

Progress in the curative effect of Huang's inheritance Yaoyi oil needle for external treatment of rheumatism and rheumatoid disease

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Abstract: To compare the oil needle and traditional Chinese medicine to treat rheumatoid arthritis (R A). The clinical effect of the treatment was assessed. 68 patients were randomly divided into an observation group and a control group, with 34 cases in each. The treatment group was treated with Yao medicine oil needle, and the control group was treated with Chinese medicine package ironing and haitong skin soup washing, all of them 3 circumference. Compare the clinical efficacy of the two groups, observe the joint symptoms and hand grip strength before and after the treatment, and detect the levels of serum interleukins (IL) -1 and IL-6. After treatment, the total response rate in the observation group was 85.3%, higher than that in the control group (61.8%). The efficacy of the observation group was better than that of the control group ($P<0.05$). After treatment, the number of joint swelling and tenderness in the observation group decreased compared with pretreatment and the control group. The morning stiffness time and the grip strength of both hands improved in the observation group compared with pretreatment and the control group ($P<0.05$). The levels of serum IL-1 and IL-6 were reduced compared with pretreatment and the control group ($P<0.05$). Conclusion Compared with the traditional Chinese medicine method, huang's Yao oil needle therapy can be improved more effectively R A Patients 'symptoms, reduce the body's inflammatory response, to obtain better efficacy. Huang's Yao oil needle therapy improved upon traditional Yao medicine oil, which consists of animal oil and mineral oil, enhancing safety. The spiral acupuncture needle is conducive to the adhesion of the medicinal oil and facilitates its effect.

1. Introduction

Rheumatoid arthritis (RA) belongs to the category of "bi syndrome" in traditional Chinese medicine, and is a highly disabling autoimmune disease. During the development of RA, the most important pathological changes of the affected joints were divided into articular lesions and extra-articular lesions, including erosive proliferation of synovium, destruction of articular cartilage and subchondral bone, the appearance of subcutaneous nodules outside the joints, tendon, tenosheath, and synovial inflammation^[1]. RA leads to joint deformity, limited mobility, long course of disease, hidden onset, and multiple joints at the same time, among which the finger facet is one of the good

parts^[2]. Most patients have morning joint stiffness and different degrees of swelling, and the quality of daily life is affected. At present, due to the cause of RA is not clear, clinical lack of specific treatment, generally use to improve the condition of anti-rheumatic drugs, non-steroidal anti-inflammatory drugs and glucocorticoid treatment is given priority to, the above drugs have certain curative effect, but there are adverse reactions and long-term can cause shortcomings such as viscera involvement, in the clinical application of larger restrictions^[3]. As one of the important parts of ethnic medicine in China, Yao medicine has unique national characteristics in the diagnosis and treatment of RA, and many drugs have better effect in the treatment of rheumatism. At present, huang's inheritance yao medicine oil needle has been proved that its rich volatile oil components have a significant effect on inhibiting inflammatory damage and analgesia^[4]. In recent years, huang's has inherited yao medicine oil needle in clinical application, and the treatment of RA has achieved satisfactory efficacy, which is reported as follows.

2. Data and methods

2.1 Clinical data

Sixty-eight RA patients admitted to the orthopedic department were selected. Inclusion criteria: (1) Comply with the diagnostic criteria for rheumatoid arthritis revised by the American College of Rheumatology in 1987; (2) age 18 to 65 years; (3) not receiving treatment for the last 3 months; (4) voluntarily accepting the clinical trial study and signed informed consent. Exclusion criteria were: (1) patients with other autoimmune lesions or serious complications; (2) women, pregnant or lactating; and (3) patients with other systemic severe diseases. Patients were divided into control and observation groups by random number table, with 34 patients in each group. In both groups, the affected joints were bilateral or unilateral, and two or more interphalangeal joints showed morning stiffness, swelling, tenderness, increased pain in joint flexion and extension activities, and X-ray indicated no bony fusion of the metacarpal finger and interphalangeal joints. In the observation group, 10 male and 24 female; 32 to 64 (46.74 ± 4.31); 6 months to 25 years (14.46 ± 6.82); 13 unilateral and 21 bilateral. In the control group, 9 were male and 25 female; 28 to 63 (48.59 ± 5.12); 4 months to 28 years [(16.21 ± 5.62) years]; 15 unilateral and 19 bilateral. There was no significant difference in age, sex, duration, or affected joints between the two groups (all $P > 0.05$).

2.2 Treatment methods

2.2.1 Observation group

Patients were in supine position with hands on both sides. Fixed point: take the midpoint of the volar, dorsal, radial and ulnar joint space of the interphalangeal joint. Operation: routine disinfection application parts of the skin, oil needle tip on the alcohol lamp heating 2 ~ 3s, dip a small amount of yellow inheritance yao medical oil needle volatile oil, into the needle with joint gap, needle perpendicular to the skin quickly, into the subcutaneous feeling after resistance slightly pressure twist breakthrough capsule, feel disappointed after the joint cavity, keep the needle 15 a 20min, then slowly exit the oil needle. Four points were operated in turn with the same operation. After completion, the surgeon slightly pressed the joint with the thumb and index finger, squeezed the fluid in the joint, and the patient performed manual traction and passive flexion and extension activities of the joint. The same joint was treated once every other day for a total of 3 weeks.

2.2.2 Control group

Every day, along with traditional Chinese medicine package ironing treatment, sea tung skin

soup was administered. For the same joint, traction and passive flexion and extension activities were performed. The sea tung skin soup consisted of: sea skin, bone grass, frankincense, each 10 g; angelica (wine-soaked) 9 g; Sichuan pepper 9 g; 6 g of safflower; licorice; spirit (amount not specified); angelica dahurica; and wind (herb), each 10 g. These ingredients were fried, cooled, washed, and soaked. This was done once a day for a total of 3 weeks.

2.3 Observational indicators

2.3.1 Clinical efficacy evaluation criteria

After 3 weeks of treatment, we referred to the clinical efficacy evaluation criteria in the 2018 Chinese Guidelines for Diagnosis and Treatment of Rheumatoid Arthritis.(1) Significant effect: the number of joint tenderness and swelling were significantly improved after treatment, and the morning stiffness time was 30 min and the joint function was good; (2) effective: the number of joint tenderness and swelling was reduced, but the joint function was limited; (3) ineffective: the number and number of joint pain and swelling symptoms were not improved, even aggravated, and the morning stiffness time was 60 min. Total effective rate = (significant + effective) cases /, 100% total cases.

2.3.2 Joint symptoms and grip strength assessment

We compare the number of joints with tenderness, the duration of morning stiffness, and grip strength between the two groups both before treatment (within two weeks prior to intervention) and after three weeks of treatment.

2.3.3 Serum cytokine testing

5ml of fasting venous blood was drawn in the morning before and 3 weeks after treatment, serum was retained by centrifugation at 3000 r/min for 15 min, and frozen in the refrigerator, and serum interleukin (interleukin, IL) 1-IL and IL-6 were measured by enzyme-linked immunosorbent.

2.3.4 Safety indicators

Observe whether there is local skin injury during treatment, and whether there is abnormal blood routine, urine routine, heart, liver and kidney function indicators.

3. Results

3.1 Comparison of clinical efficacy

The total clinical response rate of patients in the observation group was 85.3% (29/34), which was higher than that in the control group (61.8%, 21/34) ($\chi^2 = 4.836$, $P = 0.028$). The observation group performed better than the control group ($Z = -2.262$, $P = 0.024$).

3.2 Joint symptoms

Joint symptoms before and after treatment were compared. The number of joint tenderness and joint swelling and the time of morning stiffness were compared in the two groups. No differences were statistically significant(equal $P > 0.05$); post-treatment, Joint tenderness, swelling, and morning stiffness time decreased in both groups compared with that before treatment, and the improvement in the observation group was better than that in the control group(equal $P < 0.05$).

3.3 Compare with groups

Compared with the two groups ($P > 0.05$): After treatment, both hands were stronger, and the observation group was stronger than the control group (equal $P < 0.05$).

3.4 Serum cytokine level

Serum cytokine levels were compared between the two groups before and after treatment. IL-1 and IL-6 levels were compared between the two groups before and after treatment. The differences were not statistically significant ($P > 0.05$). After treatment, the levels of IL-1 and IL-6 in both groups decreased, and the levels in the observation group were lower than those in the control group ($P < 0.05$).

4. Discussion

RA is a chronic inflammatory autoimmune disease that triggers a range of symptoms in the joint synovium, including pain, swelling and morning stiffness in the affected joints, and leads to inflammatory damage to the synovium and bone destruction of the soft tissues of the joints. This disease mainly to the hand, foot small joints as prone parts, can cause the decline of joint grip strength. RA belongs to the category of "bi syndrome" in traditional Chinese medicine. In the theory of "Bi", the disease is caused by the wind, cold, wet, heat and other external evil, which closes the meridians and causes the bones, bones and joints [5]. In the treatment of RA, TCM has rich clinical experience, and the external treatment method represented by TCM fumigation and acupuncture is widely used in clinical practice because of its remarkable efficacy. Yao medicine is one of the important parts of traditional medicine in China. Its discipline diagnosis and treatment system is deeply influenced by traditional Chinese medicine, and it has formed a diagnosis and treatment discipline with national characteristics for RA.

Both have a similar understanding of RA pathogenesis, which is believed to be caused by the combination of internal and external causes [6]. Yao medical oil needle technology. It is a minimally invasive treatment technique based on western medicine anatomy and surgical operation and guided by the theory of traditional Chinese medicine [7]. The treatment of RA with Huang's inheritance Yao medicine oil needle is mainly based on the principle of "pine and general for all", without destroying the overall organizational structure in the process of treatment, which is the extension of traditional medical external treatment, and has the function of connecting meridians and opening obstruction. By penetrating the joint cavity and reducing the pressure within the joint, this approach addresses the joint's intra-articular metabolites and improves the local blood supply. Additionally, Huang's family has inherited the Yao medicine oil needle therapy, which employs a "medicine to the disease" targeted therapy. This therapy can dispel wind, dehumidify, dredge, provide local analgesia, and exert anti-inflammatory effects, ultimately improving joint pain. The aim is to relieve symptoms such as morning stiffness and enhance patients' quality of life. In this study, Huang's oil needle treatment was used. The results indicated that the total response rate in the observed group was higher than that in the control group. Furthermore, after treatment, joint swelling, tenderness, and morning stiffness duration were reduced compared to before treatment and to the control group ($P < 0.05$). It is suggested that compared with traditional Chinese medicine external treatment, Huang's inheritance of Yao medicine oil needle therapy can be more effectively alleviated patient's symptoms, thereby improving the efficacy.

The cause of this is not clear, but the medical community generally believes that it is a series of inflammatory reactions caused by the immune system of patients mistakenly treating their normal tissue as a threat and attacking it. Some scholars believe that inflammatory factors are likely to

cause important factors of disease and active period. But IL-1 and IL-6 are two cytokines with strong inflammatory effects that are thought to be closely associated with the incidence.

5. Conclusions

The patient's lesion also has more obvious inflammatory cell infiltration, and these inflammatory cells can secrete IL-1 and IL-6. Both can exert a synergistic biological effect, enhance inflammatory damage, and thus induce protease activity and activate osteoclasts. They cause inflammatory reactions in the synovial joint and bone destruction of the articular cartilage. Therefore, clinical detection IL-1 reach IL-6. The level of is evaluable R A Progression of joint synovial inflammation. The results of this study show that the levels of serum IL-1 and IL-6 in both groups after treatment were all lower than before. And the level of the observed group was lower than that in the control group ($P < 0.05$). It is suggested that compared with traditional Chinese medicine external treatment, Huang's inheritance of Yao medicine oil needle therapy can be more effectively suppressed inflammatory response in the synovium of the patient's joints, Reduce inflammatory damage.

To sum up, compared with the traditional Chinese medicine external treatment method, Huang's inheritance of Yao medicine oil needle therapy can be more effectively improved R A Patients' symptoms, reduce the body's inflammatory response, to obtain better efficacy. In addition, Huang's inherited Yao medicine oil needle technology has many advantages, such as simple operation, small trauma, fast recovery, low cost, and good curative effect. Therefore, it is worthwhile to continue exploring and finding its optimal treatment method in clinical application, so as to expand the treatment options for rheumatoid arthritis and other bone and joint diseases using ethnic medicine.

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