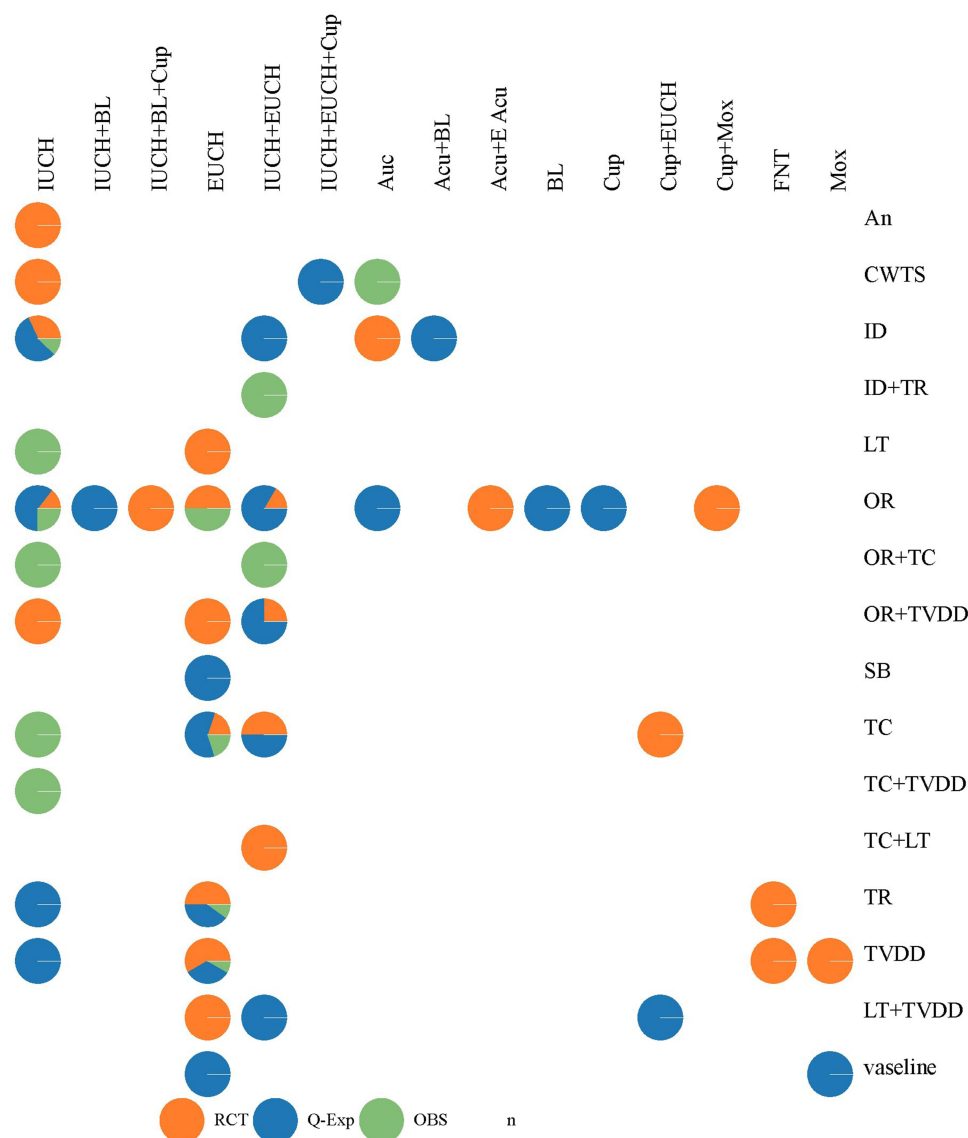
**Interventions and Comparison**

The TCM interventions and corresponding control measures utilized in all included primary studies are presented in Figure 6. Among various study designs, comparisons between internal use of Chinese herbal medicine (eg, oral decoctions) and oral retinoids were most frequently employed to compare treatment efficacy.

The clinical evidence depicts a predominant focus on evaluating the efficacy of orally administered Chinese herbs, topically applied Chinese herbs, and their combination, as alternative therapeutic options in comparison to contemporary treatments. Studies on the application of acupuncture, fire needle therapy, cupping, bloodletting, or a combination of



**Figure 5** The Proportion of sample sizes.



**Figure 6** Interventions and comparisons of included primary studies. X-axis: interventions. Y-axis: comparisons. Color: Orange bubbles indicate RCTs; blue bubbles indicate Q-Exps; green bubbles indicate OBSes.

**Abbreviations:** IUCH, internal use of Chinese herbal; EUCH, external use of Chinese herbal; FNT, fire needle therapy; BL, bloodletting; E-Acu, ear acupuncture; MTX, methotrexate; ID, immunosuppressive drugs; OR, oral retinoid; TR, topical retinoids; OG, oral glucocorticoids; TC, topical corticosteroids; TVDD, topical vitamin D3 derivative; LT, light therapy; An, antihistamines; SB, starch bath.

these treatments compared to contemporary treatments are scarce, with fewer than 10 studies available. Moreover, studies on the combination of internal use of Chinese herbal medicine with these treatments are also sporadic. It is observed that the number of studies appraising internal use of Chinese herbal medicine surpasses that of external use of Chinese herbal medicine, followed by internal use of Chinese herbal medicine +external use of Chinese herbal medicine.

Among all included primary studies, the number of studies applying internal use of Chinese herbal medicine was the largest, with 108 articles, accounting for 61.02%. Among them, there were 27 RCTs, 59 Q-Exps, and 22 OBSes. The most commonly used control measures for comparison with internal use of Chinese herbal medicine were immunosuppressive drugs (eg, methotrexate) and oral retinoids (eg, acitretin). So, internal use of Chinese herbal medicine were categorized as evidence level: Level 1. The number of literatures for external use of Chinese herbal medicine ranked second, encompassing 17 RCTs, 13Q-Exps and 4 OBSes. There were also 4 RCTs, 10 Q-Exps and 2 OBSes about the combined internal use of Chinese herbal medicine and external use of Chinese herbal medicine. Individual RCTs have reported on the use of acupuncture, moxibustion, fire needle therapy, acupuncture +ear acupuncture, cupping

+external use of Chinese herbal medicine, cupping + moxibustion and internal use of Chinese herbal medicine +blood-letting therapy+ cupping therapy, while one or two Q-Exps about cupping, bloodletting therapy, internal use of Chinese herbal medicine +bloodletting therapy, acupuncture +bloodletting therapy and internal use of Chinese herbal medicine +external use of Chinese herbal medicine+ cupping.

### Washout Period

Of the initial studies included, 98 articles explicitly defined a washout period (Figure 7). Within these, the literature on internal use of Chinese herbal medicine comprised 19 RCTs, 32 Q-Exps and 12 OBSes.

### Outcome Measures

The outcome measures employed in all included primary studies are presented in Figure 8. The most commonly utilized parameters for assessing therapeutic efficacy are associated with the Psoriasis Area and Severity Index (PASI), particularly focusing on PASI improvement rates. Frequently referenced metrics include PASI60, indicating a 60% reduction in PASI from baseline, and PASI30, indicating a 30% reduction from baseline. Many studies use changes in PASI scores to compare the efficacy of TCM with CTs. Additionally, some studies emphasize improvements in patients' quality of life and mental well-being, employing measures such as the Dermatology Life Quality Index (DLQI), Psoriasis Quality of Life Scale (PQOLS), Self-Rating Anxiety Scale (SAS), and Self-Rating Depression Scale (SDS).

The included studies also closely monitor the safety and toxicity profile of TCM, with a primary focus on adverse events and safety laboratory indicators. Objective outcome indicators such as cytokines TNF- $\alpha$ , IL-6, IL-8, IL-17, and IL-23 are frequently used to evaluate therapeutic efficacy.

The efficacy of combination therapies (eg, herbal decoctions plus acupuncture) was primarily assessed through composite outcomes such as PASI scores, DLQI, and cytokine levels. Most studies did not compare combination therapies against monotherapies. However, methodological heterogeneity—including variations in treatment duration, acupuncture techniques, and herbal formulations—complicates cross-study comparisons. Few studies employed blinded outcome assessors or used objective biomarkers, highlighting the need for more standardized and rigorous assessment methodologies in future research on TCM combination therapies.

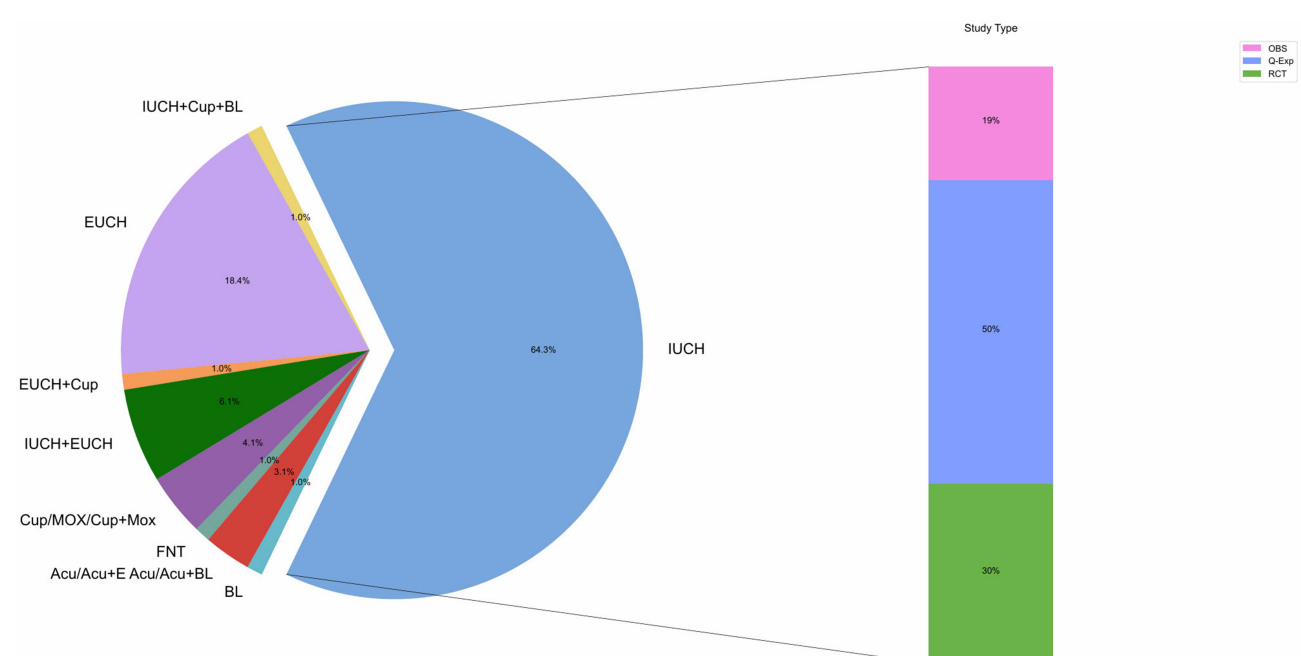
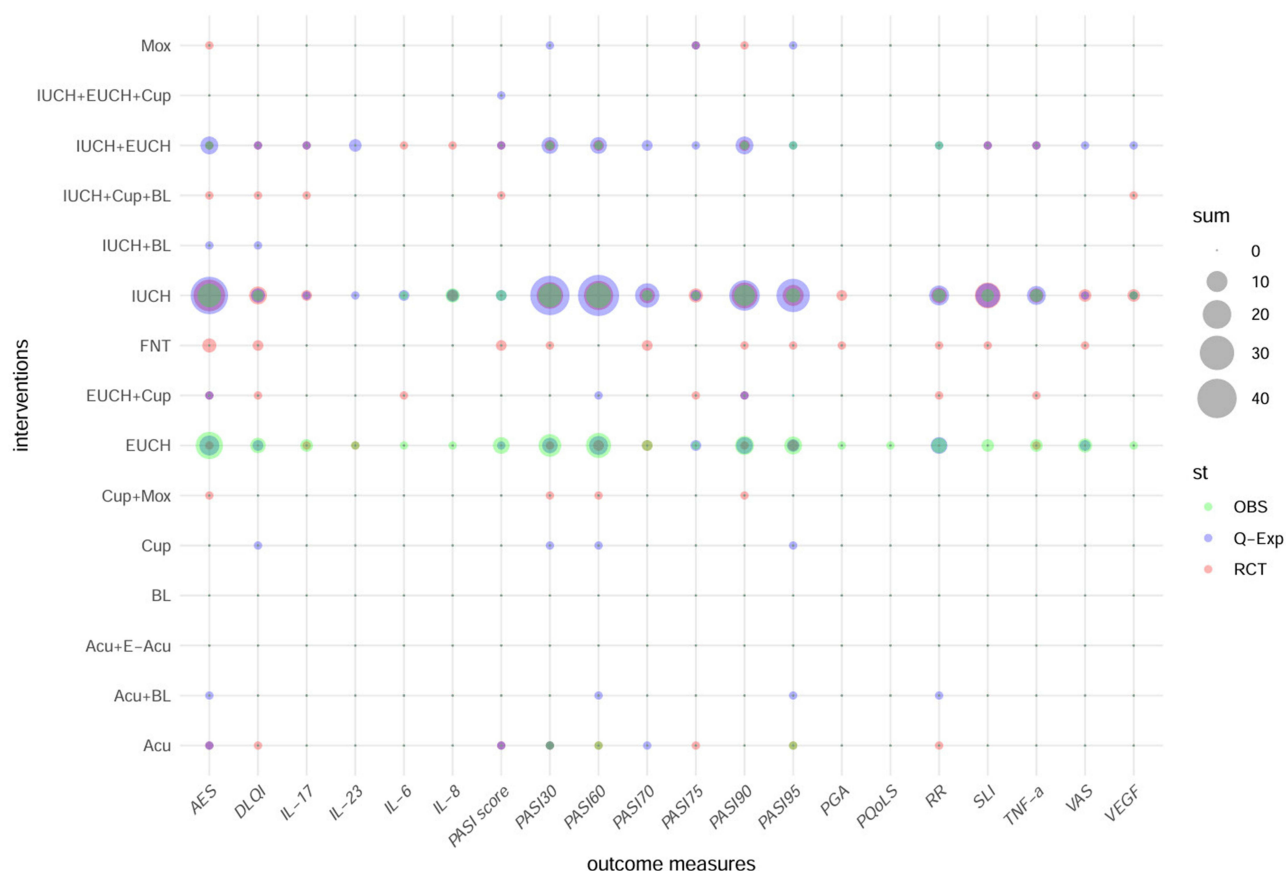


Figure 7 The Proportion of washout period studies.



**Figure 8** The bubble plot of outcome measures. X-axis: outcome measures. Y-axis: interventions. Color: blue bubbles indicate RCTs; green bubbles indicate Q-Exps; pink bubbles indicate OBSes.

**Abbreviations:** IUCH, internal use of Chinese herbal; EUCH, external use of Chinese herbal; FNT, fire needle therapy; BL, bloodletting; E-Acu, ear acupuncture.

### Conflicts of Interest (COI) of Included Studies

COI were not disclosed in 215 studies (96.41%) studies, whereas eight studies (3.59%) explicitly stated that the authors reported no conflicts of interest.

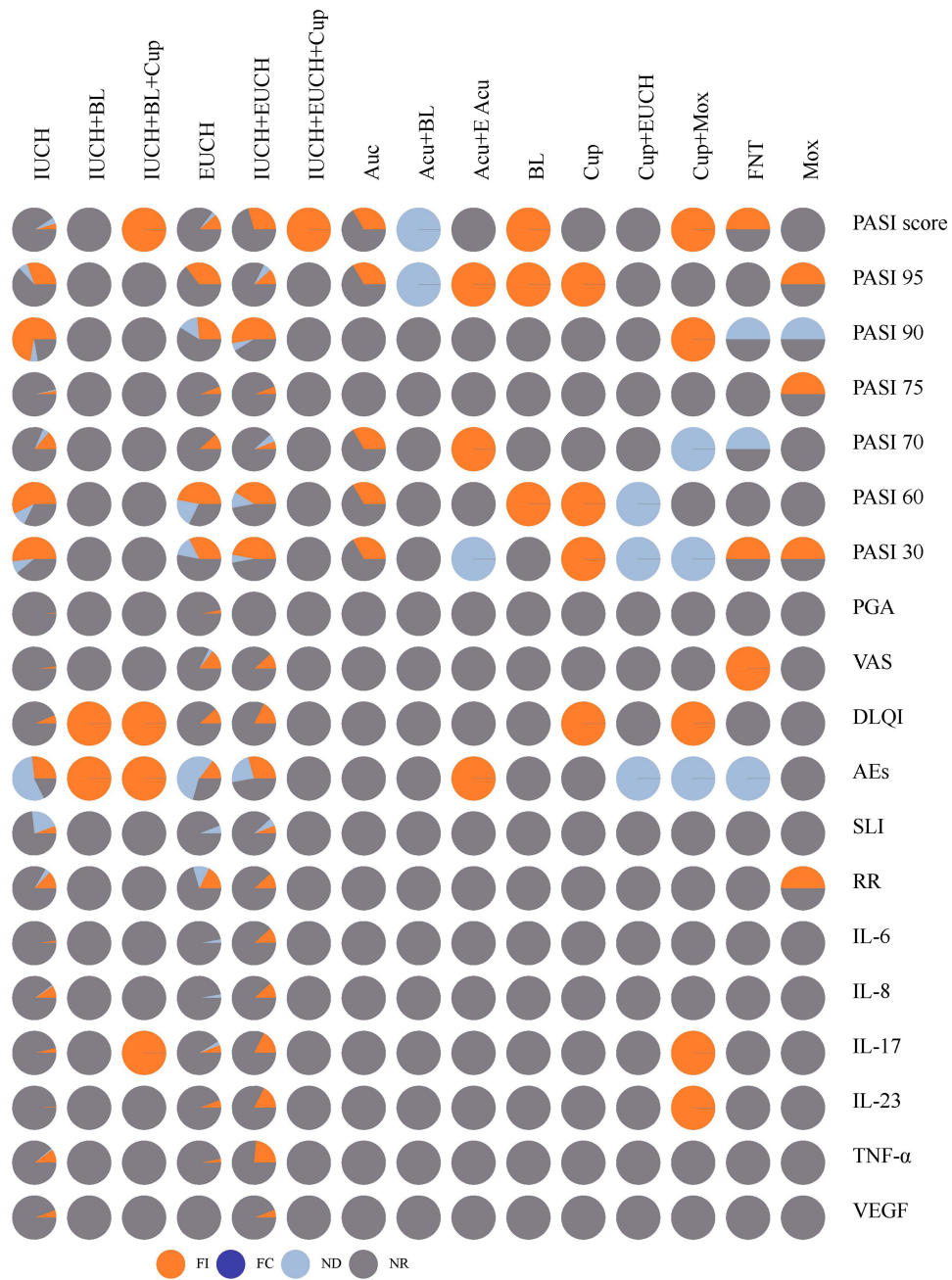
### Intervention Components Described in Included Sys

Among the included systematic reviews, 13 articles focused on internal use of Chinese herbal medicine for PsV, while one addressed external use of Chinese herbal medicine. Additionally, four articles explored therapeutic approaches such as acupuncture, moxibustion and cupping. None of the literature specified the disease states or severity levels for inclusion in the study. The most frequently employed comparison was OR. The most common outcome measure was the degree of improvement in PASI.

### Evidence Map

Figure 9 provides a comprehensive summary of the collected evidence on PsV, organized by documented outcomes. Additionally, [Supplementary Table 4](#) offers detailed insights into the direction of effects reported by individual studies across all outcomes in this scoping review. [Supplementary Table 5](#) outlines the specific traditional Chinese medicine treatment principles and drugs used in the included studies. Furthermore, [Table 2](#) illustrates the most commonly used Chinese herbal medicines in the studies analyzed.

According to [Figure 9](#), many studies have favored TCM treatments to improve the disease with no difference in safety risks. For PASI improvement, 134 studies indicated that TCM treatments yielded significantly better outcomes compared to CTs, while 19 studies found no significant difference between TCM and CTs. And clinical evidence about cupping, fire



**Figure 9** Evidence map of TCM vs CTs in patients with PsV. X-axis: TCM interventions. Y-axis: outcome measures. Color: Orange indicates FI, favor intervention; dark blue indicates FC, favor comparison; light blue indicates ND, no significance difference; and grey indicate NR, not reported. **Abbreviations:** IUCH, internal use of Chinese herbal; EUCH, external use of Chinese herbal; FNT, fire needle therapy; BL, bloodletting; E-Acu, ear acupuncture.

needle therapy remains conflicting. Two RCTs<sup>76,78</sup> reported no significant effect of fire needle therapy, cupping +external use of Chinese herbal medicine on psoriasis severity, while a meta-analysis<sup>211</sup> suggested potential benefits in symptom relief but highlighted methodological limitations. While fire needle therapy is widely applied in TCM practice, its efficacy for psoriasis lacks robust support from large-scale randomized trials.<sup>212</sup> In terms of life quality outcomes, 17 studies demonstrated significant differences favoring TCM over CTs.

The literature on the toxicity and safety of TCM compared to CTs yielded mixed findings. Of the 90 studies reviewed, no difference in adverse reactions was observed between TCM and CTs, while an additional 42 studies suggested that TCM was associated with fewer adverse reactions. Regarding effects on blood parameters, liver, and kidney function, 32

**Table 2** Commonly Used Chinese Herbal Medicines

The Name of the Chinese Herbal Medicine	Frequency
Rehmanniae Radix	103
Arnebiae Radix	76
Smilacis Glabrae Rhizoma	75
Moutan Cortex	72
Salviae Miltiorrhizae Radix et Rhizoma	72
Dictamni Cortex	69
Paeoniae Radix Rubra	64
Glycyrrhizae Radix et Rhizoma	63
Angelicae Sinensis Radix	52
Hedyotis Diffusa Herba	47
Carthami Flos	44
Spatholobus Suberectus	42
Lonicerae Japonicae Flos	40

studies found no discernible differences between the two treatment types, while seven studies indicated that CTs were linked to higher safety levels.

In terms of recurrence rates, 23 studies supported the idea that TCM could lower recurrence rates compared to CTs, while 8 studies found no significant difference between the two. Analysis of 36 studies focusing on cytokine levels showed that only two randomized controlled trials (RCTs) and one quasi-experimental study (Q-Exp) reported no significant differences in serum cytokine levels between TCM and CTs, while the remaining studies demonstrated that TCM effectively reduced cytokine levels in serum.

The primary treatment modality in TCM for psoriasis, as illustrated in [Supplementary Tables 4 and 5](#), predominantly involves the use of herbal medicine, followed by animal-derived and mineral-based treatments. Among the various herbs used, commonly employed ones include Rehmanniae Radix, Arnebiae Radix, Smilacis Glabrae Rhizoma, Moutan Cortex, Salviae Miltiorrhizae Radix et Rhizoma, Dictamni Cortex, Paeoniae Radix Rubra, Glycyrrhizae Radix et Rhizoma, Angelicae Sinensis Radix, Hedyotis Diffusa Herba, Carthami Flos, Spatholobus Suberectus, and Lonicerae Japonicae Flos. This specific selection of herbal remedies reflects the traditional approach to managing psoriasis within Chinese medicinal practices.

## Discussion

### Summary of Findings

This comprehensive scoping review meticulously examined the existing evidence pertaining to the effectiveness and safety of TCM compared to CTs in managing PsV among patients. A thorough analysis of 195 studies, encompassing systematic reviews, experimental, and observational studies, was conducted. It was observed that while a significant number of studies incorporated a washout period for patients, certain studies failed to disclose the treatment history of patients or mandate a washout of prior treatments. This variability in the approach towards patients' medical background could potentially create an impression that the patients were being treated for PsV for the first time, which may not have been the case. Furthermore, the definition of CTs as a control group exhibited inconsistency, thereby introducing a potential source of bias that could impact the study outcomes.

The majority of included studies showed a preference for TCM based on Psoriasis Area and Severity Index (PASI) scores, although some studies reported no significant differences between TCM and CTs. Beyond PASI scores, other outcomes—such as quality of life, recurrence rate, and toxicity—also generally favored TCM.

Nevertheless, notable gaps were identified in the evidence, particularly regarding the evaluation of novel treatments such as biologics and small molecule drugs, as well as outcomes related to metabolic indicators, symptom management, and hospital admissions.

## Results in Context

This scoping review is a pioneering effort in comparing TCM methods with CTs for PsV. It distinguishes itself through a comprehensive assessment of the scope, methodology, and characteristics of research within this broad field, contrasting with the typically narrower focus of systematic reviews.<sup>20</sup> Notably, scoping reviews have previously been utilized in psoriasis research to clarify existing evidence on specific topics and identify future research directions. For example, such reviews have successfully identified and compiled potential biomarkers for monitoring disease progression in psoriasis.<sup>216</sup>

Our findings indicate that TCM has been used for many years in the treatment of PsV, with studies reported since 2000 showing a continuous growth trend. TCM offers a variety of treatment methods, including Chinese herbal decoctions, herbal ointments and creams, acupuncture, moxibustion, and cupping, among others. Chinese herbal decoctions, herbal ointments and creams have demonstrated efficacy on measures such as PASI90, PASI60, and other commonly used psoriasis outcomes. Preliminary studies<sup>77,213</sup> suggest that acupuncture and moxibustion may have adjunctive effects in psoriasis management, but the evidence is not yet conclusive due to small sample sizes and heterogeneity in trial designs. A 2021 meta-analysis<sup>212</sup> identified three small RCTs investigating fire needle therapy for psoriasis, reporting modest PASI score reductions. However, the clinical significance remains uncertain due to risk of bias and lack of long-term follow-up. Furthermore, our research suggests that therapeutic effects can be achieved not only through single-use treatments but also through combinations of two or more methods.

The requirement to report funding sources and other forms of support was introduced in the CONSORT checklist for randomized controlled trials (RCTs) in 2010 and has been a part of the PRISMA statement for systematic reviews since 2004.<sup>217,218</sup> All systematic reviews (SRs) identified in this scoping review were published after the establishment of the PRISMA statement, with nearly all but two systematic reviews reporting conflicts of interest. Among randomized controlled trials (RCTs), over half were published after 2010, aligning with the inclusion of interest conflict disclosure in the CONSORT 2010 statement; however, only a small proportion adhered to this requirement. Previous research suggests that studies funded by the pharmaceutical industry tend to report more favorable outcomes for the tested drug compared to studies funded by other entities.<sup>219,220</sup> However, among those that did, no clear pattern of outcome distortion was observed. Nonetheless, transparency in funding and conflicts of interest is essential for interpreting study validity. We recommend that future studies explicitly report funding sources and adhere to CONSORT and PRISMA guidelines to enhance transparency and reliability.

Gender may influence the prevalence, severity, and clinical presentation of psoriasis. Epidemiological studies suggest a slightly higher incidence in males, while females often report greater psychosocial burden and reduced quality of life.<sup>221</sup> Hormonal fluctuations, particularly estrogen and progesterone, may modulate immune responses and disease activity. Furthermore, genetic and epigenetic factors linked to sex chromosomes could contribute to differential disease mechanisms.<sup>222</sup> Despite these observations, the majority of included studies did not stratify outcomes by gender, limiting our ability to draw definitive conclusions. Future research should incorporate gender-based analyses to elucidate potential disparities in treatment efficacy and safety, thereby enabling more tailored and effective therapeutic strategies for both male and female patients.

Combination therapies appear to offer enhanced efficacy compared to monotherapies, particularly in refractory cases. However, the safety profile of such combinations requires careful evaluation. While some studies reported reduced adverse events, others noted potential herb interactions, which need warrant further investigation. Overall, current evidence suggests that combination therapy is a promising strategy for improving treatment outcomes in PsV, but its implementation should be guided by robust pharmacokinetic and pharmacodynamic studies to ensure both efficacy and safety.

The extensive research conducted in the field of comparative literature provides detailed insights into the use of traditional Chinese herbal medicine alongside modern therapeutic methods. This study highlights the diverse range of Chinese botanical remedies commonly employed in practice.

## Strengths and Limitations

Our research offers several advantages. As the first scoping review comparing TCM and CTs in PsV, it aimed to encompass all relevant outcomes. An extensive search across five databases was conducted to minimize selection bias, and screening and data extraction were independently performed by two reviewers to reduce errors. Additionally, we used color-coded bubbles to visually represent the evidence in an accessible, user-friendly format.

This research may have encountered certain limitations. Notably, non-herbal TCM modalities like acupuncture and moxibustion were underrepresented (11/223 studies, 4.9%), with most evidence coming from single-center trials. While these techniques hold historical significance in TCM theory, their empirical validation requires larger multicenter RCTs, particularly for dose-response relationships and long-term effects. Claims related to these techniques should be interpreted with caution until replicated in rigorously designed studies. A key limitation of scoping reviews is the difficulty in fully eliminating potential publication bias. To address this, we consulted field experts to identify relevant unpublished studies. Additionally, due to the study design, we did not assess the methodological quality of the included studies, analyze effect sizes, or determine the certainty of the evidence. While scoping reviews are not intended to perform these analyses, caution is advised when interpreting the effects of interventions on various outcomes.

## Future Perspectives

The broad scope of our scoping review reveals deficiencies in the current evidence and provides direction for future research in PsV. Identifying these knowledge gaps in TCM's effectiveness on outcomes beyond PASI highlights the need for accurate evaluations of its potential impact on critical aspects such as quality of life, toxicity, and recurrence rates in individuals with PsV.

A notable gap identified in this review is the absence of direct comparative studies between TCM and biologics. While biologics represent a cornerstone in moderate-to-severe PsV management, their high cost, potential for immunogenicity, and risk of serious infections necessitate exploration of complementary or alternative therapies. TCM, with its multi-target and holistic approach, may offer synergistic benefits or serve as a viable alternative in certain patient subgroups. The lack of head-to-head trials precludes definitive conclusions regarding comparative efficacy, safety, and cost-effectiveness. We strongly advocate for future rigorously designed randomized controlled trials that directly compare TCM interventions with biologics, particularly in treatment-naïve or biologic-resistant populations, to address this critical evidence gap.

The importance of rigorously conducted research, particularly randomized controlled trials (RCTs) and systematic reviews (SRs), in comparing TCM with CTs across diverse patient-centered outcomes cannot be overstated. Such research is essential for building a strong evidence base that informs clinical guidelines, supports clinical decision-making, and advances truly patient-centered care.

Based on the accumulating evidence, TCM demonstrates considerable potential for integration into clinical guidelines for PsV management. However, several challenges must be addressed to facilitate this transition. Standardization of TCM formulations, rigorous quality control, and reproducibility of treatment protocols are paramount. Moreover, mechanistic studies elucidating the pharmacologic actions of key herbal compounds would strengthen the scientific rationale for their use. While developing a standardized TCM treatment protocol for PsV is feasible, it requires multidisciplinary collaboration among dermatologists, TCM practitioners, and pharmacologists. Future efforts should focus on establishing consensus-based treatment algorithms, validating biomarker-driven patient selection criteria, and conducting real-world studies to assess long-term outcomes and safety profiles.

These evidence maps can be valuable tools for researchers and field experts, helping to guide research decisions and study designs, avoid redundancies, and effectively address knowledge gaps. Consequently, foundational researchers may further investigate the unexplored pharmacological effects of TCM based on the clinical evidence presented here, paving the way for the development of new drugs.

This scoping review contributes significantly to the global understanding and potential adoption of TCM for PsV by synthesizing a broad spectrum of evidence across diverse study designs and outcomes. By highlighting the efficacy, safety, and limitations of TCM interventions, this review provides a foundational resource for clinicians,

researchers, and policymakers interested in integrative dermatology. It also identifies key research gaps that, if addressed, could facilitate the incorporation of TCM into international treatment guidelines. Furthermore, by presenting evidence in a visually accessible format and adhering to rigorous methodological standards, this review enhances the credibility and accessibility of TCM research, thereby promoting its thoughtful integration into global psoriasis care paradigms.

## Abbreviations

TCM, traditional Chinese medicine; CTs, contemporary conventional treatments; PsV, psoriasis vulgaris; RCT, randomized controlled trial; Q-Exp, quasi-experimental study; OBS, observational studies; SR, systematic review; Prog, progressive; QS, quiescent state; Res, remission; Mi, mild; Mo, moderate; Se, severe; NS/NC, not specified/not clear; NI, None intervention; IUCh, internal use of Chinese herbal; EUCh, external use of Chinese herbal; fire needle therapy; BL, bloodletting; E-Acu, ear acupuncture; MTX, methotrexate; ID, immunosuppressive drugs; OR, oral retinoid; TR, topical retinoids; OG, oral glucocorticoids; TC, topical corticosteroids; TVDD, topical vitamin D3 derivative; LT, light therapy; An, antihistamines; SB, starch bath; w, week/weeks; m, month/months; DLQI, Dermatology life quality; PGA, physician's global assessment; VAS, visual analog scale scores for pruritus; AEs, incidence of adverse events; SLI, Safety laboratory indicators, including blood routine, urine routine, blood chemistry tests; RR, Recurrence rate; FI, favor intervention; FC, favor comparison; ND, no significance difference; NR, not reported.

## Data Sharing Statement

All data generated or analyzed during this study are included in this published article and its [supplementary information files](#). To facilitate verification and access to the original Chinese-language studies cited in this review, a complete library of all references has been provided as a [supplementary file](#), named references (.enl). This library includes DOIs or direct hyperlinks to the articles on their respective source databases (eg, China National Knowledge Infrastructure - CNKI, Wanfang Data, Chongqing VIP) wherever available. We encourage readers to use this file, along with publicly accessible databases such as CNKI (<https://www.cnki.net/>) and Wanfang Data (<https://www.wanfangdata.com.cn/>), to locate the original publications.

## Acknowledgments

We express our gratitude to all team members for their sincere collaboration, and acknowledge the original authors of the included studies for their remarkable contributions. We are also grateful to Professor Hu Jing for her guidance.

## Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

## Funding

This work was supported by a grant from Beijing Municipal Financial Projects (NO. 11000023T000002046922), the National Natural Science Foundation of China (NO. 82274525) and Beijing Hospital Management Center - Key Medical Specialty Development Program (NO. ZYLX202115).

## Disclosure

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. The protocol of this study is available on FigShare (<https://doi.org/10.6084/m9.figshare.25466671.v1>).

## References

- Griffiths CEM, Armstrong AW, Gudjonsson JE, Barker J. Psoriasis. *Lancet*. 2021;397(10281):1301–1315. doi:10.1016/S0140-6736(20)32549-6
- Parisi R, Symmons DP, Griffiths CE, Ashcroft DM. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. *J Invest Dermatol*. 2013;133(2):377–385. doi:10.1038/jid.2012.339
- Miller IM, Ellervik C, Yazdanyar S, Jemec GB. Meta-analysis of psoriasis, cardiovascular disease, and associated risk factors. *J Am Acad Dermatol*. 2013;69(6):1014–1024. doi:10.1016/j.jaad.2013.06.053
- Torales J, Echeverria C, Barrios I, et al. Psychodermatological mechanisms of psoriasis. *Dermatol Ther*. 2020;33(6):e13827. doi:10.1111/dth.13827
- Nast A, Altenburg A, Augustin M, et al. German S3-Guideline on the treatment of Psoriasis vulgaris, adapted from EuroGuiDerm - Part 1: treatment goals and treatment recommendations. *J Dtsch Dermatol Ges*. 2021;19(6):934–950.
- Sbidian E, Chaimani A, Guelimi R, et al. Systemic pharmacological treatments for chronic plaque psoriasis: a network meta-analysis. *Cochrane Database Syst Rev*. 2023;7(7):CD011535. doi:10.1002/14651858.CD011535.pub6
- Menter A, Strober BE, Kaplan DH, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with biologics. *J Am Acad Dermatol*. 2019;80(4):1029–1072. doi:10.1016/j.jaad.2018.11.057
- Venereology Professional Panel, Chinese Society of Dermatology. Guidelines for the diagnosis and treatment of psoriasis in China (2023 edition). *Chin J Dermatol*. 2023;56(7):573–625.
- Luo Y, Chen J, Kuai L, et al. Chinese herbal medicine for psoriasis: evidence from 11 high-quality randomized controlled trials. *Front Pharmacol*. 2020;11:599433. doi:10.3389/fphar.2020.599433
- Dai D, Wu H, He C, Wang X, Luo Y, Song P. Evidence and potential mechanisms of traditional Chinese medicine for the treatment of psoriasis vulgaris: a systematic review and meta-analysis. *J Dermatol Treat*. 2022;33(2):671–681. doi:10.1080/09546634.2020.1789048
- Chinese Medical Association; Journal of Chinese Medicine Association; Chinese Society of Dermatology and Venereology; Chinese Society of General Medicine CMA; Editorial Board of Chinese Journal of General Practitioners CMA; Expert Group for the Primary Care of Psoriasis Diagnosis and Treatment of Skin Diseases and Venereology. Guideline for primary care of psoriasis (2022). *Chin J Gen Pract*. 2022;21(8):705–714.
- Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol*. 2018;18(1):143. doi:10.1186/s12874-018-0611-x
- Daudt HM, Van Mossel C, Scott SJ. Enhancing the scoping study methodology: a large, inter-professional team’s experience with Arksey and O’Malley’s framework. *BMC Med Res Methodol*. 2013;13:48. doi:10.1186/1471-2288-13-48
- Peters MDJ, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBIM Evid Synth*. 2020;18(10):2119–2126. doi:10.11124/JBIES-20-00167
- Pollock D, Davies EL, Peters MDJ, et al. Undertaking a scoping review: a practical guide for nursing and midwifery students, clinicians, researchers, and academics. *J Adv Nurs*. 2021;77(4):2102–2113. doi:10.1111/jan.14743
- Khalil H, Peters M, Godfrey CM, McInerney P, Soares CB, Parker D. An evidence-based approach to scoping reviews. *Worldviews Evid Based Nurs*. 2016;13(2):118–123. doi:10.1111/wvn.12144
- Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467–473. doi:10.7326/M18-0850
- Katz DL, Williams AL, Girard C, et al. The evidence base for complementary and alternative medicine: methods of evidence mapping with application to CAM. *Altern Ther Health Med*. 2003;9(4):22–30.
- Arksey H, O’Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19–32. doi:10.1080/1364557032000119616
- Bragge P, Clavisi O, Turner T, Tavender E, Collie A, Gruen RL. The global evidence mapping initiative: scoping research in broad topic areas. *BMC Med Res Methodol*. 2011;11:92. doi:10.1186/1471-2288-11-92
- Bates S, Clapton J, Coren E. Systematic maps to support the evidence base in social care. *Evid Policy*. 2007;3(4):539–551. doi:10.1332/174426407782516484
- Gossec L, Baraliakos X, Kerschbaumer A, et al. EULAR recommendations for the management of psoriatic arthritis with pharmacological therapies: 2019 update. *Ann Rheumatic Dis*. 2020;79(6):700–712. doi:10.1136/annrheumdis-2020-217159
- Dermatology Branch of the Chinese Association of Chinese Medicine. Expert consensus on traditional Chinese medicine treatment of psoriasis of the dermatology branch (2017 Edition). *Chin J Dermatovenerol Integr Tradit West Med*. 2018;17(03):273–277.
- Chen Z, Zhou A, Chen X, Huang J, Ye B, Zhu J. Clinical efficacy and safety study of the treatment of psoriasis vulgaris. *Med Diet Health*. 2023;21(1):61–64.
- Zhong J, Li Y, He W, Li Y, Liang Y. The efficacy of Xiaoyin Granules in the treatment of blood deficiency and wind dryness was observed in 60 cases. *Gansu Tradit Chin Med*. 2008;(11):28–29. doi:10.3969/j.issn.1004-6852.2008.11.019
- Tan X, Liu H. Comparison of traditional Chinese and Western medicine treatments in 136 cases of psoriasis vulgaris. *Chin Foreign Med Treat*. 2008;(12):57–58. doi:10.16662/j.cnki.1674-0742.2008.12.101
- Li M, Hu X, Hao PS. Research “recover from illness defense complex” helper T cell immune mechanisms based on the “Fuxie” theory clearing away heat evil thoroughly nourishing kidney treatment of recurrent blood-heat syndrome Psoriasis. *Medicine*. 2020;99(20):e20161. doi:10.1097/MD.00000000000020161
- Yuan Y. *Study on the Efficacy and Mechanism of Fangfengtongshengsan Modified Prescriptions in Treating Psoriasis Vulgaris* [Master]. Guangxi University of Traditional Chinese Medicine; 2021.
- Li J. *Clinical Observation and Efficacy Evaluation of Zhuhuang Granules in the Treatment of Blood Fever Syndrome of Psoriasis Vulgaris* [Master]. Hunan Provincial Institute of Traditional Chinese Medicine; Hunan University of Traditional Chinese Medicine, Department of Traditional Chinese Medicine; 2008.
- Zhou Y, Wang W, Qin Y, Mu X. Efficacy of Babao Wudan Yaomo combined with eepistine in the treatment of psoriasis vulgaris. *Chin J Dermatol Venerol Integr Trad W Med*. 2019;18(03):215–218. doi:10.3969/j.issn.1672-0709.2019.03.007

31. Zhong J, Li Y, Liang Y. Syndrome differentiation and treatment of 96 cases of psoriasis vulgaris were treated by traditional Chinese medicine. *Jiangxi J Tradit Chin Med.* 2007;(08):33–34. doi:10.3969/j.issn.0411-9584.2007.08.026
32. Al-Ahti AR, Mamati Yimin AK. Clinical effect of psoriasis treatment with traditional Chinese medicine and ethnic medicine. *World Latest Med Inf.* 2019;19(31):192+4. doi:10.19613/j.cnki.1671-3141.2019.31.132
33. Li F, Li B, Xu R, Song X, Yu Y, Xu Z. Qinzhu Liangxue decoction in treatment of blood-heat type psoriasis vulgaris: a randomized controlled trial. *J Chin Integr Med.* 2008;6(6):586–590. doi:10.3736/jcim20080608
34. Liu M. Observation on the clinical efficacy of Mahuang Zimei decoction in the treatment of psoriasis vulgaris. *World Latest Med Inf.* 2019;19(A5):185–186. doi:10.19613/j.cnki.1671-3141.2019.105.118
35. Ye Z. Clinical observation of 56 cases of psoriasis vulgaris treated with Xuejiedu Xiaoyin decoction. *Cuiding J Tradit Chin Med Pharm.* 2008;(08):60–61. doi:10.3969/j.issn.1672-951X.2008.08.028
36. Zhou C. A clinical study of Yueyin capsule in the treatment of psoriasis vulgaris in 61 cases. *New Chin Med.* 2002;(10):27–28. doi:10.3969/j.issn.0256-7415.2002.10.013
37. Zhao C, Dong G. Clinical efficacy of using modified Liangxue Xiaofeng powder in the treatment of psoriasis vulgaris with progressive blood heat syndrome and its influence on T cell subsets. *J Sichuan Tradit Chin Med.* 2023;41(02):188–191. doi:10.3969/j.issn.1000-3649.2023.2.sczy202302054
38. Yin L, Chang H, Zhang Y. The efficacy of Qingre Liangxue decoction in the treatment of psoriasis vulgaris in 162 cases was observed. *Chin Med Abstr.* 2010;27(05):282–283.
39. Yang G, Sha K, Chao D. Clinical observation of Tufuling Qingdai decoction in the treatment of psoriasis vulgaris. *J Pract Tradit Chin Intern Med.* 2022;36(03):43–44. doi:10.13729/j.issn.1671-7813.Z20211911
40. Xu J, Xie F, Jiang Y, et al. The clinical efficacy of Shenhuang water in the treatment of psoriasis vulgaris and its effect on serum IFN- $\gamma$  and TNF- $\alpha$  levels. *Zhejiang J Integr Tradit Chin West Med.* 2014;24(04):328–330.
41. Xiao M, Xiao K. 35 cases of blood-heat Baibi were treated with the addition and subtraction of self-simulated Zihuai Xiaobi decoction. *Fujian J TCM.* 2015;46(06):30+2. doi:10.13260/j.cnki.jfjtc.010978
42. Wu Y, Burenbatu, Batu D, Wuyun T, Tonaga. Observation on the efficacy of Menggen Wusu-18 in the treatment of psoriasis vulgaris. *Liaoning J Tradit Chin Med.* 2012;39(11):2223–2224. doi:10.13192/j.ljtc.2012.11.118.wuy.038
43. Wang Y, Dong X, Chen Q, Wang J, Shi J. Huoxue Tongluo decoction treated 80 cases of psoriasis vulgaris. *Shaanxi Tradit Chin Med.* 2002;(09):796–797. doi:10.3969/j.issn.1000-7369.2002.09.018
44. Sun Y. 125 cases of psoriasis vulgaris were treated by blood circulation and stasis removal method. *Hunan J Tradit Chin Med.* 2007;(05):58. doi:10.16808/j.cnki.issn1003-7705.2007.05.039
45. Sun J, Zhang H, Liu X. Effect of compound lacquer powder on the quality of life of patients with progressive psoriasis vulgaris. *J Anhui Univ Tradit Chin Med.* 2010;29(06):30–33. doi:10.3969/j.issn.1000-2219.2010.06.012
46. Si Q. Clinical study on Mongolian medicine in treating psoriasis vulgaris. *J Med Pharm Chin Minor.* 2021;27(09):28–29. doi:10.16041/j.cnki.cn15-1175.2021.09.016
47. Lin M, Xiong F, Hou X, Xiong X, Sui W. Clinical observation of Wumei mixture in the treatment of psoriasis vulgaris. *Med Inf.* 2008;(01):111–112. doi:10.3969/j.issn.1006-1959.2008.01.046
48. Lin J, Huang Q, Lu L, Jiang L, Huang X. Clinical effect of Kangyin No. 1 on blood-heat syndrome of psoriasis vulgaris and its effect on serum inflammatory factors. *Chin J Clin Rat Drug Use.* 2022;15(02):46–8+55. doi:10.15887/j.cnki.13-1389/r.2022.02.014
49. Du X, Zhang C, Zhang C, Sun Z. Clinical and experimental study of the treatment of psoriasis vulgaris in the progressive stage. *China J Lepr Skin Dis.* 2005;(11):61–62. doi:10.3969/j.issn.1009-1157.2005.11.022
50. Hu A. Clinical observation of 30 cases of blood heat syndrome in the treatment of psoriasis vulgaris with Liangxue decoction. *J Tradit Chin Med Pharm.* 2009;15(02):41–2+7. doi:10.3969/j.issn.1672-951X.2009.02.018
51. Zhu Y. Clinical observation of treating 45 cases of psoriasis vulgaris for period with Zhushi Bianshu therapy. *Clin J Chin Med.* 2012;4(03):19–20. doi:10.3969/j.issn.1674-7860.2012.03.008
52. Qi L, Liu L. Runfu Zhiyang emulsion was used in the treatment of 30 cases of psoriasis vulgaris, blood deficiency and wind dryness. *Henan Tradit Chin Med.* 2010;30(11):1099–1100.
53. Zhu F. *Observation of the Clinical Efficacy of Traditional Chinese Medicine Fumigation Combined with Silver Umbilical Patch in the Treatment of Psoriasis Vulgaris* [Master]. Nanjing University of Traditional Chinese Medicine; 2014.
54. Wu C, Bai F, Xu X, Zhou Y. Clinical observation on external washing prescription of self-made Chinese herbal medicine in treating blood stasis syndrome of psoriasis vulgaris. *Bright J Tradit Chin Med.* 2020;35(20):3198–3200. doi:10.3969/j.issn.1003-8914.2020.20.021
55. Zhuang X, Xin W. Clinical observation of traditional Chinese medicine cream in the external treatment of psoriasis vulgaris with blood deficiency and wind dryness syndrome. *Guid J Tradit Chin Med Pharm.* 2016;22(24):102–104. doi:10.13862/j.cnki.cn43-1446/r.2016.24.032
56. Tong D. Seventy cases of psoriasis vulgaris in the progressive stage of treatment with Liudai cream were observed. *J Pract Tradit Chin Med.* 2013;29(02):125. doi:10.3969/j.issn.1004-2814.2013.02.043
57. Huang X. *Observation and Safety Study of the Clinical Efficacy of Daihuang Xiaobi Ointment in the Treatment of Psoriasis Vulgaris* [Master]. Southwest Medical University; 2020.
58. Yang T. *Clinical Study of the External Treatment of Plaque-Like Psoriasis Vulgaris by Wuxiao Formula* [Master]. Guangxi University of Traditional Chinese Medicine; 2019.
59. Xiao R. *Observation of the Clinical Efficacy of Self-Simulated Cool Blood and Boil Formula Stain Method in the Treatment of Psoriasis Vulgaris (Blood Heat Syndrome)* [Master]. Beijing University of Chinese Medicine; 2018.
60. Niu F. *Clinical Observation and Experimental Study of Compound Coptis Chinensis Ointment in the Treatment of Mild to Moderate Psoriasis Vulgaris* [Master]. Gansu University of Traditional Chinese Medicine; 2021.
61. Yi D, Huang N, Weng H, Guo X, Xiao K. Clinical observation on external application of compound Zhigui Tincture in the treatment of psoriasis. *Chin Med Mod Distance Educ China.* 2021;19(01):111–113. doi:10.3969/j.issn.1672-2779.2021.01.046
62. Xia H. Observation and care of the effect of Qingpeng ointment in the treatment of psoriasis vulgaris. *Chin J Ethn Med.* 2023;29(04):71–73. doi:10.16041/j.cnki.cn15-1175.2023.04.032

63. Chen L. Effect of Baduanjin combined with traditional Chinese medicine wet compress on inflammatory factors and negative emotions in patients with psoriasis vulgaris. *J Qiqihar Med Univ.* 2018;39(14):1656–1658.
64. Wang J, Lu Y. Clinical observation of psoriasis lotion on vulgaris psoriasis of blood deficiency and wind dryness type. *Shanxi J TCM.* 2019;35(06):40–1+6.
65. He H, Qu S, Li F, Su S, y L, Fan D. Clinical observation of compound Xiaoyin-ointment in treating mild or moderate in psoriasis vulgaris. *Chin J Dermatol Venerol Integ Trad W Med.* 2017;16(01):31–35. doi:10.3969/j.issn.1672-0709.2017.01.008
66. Guo Q, Guo S, Ji J. Observation of the efficacy of external use of Shehuang ointment in the treatment of psoriasis vulgaris. *Heilongjiang J Tradit Chin Med.* 2015;44(03):41–42.
67. Liu M, Du X, Zhang T, Qian Z, Qiu G, Lan H. 30 cases of psoriasis vulgaris treatment with traditional Chinese medicine bath and pulian ointment. *J Jiangxi Univ TCM.* 2020;32(05):27–29.
68. Chen H, Hong W, Jiang L, Xie Y. Clinical observation of Liangxue Pingyin decoction combined with Fengai Lotion treating psoriasis vulgaris. *Contemp Chin Med.* 2018;25(16):183–186. doi:10.3969/j.issn.1674-4721.2018.16.056
69. Xie C, Mi M. Comprehensive therapy of traditional Chinese medicine in the treatment of psoriasis vulgaris under the guidance of holistic view. *Chin Med Mod Distance Educ China.* 2023;21(14):119–121. doi:10.3969/j.issn.1672-2779.2023.14.043
70. Li H. Clinical observation of traditional Chinese medicine green quadruple therapy in the treatment of psoriasis vulgaris. *Med Inf.* 2014;(2):311. doi:10.3969/j.issn.1006-1959.2014.02.406
71. Yu G, Li Z. Clinical study on Tufuling Tang combined with compound Qingdai Ointment for psoriasis vulgaris. *J New Chin Med.* 2021;53(05):127–130. doi:10.13457/j.cnki.jncm.2021.05.033
72. Wang X. *Observation of the Efficacy of Fire Acupuncture Therapy in the Treatment of Quiescent Psoriasis Vulgaris (Blood Stasis Syndrome)* [Master]. Chengdu University of Traditional Chinese Medicine; 2011.
73. Wu J, Gu S. Randomized controlled trials for treatment of 30 cases of ordinary psoriasis by acupuncture and moxibustion. *Acupuncture Res.* 2011;36(1):62–65. doi:10.13702/j.1000-0607.2011.01.014
74. Tian Y, Qing H, Fan J, Tang B. Forty-six cases of psoriasis vulgaris were treated by Meridian triple method. *J Tradit Chin Med Res.* 2004;(06):49–50. doi:10.3969/j.issn.1001-6910.2004.06.036
75. Tang S, Tang F, Yang Y, Xie S-Q, Zhang C-Y. Observations on the efficacy of Du Meridian Moxibustion plus movable cupping for resting-stage psoriasis vulgaris. *Shanghai J Acu-Mox.* 2021;40(07):857–861. doi:10.13460/j.issn.1005-0957.2020.13.1084
76. Dai X. *Clinical Observation and Experimental Study of Fire Acupuncture in the Treatment of Psoriasis Vulgaris Vulgaris (Quiescent Phase)*. [Master]. Chengdu University of Traditional Chinese Medicine; 2013.
77. Chen Z, Li P, Zhang G, et al. Moxibustion on plaque psoriasis of blood stasis: a randomized controlled trial. *Chin Acupunct Moxibustion.* 2021;41(07):762–766. doi:10.13703/j.0255-2930.20200907-0004
78. Xu T, Shan Y, Zhao B, Chen S. Clinical study on the treatment of psoriasis vulgaris in quiescent stage with natural therapy of traditional Chinese medicine. *Chin J Trad Chin Med.* 2020;35(10):5299–5302.
79. Sun K, Hou J, Wang P, Mei S, Du P, Lv M. Clinical efficacy of Xuanfei Lipi Decoction combined with blood-letting cupping for psoriasis and how to impact on blood indexes, interleukin-17, vascular endothelial growth factor. *Hebei J TCM.* 2022;44(07):1080–1083. doi:10.3969/j.issn.1002-2619.2022.07.006
80. Hu R, Yu W, Wang W. Clinical observation of 30 cases of psoriasis vulgaris treated by Liangxue Jiedu Xiaoyi Decoction. *Jiangsu Tradit Chin Med.* 2008;(04):41–42. doi:10.3969/j.issn.1672-397X.2008.04.023
81. Zhang C. *Clinical Study on the Treatment of Progressive Psoriasis Vulgaris and Its Effect on the Levels of TNF- $\alpha$  and IL-8* [Master]. Shandong University of Traditional Chinese Medicine, Department of Traditional Chinese Medicine; 2003.
82. He A. *The Clinical Efficacy of Xiaoyi Decoction on Patients with Psoriasis and The Observation of the Changes of Serum TNF- $\alpha$ , Sicam-1 and MCP-1* [Master]. Guiyang College of Traditional Chinese Medicine, Department of Traditional Chinese Medicine; 2010.
83. Xia G. *Observation of the Clinical Efficacy of Xiaoyi Decoction on Psoriasis and The Changes of Serum TGF- $\beta$ 1, IFM- $\gamma$  and SOD* [Master]. Guiyang College of Traditional Chinese Medicine, Department of Traditional Chinese Medicine; 2010.
84. Gong L, Yan Z, editors. Effect of Liangxue Jiedu dialysis on serum TNF- $\alpha$  and IL-8 levels in patients with psoriasis vulgaris. The 2nd International Academic Conference of TCM Dermatology of the World Federation of Chinese Medicine Societies and the Symposium on Dermatology and Venereal Diseases of Traditional Chinese Medicine and Western Medicine in Six Central and Southern Provinces; 2011; Zhangjiajie.
85. Lu T. Clinical observation of yinxieling capsule on patients with psoriasis vulgaris. *Hebei J TCM.* 2005;(09):655–656. doi:10.3969/j.issn.1002-2619.2005.09.006
86. Feng H, Chen Z, Ni W. Observation of acitretin efficacy on 42 cases with psoriasis vulgaris. *Chin J Dermatol Venereol.* 2014;28(03):327–328. doi:10.13735/j.ejdv.1001-7089.2014.0327
87. Zhang Y, Fan R, Yang Y, et al. A study on the clinical efficacy of white boil (psoriasis vulgaris) from the treatment of qi deficiency. *World Latest Med Inf.* 2021;21(24):273–4,92. doi:10.3969/j.issn.1671-3141.2021.24.141
88. Jia S. Characteristics of blood dryness syndrome in Baibi (psoriasis vulgaris) and standardized treatment of prescription medicine. *J Clin Med.* 2016;3(17):3462+4. doi:10.16281/j.cnki.jocml.2016.17.092
89. Zhai S. A clinical study of Sanhuang Yuyin decoction in the treatment of acute psoriasis vulgaris in 68 cases. *Hebei J Trad Chin Med.* 2006;(03):21+40. doi:10.16370/j.cnki.13-1214/r.2006.03.010
90. Ma W, Qu Y, Pan H, Jiang S. The efficacy of psoriasis prescription in the treatment of blood fever syndrome of psoriasis vulgaris was observed in 52 cases. *New Chin Med.* 2010;42(11):68–70. doi:10.13457/j.cnki.jncm.2010.11.018
91. Ma X, Chen H, Zhang P, Yun Y, Wang J. Clinical observation of 80 cases of psoriasis vulgaris in the treatment period of Keyin I. prescription. *Sichuan Tradit Chin Med.* 2009;27(07):103–104.
92. Ma X, Chen H, Zhang P, Yun Y, Wang J. Effects of KeyinIRecipe on IL-2, IL-2R and TNF- $\alpha$  in serum of psoriasis. *Hebei Tradit Chin Med.* 2011;33(11):1617–1619. doi:10.3969/j.issn.1002-2619.2011.11.007
93. Chen H, Wang S. Observation on the efficacy of compound Qingdai capsule in the treatment of psoriasis vulgaris and its effect on serum IL-2 and IL-8. *J Chin Mater Med.* 2004;(11):885–886. doi:10.13863/j.issn1001-4454.2004.11.042

94. Bi Y. 60 cases of psoriasis vulgaris were treated with self-simulated Liangxue Jiedu Xiaoban Decoction. *J Pract TCM Intern Med.* 2007;(10):37. doi:10.13729/j.issn.1671-7813.2007.10.020
95. Zhou L. A clinical study on the treatment of psoriasis vulgaris by Shufeng Jiedu Capsule in 82 cases. *Contemp Med.* 2016;22(04):154–155. doi:10.3969/j.issn.1009-4393.2016.4.104
96. Liang Y, Wang W, Yi J, Li Y, Qiu L. Clinical observation and detection of TNF- $\alpha$  and VEGF levels in the treatment of psoriasis vulgaris (blood heat syndrome) with Tufuling Qingdai decoction. *Guangming Chin Med.* 2015;30(10):2132–2134. doi:10.3969/j.issn.1003-8914.2015.10.043
97. Liu Y, Yan J. Clinical observation of Wanbi decoction in the treatment of psoriasis vulgaris with blood heat syndrome. *Heilongjiang Tradit Chin Med.* 2013;42(06):22–23.
98. Wang W, Liang Y, Yan Z. A clinical report on the treatment of 30 cases of psoriasis vulgaris by Tuling Qingdai decoction. *Liaoning J Tradit Chin Med.* 2011;38(06):1135–1136. doi:10.13192/j.ljtc.2011.06.114.wangwch.039
99. Yang F. Clinical curative effect observation of Qingre Liangxue Xiaoyin decoction in treating psoriasis vulgaris with blood-heat syndrome. *Chin Health Stand Manag.* 2015;6(33):123–124. doi:10.3969/j.issn.1674-9316.2015.33.074
100. Xu M. Clinical curative effect observation of Qingre Liangxue decoction in treating psoriasis vulgaris with blood-heat syndrome. *J Liaoning Univ Tradit Chin Med.* 2013;15(01):177–178. doi:10.13194/j.ljunivtcm.2013.01.179.xum.089
101. Zhang H, Meng H, Li Q. Maxing Shigan decocotion treated 57 cases of psoriasis vulgaris. *New Chin Med.* 2005;(01):71. doi:10.3969/j.issn.0256-7415.2005.01.035
102. Zhou Y, Song J, Shi B. Clinical study on Yangxue Runfu decoction in the treatment of blood deficiency and wind dryness type psoriasis vulgaris. *Chin Med Mod Distance Educ China.* 2021;19(01):94–96. doi:10.3969/j.issn.1672-2779.2021.01.039
103. Zhao J, Gao M. Clinical observation of 30 cases of psoriasis vulgaris treated with traditional Chinese medicine Xiaoyin decoction. *Inform Chin Med.* 2003;(02):47. doi:10.3969/j.issn.1002-2406.2003.02.029
104. Zhang Z. Clinical research about Sihuang Quyin D ecoction treating psoriasis vulgaris. *Liaoning J Tradit Chin Med.* 2008;(07):1048–1049. doi:10.3969/j.issn.1000-1719.2008.07.045
105. Zhang T, Jia Z. To observe the effect of nourishing yin and Ziyinqingrexiaofengsan efficacy and safety in the treatment of psoriasis vulgaris. *Clin J Chin Med.* 2015;7(03):89–90. doi:10.3969/j.issn.1674-7860.2015.03.42
106. Zhang L, Liu Y. The method of clearing heat and cooling the blood, moistening and removing stasis is combined with emotional care to treat psoriasis vulgaris. *Inner Mongol Tradit Chin Med.* 2011;30(13):158–159. doi:10.3969/j.issn.1006-0979.2011.13.138
107. Zhang H, Sun J, Liu T, Liu X, Feng L, Sun H. Clinical obseruation on ZeQi powder preparation for the progressive stage of psoriasis vulgaris and effect on serum TNF- $\alpha$  and IL-8. *Chin J Derm Venereol.* 2008;(05):281–282.
108. Yue Z, Han X, Liu X, Yin D. Efficacy of tripterygium wilfordii polyglycosides in the treatment of psoriasis vulgaris and its effect on T cell subsets. *J Bengbu Med Coll.* 2014;39(06):781–782. doi:10.13898/j.cnki.issn.1000-2200.2014.06.053
109. Yu B. Jiedu Xiaoyin decocotion for the treatment of psoriasis vulgaris. *J Pharm Forum.* 2008;(19):87–88. doi:10.3969/j.issn.1672-3422.2008.19.054
110. Gao W, Zhang W, Yang Y, Zhou C, Bai Y. Clinical study of traditional Chinese medicine Liubai Baiye ointment in the treatment of psoriasis vulgaris. *J Exter Therapy TCM.* 2006;(02):26–27. doi:10.3969/j.issn.1006-978X.2006.02.015
111. Yang K, Jiang H, Feng G, Deng Z, Chen X. Clinical observation of Yinxie Jiedu capsule in the treatment of psoriasis vulgaris. *Sichuan Tradit Chin Med.* 2001;(11):57–58. doi:10.3969/j.issn.1000-3649.2001.11.048
112. Xu R. The clinical efficacy of Liangxue Jiedu decoction in the treatment of psoriasis vulgaris in middle-aged and elderly people and its effect on serum interleukin levels. *J Liaoning Univ TCM.* 2015;17(08):169–172. doi:10.13194/j.issn.1673-842x.2015.08.057
113. Xie S, Yi X, Yang L, Li Y. The efficacy of Kangyin No. 1 prescription in the treatment of psoriasis vulgaris was observed in 41 cases. *Hebei Tradit Chin Med.* 2009;31(02):173–175. doi:10.3969/j.issn.1002-2619.2009.02.006
114. Ulan T, Yu B. Efficacy and safety analysis of psoriasis optimized formula for psoriasis. *Chin J Coal Ind Med.* 2014;17(12):1975–1977. doi:10.11723/mtygyx1007-9564.201412027
115. Wang Y. Observation of the efficacy of the addition and subtraction of Liangxue Huoxue decoction in the treatment of psoriasis vulgaris in the progressive stage. *J Hunan Univ Tradit Chin Med.* 2007;(05):73+5. doi:10.3969/j.issn.1674-070X.2007.05.026
116. Wang W, Wang Y. Clinical observation of citron decoction in the treatment of psoriasis vulgaris. *Hubei J Tradit Chin Med.* 2012;34(01):41–42. doi:10.3969/j.issn.1000-0704.2012.01.023
117. Wang L, Fang Y, Zhou G, Wu P, Li Q, Geng Q. Study on clinical efficacy and mechanism of Qingying Tang for treating psoriatic blood-heat syndrome based on IL-23/Th17. *China J Chin Mater Med.* 2019;44(01):175–180. doi:10.19540/j.cnki.cjmm.20180709.001
118. Shi L, Li X, Lin W, Mao S, Fang C. Observation of the efficacy of Astragalus membranaceus in the treatment of psoriasis vulgaris and its effect on plasma inflammatory factors. *Clin J Tradit Chin Med.* 2008;(02):157–158. doi:10.16448/j.cjtm.2008.02.030
119. Qiu S, Tan S, Sun Z, Zhang J, Yuan J, Liu P. A clinical study on the treatment of blood stasis pattern in psoriasis vulgaris. *Chin Herb Med.* 2005;(05):442–444. doi:10.13863/j.issn1001-4454.2005.05.037
120. Ma M, Ma HJ. Liangxue Jiedu decoction was clinically observed in the treatment of 41 cases of acute psoriasis. *Chin TCM Emerg.* 2012;21(06):968. doi:10.3969/j.issn.1004-745X.2012.06.061
121. Li Z. Clinical evaluation of 60 cases of psoriasis vulgaris treated with Pingxiao tablets and compound aminopeptidin tablets. *J Dermatol Venereol.* 2006;(01):14–15. doi:10.3969/j.issn.1002-1310.2006.01.010
122. Li S, Li S. Observation of the efficacy of Liandai Zhiyang capsule combined with ozone autohemotherapy in the treatment of psoriasis vulgaris. *Hebei Tradit Chin Med.* 2010;32(02):193–194. doi:10.3969/j.issn.1002-2619.2010.02.016
123. Li S, Wang Y. The efficacy of TCM syndrome differentiation in the treatment of psoriasis vulgaris was observed in 68 cases. *Contemp Med.* 2011;17(31):145–146. doi:10.3969/j.issn.1009-4393.2011.31.109
124. Li Z, Li J, Guo M, Hao H, Zhang J. Clinical observation of Mahuang Zimei decocotion on treating ordinary psoriasis. *Chin Arch Tradit Chin Med.* 2013;31(10):2333–2334. doi:10.13193/j.issn.1673-7717.2013.10.019
125. Lang Y. Thirty-eight cases of psoriasis vulgaris were treated with syndrome differentiation and observation. *Zhejiang J Tradit Chin Med.* 2012;47(01):38. doi:10.3969/j.issn.0411-8421.2012.01.031
126. Jiang H, Feng G, Deng Z, Chen X. Observation of the effect of Yinxie Xifeng capsules in the treatment of psoriasis vulgaris. *J Dermatol Venereol.* 2004;(01):16–17. doi:10.3969/j.issn.1002-1310.2004.01.012

127. Cao X, Liao L. Liangxue Jiedu Formula was used to treat 86 cases of wind-blood-dry psoriasis vulgaris. *J Tradit Chin Med.* 2001;(10):633. doi:10.3969/j.issn.0256-7415.2001.07.045
128. Deng J, Liu Q, Fan R, Liao L, Li H. Clinical observation of Xuebijing injection for the treatment of psoriasis Vulgaris. *J South Med Univ.* 2010;30(12):2772–2773. doi:10.12122/j.issn.1673-4254.2010.12.046
129. Gong D, Jiang H. Observation of the clinical efficacy of Yinxie Xifeng capsule in the treatment of psoriasis vulgaris. *Henan Tradit Chin Med.* 2003;(11):19–20. doi:10.3969/j.issn.1003-5028.2003.11.011
130. Gong Z, Wang L, Xu Y. Observation on the efficacy of self-proposed Xiaoyin decoction combined with psychological intervention in the treatment of psoriasis. *Clin Res Tradit Chin Med.* 2014;6(28):123+6. doi:10.3969/j.issn.1674-7860.2014.28.069
131. He L, Wu S. Clinical observation of 59 cases of Niuhuang powder in the treatment of psoriasis vulgaris. *J Tradit Chin Med.* 2002;(02):123–124. doi:10.3321/j.issn:1001-1668.2002.02.026
132. He Y. 62 cases of psoriasis vulgaris were treated with the No. 1 prescription. *Tradit Chin Med Res.* 2010;23(03):39–40. doi:10.3969/j.issn.1001-6910.2010.03.017
133. Hou L. Clinical observation of the clinical observation of the addition and subtraction of Liangxue Huoxue decoction in the treatment of psoriasis vulgaris. *J Liaoning Univ Tradit Chin Med.* 2009;11(03):132–133. doi:10.13194/j.jlunivtcm.2009.03.134.houlj.054
134. Hu L, Hu J. Wumei pill and Ma Xing barley decoction plus and minus treatment of psoriasis vulgaris in 50 cases were observed. *J Pract Chin Med.* 2011;27(02):85. doi:10.3969/j.issn.1004-2814.2011.02.006
135. Huang G, Yan J, Zou J, et al. The effect of Xijiao Dihuang decoction on blood heat psoriasis. *Jiangxi J Tradit Chin Med.* 2022;53(05):36–39.
136. Zhu L, Zhang H, Duan Y. The efficacy of traditional Chinese medicine “Xiaoxuan Ling” in the treatment of 85 cases of psoriasis vulgaris was observed. *Youjiang Med J.* 2008;(02):230–231. doi:10.3969/j.issn.1003-1383.2008.02.065
137. Zhou G, Zhang R, Song L, Wu S, Liu H. Clinical observation of traditional Chinese medicine steam therapy in the treatment of psoriasis vulgaris. *China J Lepr Skin Dis.* 2008;(10):832. doi:10.3969/j.issn.1009-1157.2008.10.046
138. Zhang X. Observation of the efficacy of dalis camptothecin ointment in the treatment of psoriasis vulgaris. *Youjiang Med J.* 2002;(05):414–415. doi:10.3969/j.issn.1003-1383.2002.05.030
139. Gu Q, Liu Y, Li C. Observation of the efficacy of traditional Chinese medicine bath in the treatment of psoriasis vulgaris in 130 cases. *Healthmust-Readmagazine.* 2019;(2):79.
140. Wang X, Ye P, Duan JA. Observation of the effect of compound Niubangzi oil in the external treatment of psoriasis vulgaris. *J Pract Country Dr.* 2000;(04):47.
141. Yan X. Observation of the clinical efficacy of traditional Chinese medicine balneotherapy in the treatment of psoriasis vulgaris. *World Latest Med Inf.* 2019;19(62):243–244. doi:10.19613/j.cnki.1671-3141.2019.62.152
142. Xia X. Observation on the efficacy of Qinglian ointment in the treatment of psoriasis vulgaris. *Shandong J Tradit Chin Med.* 2008;(02):99–100. doi:10.16295/j.cnki.0257-358x.2008.02.010
143. Wang J, Zhu M, Xiang L, Xiao Y. Observation on the clinical efficacy of traditional Chinese medicine balneotherapy in the treatment of psoriasis vulgaris. *J Chin Physician.* 2002;(01):96–97. doi:10.3760/cma.j.issn.1008-1372.2002.01.058
144. Liu J, Zhao L, Liu Y, Guo J, Guo W, Yan S. Diyin lotion was applied externally to treat 60 cases of psoriasis vulgaris. *Hebei J TCM.* 2010;32(10):1471–1472. doi:10.3969/j.issn.1002-2619.2010.10.013
145. Fu R, Zhang Y, Luo F, Li J. Efficacy of Ziyu lotion in the treatment of psoriasis vulgaris and its effect on serum levels of IL-17 and IL-23. *Yunnan J Tradit Chin Med.* 2019;40(03):40–42. doi:10.3969/j.issn.1007-2349.2019.03.018
146. Shang S, Xi J. Clinical observation of Wudai ointment in the treatment of psoriasis vulgaris in the quiescent period. *J Guangxi Univ Tradit Chin Med.* 2020;23(04):32–35. doi:10.3969/j.issn.2095-4441.2020.04.011
147. Mao W, Li F, Zhao X, et al. Clinical efficacy study of topical Sancao oil in the treatment of mild psoriasis vulgaris. *J Clin Dermatol.* 2019;48(02):117–119. doi:10.16761/j.cnki.1000-4963.2019.02.020
148. Bao L. Clinical efficacy of Mongolian medicine in the treatment of psoriasis vulgaris. *J Med Pharm Chin Minor.* 2020;26(11):7–8. doi:10.16041/j.cnki.cn15-1175.2020.11.005
149. Ding L, Zhu X, Yuan Z. Clinical observation of the comprehensive therapy of traditional Chinese medicine decoction in the treatment of severe plaque psoriasis. *Bright J Tradit Chin Med.* 2019;34(09):1385–1387. doi:10.3969/j.issn.1003-8914.2019.09.033
150. He J, Song G, Tian C. Observation of the effect of Xiaoyin formula on the treatment of psoriasis vulgaris. *Chin J Acute Chin Med.* 2008;(11):1545+57. doi:10.3969/j.issn.1004-745X.2008.11.029
151. Wang Z. Clinical analysis of Xiaoyin decoction in the treatment of psoriasis vulgaris. *J World Latest Med Inf Abstr.* 2018;18(68):197+9. doi:10.19613/j.cnki.1671-3141.2018.68.106
152. Li M, Yao L, Chen L, Chen J, Gao Z. Observation of the clinical efficacy of heat clearing and detoxification, blood circulation and depression relief in the treatment of psoriasis vulgaris. *Chin J Basic Med Tradit Chin Med.* 2011;17(04):441–442. doi:10.19945/j.cnki.issn.1006-3250.2011.04.047
153. Huang Z, Chen L. Clinical observation of the internal administration of Yinyi decoction combined with external washing of traditional Chinese medicine in the treatment of severe psoriasis vulgaris blood heat syndrome. *Bull Tradit Chin Med.* 2020;19(06):52–55. doi:10.14046/j.cnki.zyztb2002.2020.06.016
154. Liu T, Du Y, Chen D. Observation of the efficacy of psoralen injection combined with iced yellow skin ointment in the treatment of psoriasis vulgaris. *Lingnan J Dermatol Venereol.* 2008;(01):25–26. doi:10.3969/j.issn.1674-8468.2008.01.010
155. Wang H. Clinical analysis of Xiaoyin decoction in the treatment of psoriasis vulgaris. *Forum Prim Med.* 2017;21(25):3430–3431. doi:10.19435/j.1672-1721.2017.25.078
156. Zhang X, Yin X, Wu X, Meng S, Wang Y. Effect analysis of Jiedu Liangxue decoction + traditional Chinese medicine bath on blood dryness syndrome of psoriasis vulgaris. *Chin Health Stand Manag.* 2023;14(12):145–149. doi:10.3969/j.issn.1674-9316.2023.12.031
157. Li P, Feng L, Liu H. Therapeutic effect of traditional Chinese medicine No. 2 prescription combined with Jianpi Jiedu decoction on spleen deficiency and spleen syndrome of common spleen and expression of T lymphocytes in peripheral blood. *Chin Arch Tradit Chin Med.* 2019;37(11):2609–2613. doi:10.13193/j.issn.1673-7717.2019.11.010
158. Wang L. Observation of the efficacy of Liangxue Runfu decoction in the treatment of psoriasis vulgaris. *Contemp Med.* 2016;22(01):155–156. doi:10.3969/j.issn.1009-4393.2016.1.108

159. He B, Lin Z. Effect of moving cupping therapy on psoriasis vulgaris patients of blood stasis syndrome. *Guid J Tradit Chin Med Pharm.* 2019;25(16):91–93. doi:10.13862/j.cnki.cn43-1446/r.2019.16.023
160. Zhang R. Analysis of the clinical application of traditional Chinese medicine acupuncture in the treatment of psoriasis. *Chin J Rural Health.* 2014;(13):45.
161. Qing H, Tian Y, Fan J, Tang B, Niu H, Lu J. Meridian three-combined therapy for treatment of ordinary psoriasis: a multi-center randomized controlled study. *Chin Acupunct Moxibustion.* 2009;29(03):181–184.
162. Lei H. Observation on the curative effect and nursing experience of pricking bloodletting and cupping therapy in the treatment of blood heat syndrome of psoriasis vulgaris. *Bright J Tradit Chin Med.* 2019;34(13):2074–2076. doi:10.3969/j.issn.1003-8914.2019.13.053
163. Bao Z. Study on the clinical effect of acupuncture in the treatment of psoriasis. *Jilin Med J.* 2015;(12):2530–2531. doi:10.3969/j.issn.1004-0412.2015.12.055
164. Ao Y, Liu B, Huang J, et al. Observation of curative effect of psoriasis treatment by tie-mian moxibustion. *Inner Mongolia J Tradit Chin Med.* 2021;40(06):112–114. doi:10.16040/j.cnki.cn15-1101.2021.06.068
165. Zhang C, Bin L, Feng L, Yao S, Liu H. Clinical Observation on the characteristic external treatment of TCM in plaque psoriasis vulgaris. *Chin J Tradit Chin Med.* 2011;26(10):2470–2472.
166. Zhao F, editor Nursing experience of TCM nursing scheme applied to Psoriasis vulgaris(Baibi). The 14th Academic Annual Meeting of the Affiliated Hospital of Gansu University of Traditional Chinese Medicine; 2019; Lanzhou.
167. Yang J. Clinical effect of psoriasis treated with traditional Chinese medicine. *World Latest Med Inf.* 2020;20(A3):204–205. doi:10.3969/j.issn.1671-3141.2020.103.111
168. Guo X, Zhou D, Sun L, et al. Traditional Chinese medicine for psoriasis vulgaris: a Protocol of a prospective, multicenter cohort study. *Medicine.* 2020;99(41):e21913. doi:10.1097/MD.00000000000021913
169. Cheng F, Wu J. Observation on the efficacy of Baibi No. 2 in the treatment of psoriasis vulgaris. *Liaoning J Tradit Chin Med.* 2005;(02):125. doi:10.13192/j.ljtcn.2005.02.39.chengfl.026
170. Jia M, He A, Xia G, Tang T. Observation of the efficacy of Xiaobi decoction in the treatment of psoriasis vulgaris. *J Guiyang Univ Tradit Chin Med.* 2012;34(01):33–35. doi:10.3969/j.issn.1002-1108.2012.01.15
171. Shan Y, Song X, Wei X, Wang Y, Wen W, Xu AE. Observation of the clinical efficacy of Yinxie I in the treatment of psoriasis vulgaris and related cytokine detection. *Chin J Integr Dermatol Venereol.* 2006;(02):87–88. doi:10.3969/j.issn.1672-0709.2006.02.009
172. Ma X, Sun G, Zhang P, Yun Y, Wang J. Influence of No.1 Keyin Recipe on the expression of c -myc in psoriatic keratinocytes. *Liaoning J Tradit Chin Med.* 2012;39(04):679–680. doi:10.13192/j.ljtcn.2012.04.108.maxw.071
173. Zhou S. Observation of the efficacy of compound goldenrod mixture in the treatment of psoriasis vulgaris. *J Mod Integr Med.* 2011;20(09):1085–1086. doi:10.3969/j.issn.1008-8849.2011.09.027
174. Cai J, Xiang H, Ma L, Shi Q, Xu W. 52 cases of psoriasis vulgaris were treated with Zidan Xiaoyin decoction. *Sci Technol Tradit Chin Med China.* 2013;20(06):683–684.
175. Kuang L, He W. The cost and effect analysis of Liangxue Wugen decoction in the treatment of psoriasis vulgaris. *J Hunan Univ Tradit Chin Med.* 2004;(06):53–54. doi:10.3969/j.issn.1674-070X.2004.06.020
176. Zhang S, Qin W, Liu Y. Clinical research on the 1st anti-inflammation prescription of grain in treating psoriasis vulgaris. *Chin J Dermatol Venereol Integ Trad W Med.* 2019;18(02):135–137. doi:10.3969/j.issn.1672-0709.2019.02.011
177. Wang K. The clinical efficacy of psoriasis II decoction on severe psoriasis and the effect of peripheral blood transformation growth factor-β1. *Dermatol Venereol.* 2019;41(05):688–689. doi:10.3969/j.issn.1002-1310.2019.05.031
178. Yang M. The efficacy of psoriasis prescription in the treatment of psoriasis vulgaris with blood fever syndrome in 50 cases was observed. *For All Health.* 2016;10(11):2–3.
179. Wu S, Yi S. Observation of the efficacy of self-proposed Xiaoyin decoction in the treatment of psoriasis vulgaris. *Chin J Misdiagn.* 2007;(13):3033–3034. doi:10.3969/j.issn.1009-6647.2007.13.084
180. Wang S, Cao K. The efficacy of Liangxue emollient decoction in the treatment of psoriasis vulgaris in 138 cases was observed. *Electron J Clin Med Lit.* 2014;1(11):1960+3. doi:10.16281/j.cnki.jocml.2014.11.014
181. Tan X, Tang K. Analysis of the effect of compound glycyrrhizin combined with tripterygium wilfordii polyglycosides in the treatment of psoriasis vulgaris. *Contemp Med Symp.* 2019;17(15):112–113.
182. Song J. Clinical observation and discussion of 60 cases of psoriasis treated by traditional Chinese medicine. *Health Way.* 2016;(3):207.
183. Mou C, Zhang Q. Analysis of the effect of rhino horn rehmannia decoction in the treatment of blood fever psoriasis vulgaris. *Chin Med J Metall Indus.* 2021;38(06):737. doi:10.13586/j.cnki.yjyx1984.2021.06.116
184. Qiao H, Wang J, Liu W, Ding P. Analysis of the effect of the application of stubborn tinea pills in the treatment of psoriasis. *Clin J Chin Med.* 2015;7(08):72–73. doi:10.3969/j.issn.1674-7860.2015.8.040
185. Ma A, Wu H. Effect of addition and subtraction of Liangxue Huoxue decoction on serum levels of interleukin, prolactin and estradiol in patients with psoriasis vulgaris. *Chin J Exp Tradit Med Formulae.* 2007;(11):62–63. doi:10.13422/j.cnki.syfjx.2007.11.001
186. Ma L, Ma X, Zhou D. A clinical analysis of treating 68 cases of psoriasis vulgaris of the blood heat syndrome based on the Xue theory from Pro. Zhou Dongmei. *Clin J Chin Med.* 2018;10(35):110–111. doi:10.3969/j.issn.1674-7860.2018.35.046
187. Liu Z. To study the clinical efficacy of Liangxue Jiedu decoction in the treatment of blood-fever psoriasis vulgaris. *J Clin Med.* 2019;6(16):161. doi:10.16281/j.cnki.jocml.2019.16.141
188. Du W. 31 cases of psoriasis were treated with traditional Chinese medicine. *Henan Tradit Chin Med.* 2015;35(11):2719–2721. doi:10.16367/j.issn.1003-5028.2015.11.1167
189. Huang J, Zhang S. 65 cases of psoriasis vulgaris were treated with Huayu Jiedu pills. *Hunan J Tradit Chin Med.* 2001;(01):49. doi:10.16808/j.cnki.issn1003-7705.2001.01.051
190. Huang Q, Gao S, Huang C. Observation of the efficacy of Huobahua tablets and Diyin tablets in the treatment of psoriasis vulgaris. *Huaihai J Med.* 2004;(06):516–517. doi:10.3969/j.issn.1008-7044.2004.06.064
191. Jia L, Wang X. Xiaoxieling ointment was used in the treatment of 89 cases of psoriasis vulgaris. *Sci Technol Tradit Chin Med China.* 2007;(01):24. doi:10.3969/j.issn.1005-7072.2007.01.050

192. Geng A. Observation of the clinical effect of self-simulated traditional Chinese medicine external wash prescription in the treatment of blood stasis pattern of psoriasis vulgaris. *Front Med.* 2022;12(6):118–120.
193. Chen L, Liu S. Analysis of the efficacy of Kudouzi oil liniment in the treatment of psoriasis vulgaris. *J Pract Clin Med.* 2010;11(06):70. doi:10.3969/j.issn.1009-8194.2010.06.034
194. Wei G. Ganzi Sanqi powder was observed in the treatment of 100 cases of psoriasis vulgaris. *J Pract TCM.* 2010;26(11):755. doi:10.3969/j.issn.1004-2814.2010.11.007
195. Wang Y, Mo L. 108 cases of psoriasis vulgaris were treated with syndrome differentiation with traditional Chinese medicine. *Shaanxi J Tradit Chin Med.* 2004;(06):497–499. doi:10.3969/j.issn.1000-7369.2004.06.012
196. Qu Y, Lou G, Jiang Y, Di D, Ren Y. Liangxue Huoxue decoction combined with Qinghuang ointment was used to treat 60 cases of psoriasis vulgaris with blood heat syndrome. *Mod Distance Educ Chin Med.* 2014;12(13):12–13. doi:10.3969/j.issn.1672-2779.2014.13.007
197. Yu Z, Wang L. The efficacy of acupoint thread embedding technique in the treatment of psoriasis vulgaris in 60 cases was observed. *China J Health Ind.* 2013;10(25):137–138. doi:10.16659/j.cnki.1672-5654.2013.25.021
198. Cai Y. *A Systematic Review of the Literature on Clinical Research on the Treatment of Psoriasis Vulgaris with Traditional Chinese Medicine* [Master]. Liaoning University of Traditional Chinese Medicine; 2014.
199. Cheng Y, Hu C-X, Cui Y, Wang W-Q. Systematic review and Meta-analysis of tripterygium wilfordii hook F and Acitretin on the randomized controlled trial for treatment of psoriasis vulgaris. *Tianjin Med J.* 2020;48(04):320–326. doi:10.11958/20192547
200. Farahnik B, Sharma D, Alban J, Sivamani R. Oral (Systemic) botanical agents for the treatment of psoriasis: a review. *J Altern Complement Med.* 2017;23(6):418–425. doi:10.1089/acm.2016.0324
201. Li Y. *Meta-analysis of the Efficacy and Safety of Traditional Chinese Medicine Formulas in the Treatment of Psoriasis Vulgaris Syndrome* [Master]. Jinan University; 2018.
202. Lu H, Ma S, Wu Q, Xu H, Deng L. Effect of traditional Chinese medicine on psoriasis vulgaris: a meta-analysis and systematic review. *Complement Med Res.* 2023;30(1):63–77. doi:10.1159/000526086
203. Ouyang H. *A Systematic Review of the Efficacy of Traditional Chinese Medicine in the Treatment of Blood Stasis Pattern in Psoriasis Vulgaris* [Master]. Guangzhou University of Chinese Medicine; 2016.
204. Qin W, Qu J, Chen W, Chen S. Safety and effectiveness of the method of cooling blood dehumidification and detoxification on psoriasis vulgaris: a systematic review and meta-analysis. *World Chin Med.* 2020;15(23):3653–9+64. doi:10.3969/j.issn.1673-7202.2020.23.019
205. Qiu X, Yan X, Liu Y, Li W. Meta-analysis of traditional Chinese medicine detoxification in the treatment of psoriasis vulgaris. *J Hainan Med Univ.* 2020;26(12):938–44+49. doi:10.13210/j.cnki.jhmu.20200403.001
206. Yang T, Liu XW, Li JW, Xu MY, Feng L. Meta analysis of the efficacy and safety of Qingdai Compound Capsule(pill) in the treatment of psoriasis vulgaris. *J Tradit Chin Med Pharm.* 2021;27(05):164–7+73. doi:10.13862/j.cnki.cn43-1446/r.2021.05.034
207. Yi S. *Meta-Analysis Evaluated the Efficacy of Systematic Application of Traditional Chinese Medicine in the Treatment of Psoriasis Vulgaris* [Master]. Hust; 2014.
208. Yu J, Li Z, He Z, Lu C. Meta-analysis of efficacy and safety of Yinxieling tablet and its optimized formula in the treatment of psoriasis vulgaris. *Tradit Chin Drug Res Clin Pharmacol.* 2021;32(07):1048–1054. doi:10.19378/j.issn.1003-9783.2021.07.021
209. Zhang H, Hu J, Li P. A systematic review of the treatment of psoriasis vulgaris by cooling blood and detoxifying the method. *Beijing J Tradit Chin Med.* 2018;37(04):335–340. doi:10.16025/j.1674-1307.2018.04.017
210. Li X, Li L, Ding J, Bao H, Wang K, Duan X. Meta-analysis of efficacy and safety of Chinese herbal ointment in the treatment of psoriasis vulgaris. *J Tradit Chin Med Pharm.* 2020;26(06):58–63. doi:10.13862/j.cnki.cn43-1446/r.2020.06.016
211. Coyle M, Deng J, Zhang AL, et al. Acupuncture therapies for psoriasis vulgaris: a systematic review of randomized controlled trials. *Forsch Komplementmed.* 2015;22(2):102–109. doi:10.1159/000381225
212. Liu L, Sun XY, Lu Y, et al. Fire needle therapy for the treatment of psoriasis: a quantitative evidence synthesis. *J Altern Complement Med.* 2021;27(1):24–37. doi:10.1089/acm.2019.0409
213. Yeh ML, Ko SH, Wang MH, Chi CC, Chung YC. Acupuncture-related techniques for psoriasis: a systematic review with pairwise and network meta-analyses of randomized controlled trials. *J Altern Complement Med.* 2017;23(12):930–940. doi:10.1089/acm.2016.0158
214. Zou J, Gong L, Huang G, Hu C, Yan J, Zhang F. Meta-analysis of the efficacy of acupuncture in the treatment of psoriasis vulgaris. *Hunan J Tradit Chin Med.* 2020;36(12):127–130. doi:10.16808/j.cnki.issn1003-7705.2020.12.053
215. Wang R. The efficacy of Zijin mixture in the treatment of psoriasis vulgaris in 533 cases was observed. *Chin Community Physician.* 2010;12(33):156. doi:10.3969/j.issn.1007-614x.2010.33.169
216. Ramessur R, Corbett M, Marshall D, et al. Biomarkers of disease progression in people with psoriasis: a scoping review. *Br J Dermatol.* 2022;187:481–493. doi:10.1111/bjd.21627
217. Schulz KF, Altman DG, Moher D, Group C. CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *Trials.* 2010;24:32. doi:10.1186/1745-6215-11-32
218. Liberati A, Altman DG, Tetzlaff J, et al. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *BMJ.* 2009;21:b2700. doi:10.1136/bmj.b2700
219. Lexchin J, Bero LA, Djulbegovic B, Clark O. Pharmaceutical industry sponsorship and research outcome and quality: systematic review. *BMJ.* 2003;326:1167–1170. doi:10.1136/bmj.326.7400.1167
220. Sismondo S. Pharmaceutical company funding and its consequences: a qualitative systematic review. *Contemp Clin Trials.* 2008;29:109–113. doi:10.1016/j.cct.2007.08.001
221. Nicholas MN, Gooderham M. Psoriasis, depression, and suicidality. *Skin Ther Lett.* 2017;22(3):1–4. PubMed PMID: 28486717.
222. Napolitano M, Mastroeni S, Fania L, et al. Sex- and gender-associated clinical and psychosocial characteristics of patients with psoriasis. *Clin Exp Dermatol.* 2020;45(6):705–711. PubMed PMID: 32170752. doi:10.1111/ced.14218

**Clinical, Cosmetic and Investigational Dermatology**

**Publish your work in this journal**

Clinical, Cosmetic and Investigational Dermatology is an international, peer-reviewed, open access, online journal that focuses on the latest clinical and experimental research in all aspects of skin disease and cosmetic interventions. This journal is indexed on CAS. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/clinical-cosmetic-and-investigational-dermatology-journal>

**Dovepress**  
Taylor & Francis Group