



# Effectiveness and safety of combination treatment of herbal medicines and oral antihistamines for atopic dermatitis: a retrospective chart review

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## ABSTRACT

**Background:** Patients with atopic dermatitis (AD) exhibit various symptoms, especially itching. Recently, herbal medicines (HMs) are being used in combination with antihistamines for the treatment of AD in Korea. While oral antihistamines can alleviate itching, HMs appear to exert anti-inflammatory effects with minimal side effects. However, there is little evidence regarding the effectiveness and safety of using HMs in combination with antihistamines for AD.

**Methods:** To observe the effectiveness and safety of combination treatment with HMs and antihistamines, we performed a retrospective chart review of inpatients with AD who received this combination treatment for at least 7 days in a hospital.

**Results:** Of 163 inpatients, 40 met the inclusion criteria. All patients received HMs three times, and one or two antihistamines, a day after HM intake. A large proportion of patients received first-generation antihistamines. HMs comprised a mixture of an average of 20.69 different herbs in decoction. The mean total, objective, and subjective SCORing Atopic Dermatitis scores showed a significant decrease after combination treatment. Changes in the mean levels of aspartate transaminase, alanine transaminase, blood urea nitrogen, and creatinine were not statistically significant among treatments. There were no adverse events of pseudoaldosteronism or interstitial pneumonia.

**Conclusion:** We observed that the short-term use of HMs in combination with oral antihistamines was safe and effective, with a low risk of adverse reactions. This study was limited by its retrospective design, and prospective studies with long-term follow-up periods are warranted to further elucidate the safety of this combination treatment for AD.

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## 1. Introduction

Atopic dermatitis (AD) is a common pruritic inflammatory skin disease with an increasing prevalence in industrialized countries. The worldwide prevalence of AD is 5–20%.<sup>1</sup> AD is characterized by pruritus, eczematous lesions accompanied by excessive infiltration of inflammatory cells, eosinophilia in the peripheral blood, and high levels of serum immunoglobulin E (IgE).<sup>2</sup>

Inflammatory skin changes accompanying itching are the most important manifestations of AD. Therefore, treatment should address the epidermal barrier as well as immunomodulation or infection; AD treatment typically includes anti-inflammatory agents, antipruritic agents, and occasionally, antiseptic agents.<sup>3</sup>

Antihistamines are frequently used for the management of itching in AD. This class of drugs can block H1 receptors on afferent C nerve fibers and inhibit the release of pruritic mediators.<sup>4</sup> Antihistamines exhibit several adverse side effects related to their antihistaminic actions. However, these are usually mild and can be rapidly reversed with the discontinuation of treatment or a decrease in the dose.<sup>5</sup> Their relative safety probably relates to their use in low doses for a short time period.

Herbal medicines (HMs) are medicinal plants used for the prevention and treatment of disease. In East Asia, herbs are widely used for the treatment of AD because of their efficacy and minimal side effects. Several studies have provided scientific evidence for the clinical efficacy and safety of HMs for the treatment of AD.<sup>6–8</sup>

HMs and conventional treatments are generally prescribed independently for AD; however, for some patients with uncontrolled itching, these agents are routinely combined in clinical practice for faster relief from itching. However, no study has evaluated the combined use of HMs and oral antihistamines for AD. Therefore, we performed a retrospective chart review

to observe the safety and effectiveness of short-term combination therapy with HMs and oral antihistamines for inpatients with AD in Seoul, Republic of Korea.

## 2. Methods

### 2.1. Patients and study design

We conducted a retrospective chart review of inpatients treated at the Department of Dermatology of Korean Medicine, Kyung Hee University Hospital, Seoul, Korea, between January 2011 and May 2016. Using electronic medical records (EMRs, NeoMed, Hyundai Information Technology, Seoul, South Korea), patients were selected on the basis of the following criteria.

The inclusion criteria were as follows: hospitalization for AD; combined use of HMs and oral antihistamines for at least 7 days; availability of SCORing Atopic Dermatitis (SCORAD) scores, total serum IgE level data, and eosinophil counts before and after treatment; availability of results of blood tests for the evaluation of liver and renal function before and after treatment; and access to medical records of adverse events, including pseudoaldosteronism and interstitial pneumonia. The exclusion criteria were as follows: use of systemic steroids, immunosuppressants, and antibiotics during hospitalization; and use of topical steroids and calcineurin inhibitors during hospitalization. This study was approved by the Institutional Review Board of Kyung Hee University Hospital (KHNMC-OH-IRB 2014-05-003).

### 2.2. Combination treatment

Data regarding patient demographics and treatment regimens were collected from EMRs, with a focus on HM prescriptions and antihistaminic use. We also reviewed individual patients who received herbs with previously reported potential for hep-

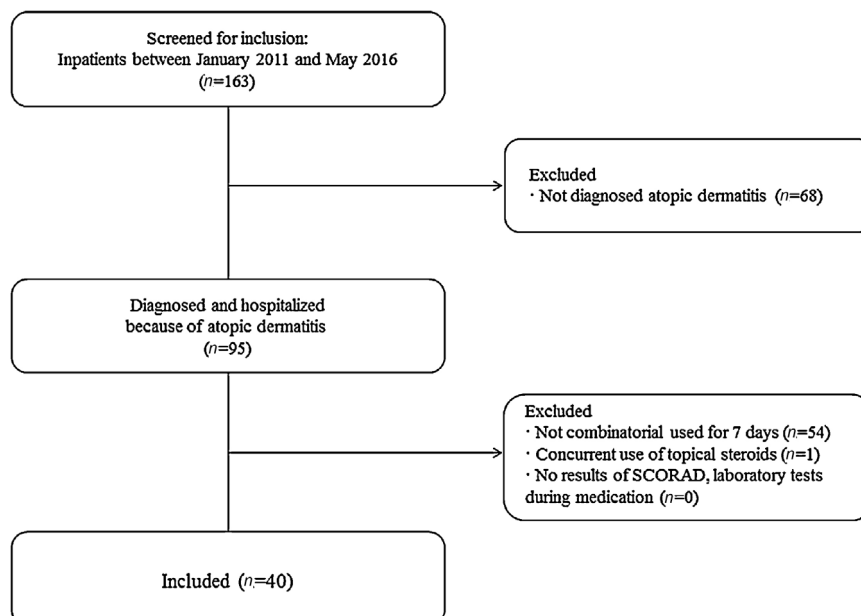


Fig. 1 – Selection process of retrospective chart review.

SCORAD, SCORing Atopic Dermatitis.

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