

Research Progress on the Treatment of Ulcerative Colitis by Traditional Chinese Medicine

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Abstract: Combined with the clinical research on the differentiation and treatment of ulcerative colitis (UC) by traditional Chinese medicine in the past 6 years, this paper reviewed the syndromes, internal and external treatments of UC. Traditional Chinese medicine believes that the disease is located in the large intestine, the basic pathogenesis is the basic deficiency, the spleen deficiency is the root of the disease, and damp heat is the key to the disease, which runs through the whole course of the disease. The internal treatment is mainly summarized from syndrome differentiation, experience, famous treatment ideas and prescriptions, and Chinese patent medicine. External treatment: The effect of different external treatment on ulcerative colitis was analyzed. There are 33 references.

1. Introduction

Ulcerative colitis (UC) is a chronic nonspecific intestinal inflammatory disease with continuous and diffuse distribution mainly in the mucosa and submucosa of the large intestine. There are many pathogenesis of this disease, such as genetic factors, environmental factors (diet, smoking, appendix), intestinal microecology, mucosal barrier, immune response, mitochondrial diseases [1] and so on. The severity of the disease varies, with diarrhea, mucous pus and blood and abdominal pain as the main clinical symptoms during repeated attacks [2]. According to the clinical characteristics of this disease, in the consensus opinion of TCM experts on the diagnosis and treatment of ulcerative colitis in 2017 [3], TCM classified UC into the categories of "rest dysentery", "prolonged dysentery" and "intestinal pi". The disease is located in the large intestine, and is related to the dysfunction of the spleen, liver, kidney and lung. Nowadays, the prevalence of UC is increasing year by year, and it has seriously affected people's quality of life, and the disease is complicated and difficult to cure. Western medical treatment can quickly alleviate the condition, but it cannot eradicate it. Chinese medicine has certain clinical effect in treating this disease. Therefore, this article will make the following review from the overview of traditional Chinese medicine treatment UC in the past 6 years.

2. Study on TCM syndrome of UC

In 2017, the consensus opinion of UC TCM diagnosis and treatment experts pointed out that there

were 7 types of TCM syndrome, including large intestine dampness-heat, heat toxicity, spleen deficiency and dampness-accumulation, cold and heat mixed, liver stagnation and spleen deficiency, spleen-kidney Yang deficiency, and intestinal blockage [3]. In the past 35 years, Li Yi et al. [4] have made a statistical analysis of 69 documents on ulcerative colitis syndrome differentiation, including 5334 cases, the common syndrome types of TCM in turn are large intestine damp-heat syndrome, spleen-stomach deficiency syndrome, liver-stagnation and spleen-deficiency syndrome, spleen-and-kidney Yang deficiency syndrome, cold-heat syndrome, blood stasis and intestinal collaterals syndrome, yin deficiency and intestinal dryness syndrome. The dampness-heat syndrome of large intestine is the most common. According to the distribution of TCM syndrome types in UC patients, Zhao Zhimin [5] analyzed the differences in intestinal flora detection results of patients with different TCM syndrome types, compared the ulcer stage, activity, and lesion range distribution of patients with different TCM syndrome types, and classified 145 UC patients into TCM types in outpatients, including 53 cases of dampness-heat intrinsic syndrome. Spleen and stomach weakness, spleen and kidney Yang deficiency, liver stagnation and spleen deficiency, Yin and blood deficiency, Qi stagnation and blood stasis. From the medical point of view, the pathogenesis is related to damp-heat, phlegm turbid, qi stagnation, blood stasis, heat toxicity and other factors. Damp-heat is the basic pathogenesis of UC and runs through the whole course of the disease. The difference of intestinal flora in patients with damp-heat intrinsic syndrome was obvious. The number of beneficial bacteria such as bifidobacterium and lactobacillus was at a low level, while the number of pathogenic bacteria such as enterococcus, Enterobacter and Fusobacterium was at a high level. More patients with this type of syndrome were found in active stage. The degree of intestinal flora disturbance in patients with spleen and stomach weakness syndrome is relatively light, but the expression of pathogenic bacteria is also high, so the patients in remission period are mostly spleen and stomach weakness syndrome. Zhou Yuqian et al. [6] reviewed and analyzed 80 patients who were in line with UC, and according to the proportion of patients, the TCM syndrome types were successively classified as large intestine dampness-heat syndrome, liver-stagnation and spleen-spleen deficiency syndrome, spleen-kidney Yang deficiency syndrome, blood stasis and intestinal collages syndrome, and Yin blood deficiency syndrome. The syndrome elements of this disease are mostly found in spleen deficiency, qi deficiency, dampness-heat intrinsic, etc. The disease location involves multiple viscera such as large intestine, liver, spleen, lung and kidney, and is significantly correlated with the stage and severity of the disease, which generally reflects the combination of elements of multi-disease and multi-disease location. Li Gege et al. [7] studied 76 patients with UC in the outpatient department, analyzed the mucosal changes under endoscope, and discussed the correlation between TCM syndrome types of ulcerative colitis and colonoscopy images. It was found that TCM syndrome types of ulcerative colitis were mainly large intestine dampness heat syndrome, liver depression and spleen deficiency syndrome, spleen deficiency and dampness accumulation syndrome and spleen-kidney Yang deficiency syndrome. Combined with the microscope, the type of large intestine damp-heat syndrome was more common in the acute stage and active stage of UC. Patients with liver-depression and spleen-deficiency tend to have tension, anxiety, and hypersensitivity in the intestinal cavity, which is easy to cause abnormal intestinal peristaltic rhythm. If the intestinal peristaltic rhythm is disordered and disordered, the retention time of intestinal contents in the end of the ileum can be prolonged, causing inflammatory changes in the end of the ileum. Patients with spleen deficiency and dampness syndrome often have low-grade intraepithelial neoplasia in pathology, and some scholars have shown that this type of syndrome generally appears in the middle and late stages of UC, which should be closely observed and paid attention to. Patients with kidney-yang deficiency syndrome are often difficult to cure due to prolonged disease course, chronic disease and kidney, involving kidney-yang, resulting in repeated intestinal involvement. Scar, mucosal bridge and false polyp formation are easy to be seen after mucosal repair at the lesion. Zhang Tianhan [8] divided 325 patients with

UC in the outpatient department into 3 types of central syndrome, including 172 cases (53%) of large intestine dampness-heat syndrome, 111 cases (34%) of spleen deficiency and dampness-accumulation syndrome, and 42 cases (13%) of liver stagnation and spleen deficiency syndrome. The author believes that the main cause of UC activity is pathogenic accumulation. Dampness-heat is an important inducing factor of the disease activity, and it is also an important reason for the repeated attacks and lingering difficulties of UC. The relief period is mostly mixed with deficiency and accumulation, and the source of diarrhea originates from the spleen and stomach. An Yuqiu and Wang Huijuan [9] searched the CNKI database for 211 articles about the treatment of UC with traditional Chinese medicine in the past 10 years through the study on the correlation between UC and enteroscopy, after statistics on the distribution of TCM syndrome types, a total of 15 TCM syndrome types were obtained through standardization, the first 7 syndromes were large intestine damp-heat syndrome, spleen deficiency damp retention syndrome, spleen and kidney yang deficiency syndrome, liver depression and spleen deficiency syndrome, blood stasis obstructing intestinal collaterals syndrome, excessive heat toxin syndrome, cold and heat syndrome.

To sum up, according to the distribution of UC syndrome types, the association between UC and intestinal flora, the correlation between UC and endoscopy, and literature database retrieval studies, the pathogenesis of UC is mainly caused by dampness-heat, phlegm turbidity, qi stagnation, blood stasis and heat toxicity. The ulcerative colitis is located in the large intestine. Among them, the active stage is dominated by the standard reality, while the remission stage is often characterized by both the deficiency and the standard reality. Its pathogenesis changes to spleen deficiency, water and liquid stop accumulation, obstructing the fu-organs, Zang-fu qi machinery obstruction, heat for a long time, endogenous dampness and heat, qi stagnation and blood obstruction, containing dross accumulation and stagnation of the fu-organs, fat collateral injury, corruption into pus and blood. Spleen deficiency is the root of the disease, and damp-heat is the key to the disease, which runs through the whole course of the disease. Large intestine damp-heat syndrome is the most common type in UC patients, and the active stage is also more common in large intestine damp-heat syndrome. The syndrome of spleen and stomach weakness is common in the remission period. Combined with the above literature research, this view is further confirmed.

3. Progress of TCM treatment

Traditional Chinese medicine treatment is divided into internal treatment and external treatment, internal treatment has syndrome differentiation, experience formula, experience ideas and prescriptions, Chinese patent medicine, etc. External treatment methods include enema, acupuncture, acupoint application, thread burying and moxibustion. The following will be discussed from these aspects.

3.1. Syndrome differentiation and treatment

According to the 2023 expert consensus of UC integrated Chinese and Western medicine diagnosis and treatment [10], 8 types of TCM are proposed. When the effect is not good, the prescription of Shaoyao decoction combined with amino salicylic acid can be selected. The prescription of heat toxin Chisheng syndrome was Baitouong decoction combined with aminosalicic acid preparation. If the effect is not good, Fang Wenglian Jiedu Decoction combined with aminosalicic acid can be taken orally. Spleen-vacuity and moist-Yuncheng formula selected Shenlingbaizhu powder or combined aminosalicic acid preparation; Wumei pills or aminosalicic acid preparation were selected as the prescription for cold-heat mixed syndrome. Liver-yu spleen-deficiency syndrome prescription selected Tongxie Yaofang combined with Sini SAN or combined with aminosalicic acid preparation; The prescription of spleen-yang deficiency syndrome was selected as Sishen pills or

combined Chinese medicine retention enema (*Coptis*, *Notoginseng*, *Baijia*, *scutellaria*, *Patrinia*) or aminosalicic acid preparation; *Shaofuzhuyu* decoction or combined aminosalicic acid preparation were selected as the prescription of blood stasis blocking Luo syndrome. Xu Jingwen et al. [11] selected 58 patients who were treated with ulcerative colitis from May 2019 to July 2019 as 2021, according to TCM syndrome differentiation, the treatment can be divided into spleen-kidney Yang deficiency type, cold and heat mixed type, large intestine damp-heat type and liver-qi and spleen deficiency type. For spleen-kidney Yang deficiency type, *Fuzi Lizhong* Decoction combined with *Sishen* pills (*Baizhu*, *Schisandra*, *Wuzhuyu*, licorice, nutmeg, jujube, psoralen, dried ginger, ginseng, ginger) were selected; *Wumei* pills (*Angelica sinensis*, *Radix pseudostellariae*, *Phellodendron phellodendron*, *Wumei*, prepared aconite, Sichuan pepper, cinnamon twigs, asarum, *coptis coptis*) were selected for mixed cold and heat. *Radix pulsatilla* decoction (*Radix pulsatilla*, coix seed, *scutellaria baicalensis*, *portulaca oleracea*, *Radix azua*, *Parvalis*, *Radix xylem*, *coptis coptis*) was selected for moisture-heat type of large intestine. For liver-stagnation and spleen-deficiency type, *Tongxieyao* prescription and *Sini SAN* (*Paeony*, *Fructus aurantii*, *Baizhu*, Tangerine peel, parsnips, *bupleurum* and licorice) were selected. The effective rate was 93. 10%. Zhang Xiaoming [12] Treatment of chronic UC, TCM syndrome differentiation is divided into damp-heat trapped spleen type (*Pueraria*, *scutellaria baicalensis*, *Shengdi charcoal*, palm charcoal, *Dididian*, dandelion, etc. 15g each, *coptis coptis*, Qin bark, Jersey, *pulsatilla*, *sophora sinensis* 12g each, licorice 6g). Weak type of spleen and stomach (white art, Tuckahoe, *Angelica sinensis*, *Chuanxiong* and *Dishuadi* 12g each, *Astragalus*, *Ganoderma lucidum*, *codonopsis*, white peony and licorice 15g each). The spleen-kidney Yang deficiency type commonly used *Wenyang Zhixie* soup (aconite 12g, cinnamon 10g, Wolfberry 12g, doggett 15g, psoralen 15g, Wu Cornus 10g, nutmeg 12g, *Schisandra* 12g, *Gorgon Ferox* 20g, golden cherry 12g, *Astragalus* 20g, *Morinda morinda* 12g, *Arundinacea* 12g, Cypress 10g, dandelion 12g, Licorice 6g). The results showed that 89 cases of UC patients treated by TCM syndrome differentiation had good clinical effect. Zhong Liyan [13] According to TCM syndrome differentiation and treatment, she classified four types of syndrome, namely dampness-accumulation intestinal type, liver-stagnation spleen deficiency type, spleen-kidney deficiency cold type and Yin deficiency blood stasis type. For the damp-heat Yun intestinal type to *paeonong* decoction and peony decoction (*Liquorice* 30g, *Matrine*, *Paeony*, *pulsatilla* and *Phellodendron* 15g each, *Areca nut*, wood fragrance, *angelica* 12g each, *Fructus chinensis*, *Coptis chinensis*, wine rhubarb 6g each). Liver-qi spleen-deficiency type *yutongxiyafang*(30g for *Psyllium* and *Codonopsis*, 15g for coix seed, white peony root and white rhizome, 10g for *bupleurum*, *poria tuckahoe* and *amabilis*, 6g for licorice, *Chebula* and *amabilis*). Spleen-kidney deficiency cold type to the four god pills combined with real nourishing zang soup(20g each of *Astragalus*, *Codonopsis*, stir-fried white rhizome and psoralea, 10g each of *salvia miltiorrhiza*, prepared aconite, yam, white peony and nutmeg, 6g each of licorice, wood fragrance, *schisandra* and dried ginger). Yin deficiency blood stasis type to *Zengye Huoxue* decoction(15g each for *Radix paeoniae*, *Radix salvia*, *Radix ophiopogon*, *Radix scrophulariae*, *Salvia miltiorrhiza* and *Radix Baishu*, 10g each for *Angelica sinensis*, fried peach kernel, decocted fragrant paste, 6g for safflower). The results are consistent with the past, TCM syndrome differentiation in the treatment of chronic UC clinical efficacy is significant, can effectively alleviate and improve clinical symptoms.

3.2. Empirical Method

In the treatment of UC, Professor White Light used *Baitouweng* Decoction as the base formula according to the nine methods of treating diarrhea, *Radix coptis*, *Radix cypress*, and *Baicalea* to cool the spleen, *radix sophora* to dry the spleen, and *Umei* to absorb astringent and astringent acid, used *Baizhu*, *atryl*, *Fructus officinalis*, oyster to astringent and astringent during acute dysentery, used coix

seed and Poria to dilute and drain the fluid, used astragalus to enhance Yang, and used aconite, Radix morbidiae, and cinnamon to warm the kidney. Decocting licorice to slow down, play the function of clearing heat and detoxifying, strengthening spleen and diuresis [14]. Studies have shown that added Pulsatillos decoction can improve and repair colon mucosal inflammation in UC mice by increasing mitochondrial fission protein Drp1, activating autophagy, and reducing IL-6 and other inflammatory factors [15]. Li Wei et al. [16] found that the clinical application of Paetuum decoction in UC can inhibit inflammatory cell infiltration, vascular dilation and regulate the balance between inflammatory factors, which can effectively treat enteritis. Therefore, whether from the perspective of traditional Chinese medicine or Western medicine pharmacological studies show that the effect of Baitongweng decoction is extensive, and under the dialectical treatment of UC, precise addition and subtraction can be achieved in order to achieve better efficacy. Professor Xie Sheng "adjust the pivot" from the liver and lung to treat UC, self-prepared Xuanfei Yuyang decoction(15g each for convolvula, cohosh, Radix rubiae, Madder, and Radix aconitum, 20g each for Poria, 30g each for Purpura, Radix Paeoniae, Patrinia, and Rhizome, 10g for raw licorice) [17]. This recipe is made from Chinese Angelica Peony decoction. Modern pharmacological studies have shown that [18-20], cohosh has anti-inflammatory, anti-tumor, anti-oxidation, antibacterial, analgesic and immunomodulatory effects. Cohosh has anti-inflammatory, anti-virus, anti-tumor, antibacterial and anti-oxidation effects. Danggui Shaoyao Powder has anti-inflammatory, immune regulation, vascular endothelium protection, nerve cell protection, endocrine regulation, lipid metabolism regulation and other pharmacological effects.

3.3. Treatment with proprietary Chinese medicine

According to Fu Zhihao's [21] interpretation of the clinical application guidelines for the treatment of ulcerative colitis with proprietary Chinese medicines, for mild to moderate active stage of colon dampness heat type UC, it is strongly recommended to take orally oral Hudi enteric-soluble capsules and Wuwei Kushan enteric-soluble capsules to improve the symptoms of mucous, pus, blood and stool and posterior tenesias. For UC remission period, oral oral Wuwei Kushan enteric-coated capsule, Hudi enteric-coated capsule gradually reduced, combined with ShenlingBaizhu preparation and other spleen and spleen and kidney strengthening Chinese patent medicine to maintain remission period. Chen Xu [22] orally administered Shugan Jianpi Granules, a self-made Chinese medicine, to 57 patients with liver-stagnation and spleen-deficiency type UC. After 4 courses of oral administration, compared with the control group after oral salazopyridine-enteric-coated tablets, the clinical effective rate of Shugan Jianpi granules in patients with mild and moderate ulcerative colitis of liver-stagnation and spleen-deficiency type was significantly higher than that of the control group, and the long-term effect was considerable. Qin Fangfang et al. [23] administered oral Gubenychang tablets (4 tablets/times, 3 times /d) combined with mesalazine (1.0g/ times, 4 times /d) to 80 patients with UC. After 6 consecutive courses of administration, compared with oral mesalazine (1.0g/ times, 4 times /d), the effective rate of taking Gubenychang tablets combined with mesalazine was higher than that of oral mesalazine alone. Combined administration can cooperate with anti-inflammatory, repair ulcer, shorten the course of treatment, restore the balance of intestinal flora, improve the immune capacity of patients. Liu Yi et al. [24] explored the expression of superoxide dismutase (SOD), myeloperoxidase (MPO), malondialdehyde (MDA), total antioxidant capacity (T-AOC), nitric oxide (NO) and nitric oxide synthase (i-NOS) in colon tissues of 60 rats with chronic relapsed colitis with Sishen Pill. Sishen pill can interfere with the oxidative metabolism of colon tissue, maintain the steady-state of oxidative metabolism, maintain the barrier function of colon mucosa, and finally relieve intestinal inflammation, which can effectively reduce the symptoms of UC.

3.4. Famous medical treatment concepts and prescriptions

Zhang Zhongjing proposed based on the dialectical analysis of benefits under the Sun, Yangming, Shaoyang, Taiyin, Shaoyin and Jueyin channels [25]. Under the sun disease, we choose Gegen Decoction to solve muscle sweating and promote Qingqing to stop profit, Gegen Qinlian Decoction to solve surface Qingli to stop profit, Guizhi increase Huang Tang to solve muscle surface, Tongfu to eliminate poison and stop profit. Under Yangming disease, Dahuang Mudan Decoction is used to remove heat and detoxify, eliminate abscess and discharge pus, expel stasis and attack. Chengqi Decoction is used to dissipate fu-draining heat, eliminating accumulation and inducing stagnation, discharging pus and stopping interest. Shaoyang disease Xia Li Sini powder to ease qi, Tongyang dispersing knot, discharge pus to stop Li, Huangqin Tang to clear Shaoyang, and ying to stop Li, Da Chaihu Tang to reconcile Shaoyang, Tongfu stop diarrhea. Under Taiyin disease, Lizhong Decoction is selected to warm the middle and dispel cold, dry dampness and stop diarrhea, and Xiexin decoction is used to open bitterness, dry dampness and strengthen spleen, clearing heat and stopping diarrhea. Under Shaoyin disease, Zhenwu Decoction was selected to warm kidney and water, He Ying and Zhili, and peach blossom Decoction was used to warm spleen to dispel cold, astringent intestine to stop diarrhea, astringent and hemostasis. Under Jueyin disease, Baitouong decoction was selected to clear heat and dry dampness, detoxify and stop profits, and Wumei Pills were used to harmonize qi and blood, clear heat and dry dampness, dispel cold and stop profits. Therefore, in the application of clinical differentiation and treatment, we need to know often answer the change, know what the offense is, and treat it with the syndrome. Wu Yiling's theory of "collateral disease" to explore the stage diagnosis and treatment of ulcerative colitis "combination of disease and syndrome", UC is divided into active period, mainly using "expelling phlegm, removing dampness" and other drugs, the remission period can use "removing blood stasis, detoxification" drugs, qi, wind and Chang Luo drugs mainly use simple-flavor drugs, such as Xiangxiang, xylocea, parsnips, and other simple-flavor drugs. They are divided into three categories: blood nourishing and blood clearing collaterals drugs such as angelica, Xinren and Huoxue clearing collaterals drugs such as peach kernels, and Sodi removing blood stasis clearing collaterals drugs such as leeches and Gadoshi [26]. In the study and application of traditional Chinese medicine, we should have a holistic concept, distinguish the severity of the disease, and treat the symptoms in an urgent way and the root cause in a slow way. On the basis of data mining, National Chinese Medical Science Master's experience in the treatment of UC [27], points out that we should pay attention to the deficiency of the root, the combination of cold and warm, the combination of tonifying and tonifying, the regulation of the liver, the application of wind medicine, the regulation of both Qi and blood. And we should pay attention to regulating qi, promoting blood circulation and eliminating stagnation. From the rule of medication, we can see six kinds of prescriptions: (1) the self-made prescription yuyangling is similar (composed of radix paeoniae alba, radix paeoniae rubra, radix astragali, fructus forsythiae, powder of Panax notoginseng, Ganoderma lucidum, pollen typhae, stir-fried coix seed with bran, licorice) , (2) the prescription of Tongxie is suitable for the syndrome of stagnation of liver-qi and deficiency of spleen, the decoction of Huanglian Houpu and Shaoyao is suitable for the syndrome of damp-heat of large intestine, (3) the prescription of Patrinia villosa, Heishun tablet and Angelica Dahurica is suitable for the syndrome of Yang deficiency of spleen and kidney, (4) incense tree, sand kernel, Bran stir-fried fructus aurantii, fructus evodiae, ginger, radix pseudostellariae for spleen-yang depression, cold-dampness syndrome, (5) the prescription of Danggui Buxue decoction, in order to play the effect of nourishing blood deficiency, Xiaoji hemostasis dysentery.

In summary, Chinese medicine should have a holistic concept, Chinese medicine focuses on syndrome differentiation and treatment, pay attention to the main cause of treatment, distinguish its main syndrome, and seek the root of treatment. Treatment principle of three methods, (1) active period

should be to clear heat and detoxify dampness, cool blood and stop bleeding; (2) The relief period should be tonifying deficiency temperature, regulating the spleen and stomach, receiving astringent solid withdrawal; (3) Regulating qi and blood. For example, Liu Hejian put forward that "after regulating qi, it will self-remove, and blood will self-heal." It has certain advantages in the treatment of UC, with long-lasting curative effect and small side effects.

4. External treatment

The condition of UC is persistent and difficult to be cured, with repeated attacks. External treatment of traditional Chinese medicine is one of the important methods to treat UC. Studies have shown [28] that external treatment of traditional Chinese medicine, such as enema therapy, acupuncture therapy, moxibustion and acupoint burying, has a good effect on the treatment of UC. Gu Shengqing et al. [29] administered TCM enema prescription for clearing heat and removing dampness to 30 patients with UC (Stir-fried coix seed 30g, white rhizome 15g, stir-fried atracylodes 15g, Patrinia 15g, Radix sanguinae 15g, Radix Aicalaeae 12g, Radix xylem 6g, Angelica 12g, Radix Paeoniae 15g, licorice 6g). In the control group, 30 patients were treated with MESALAZINE. The rate of rapid induced remission (96.6%) was higher than that of the obvious control group (73.3%). Zhou Yue et al. [30] conducted a meta-analysis to explore the treatment of ulcerative colitis by oral probiotics combined with convalescing new solution retention enema from the establishment of the database to July 2019, and the results showed that oral probiotics combined with convalescing new solution retention enema was effective and reliable in the treatment of ulcerative colon. TCM enema can effectively improve intestinal inflammation, regulate immunity and repair mucous membrane. Liu Zhaoxia et al. [31] divided 50 UC rats into blank group, model group, drug group and point embedding group to observe the regulatory effects of point embedding on the NLRP3 inflammasome and IL-27 expression in rats (UC) and the mechanism of action in the treatment of UC. The results showed that acupoint embedding had a significant therapeutic effect on DSS induced UC model rats, and the mechanism might be to inhibit the activation of NLRP3 by up-regulating the expression of IL-27, thereby reducing the production of inflammatory cytokines, alleviating the inflammatory response, and thus achieving the role of repairing UC mucosa. Peishui et al. [32] selected 90 UC patients in remission as the research objects. The observation group received moxibustion umbilical therapy with ginger and moxibustion umbilical therapy combined with mesalazine enteric-coated tablets for 45 cases in the moxibustion umbilical therapy group and the control group received mesalazine enteric-coated tablets for 4 weeks, and the recurrence rate, time of initial recurrence and disease activity at recurrence within 12 months were recorded. The results showed that the effective rate of the treatment combined with mesalazine enteric-coated tablets was higher than that of the control group, which could inhibit inflammatory factors, reduce vascular damage, improve immune status, and reduce the recurrence rate of UC. Ning Huizhu et al. [33] Based on the rule of acupoint selection and prescription for acupuncture treatment of ulcerative colitis based on data mining, acupuncture points can achieve the effect of treating ulcerative colitis by regulating nerves and immune function.

5. Summary

To sum up, the basic characteristics of traditional Chinese medicine are the whole concept and treatment of syndrome differentiation, pay attention to the treatment of the root, urgent treatment of symptoms, slow treatment. Combined with the principle of TCM syndrome differentiation and treatment in the past 6 years, the treatment of UC has a good effect. External treatment of Chinese medicine is also one of the important methods for the treatment of UC, with unique advantages. The principle of TCM syndrome differentiation can also be used to add or subtract drugs and acupoints

along with the syndrome, thus achieving a good effect. Therefore, we should pay more attention to the thinking of TCM syndrome differentiation and accurate syndrome differentiation to improve the effect of TCM treatment of UC.

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