The Effects and Mechanism of Yinqiao Powder on Upper Respiratory Tract Infection

Li-Song Liu¹, Na Lei¹, Qing Lin¹, Wei-Li Wang¹, Han-Wen Yan² and Xiao-Hua Duan^{2,3*}

¹The Laboratory of Pharmacology and Chinese Materia Medica Pharmacology of Yunnan University of Traditional Chinese Medicine, Yunnan University of Traditional Chinese Medicine, Kunming 650500, Yunnan Province, China

²The Research and Development Center for Ethno-Medicine & Ethno-Pharmacology Yunnan University of Traditional Chinese Medicine, Yunnan University of Traditional Chinese Medicine, Kunming 650500, Yunnan Province, China

³The Key Modern Research Laboratory for Ethno-Pharmacology of Yunnan Higher School at Yunnan Province, Yunnan University of Traditional Chinese Medicine, Kunming 650500, Yunnan Province, China

Abstract: Pharmacology of Chinese materia medica use modern scientific methods based on the theory of Traditional Chinese Medicine (TCM) to study the interactional regulations between the body and Chinese materia medica. It aims to explain the mechanism and the scientific basis of the effects of traditional Chinese medicine. Research team has found that Yinqiao Powder has good effect on the mouse model of upper respiratory trace mucosal immunity dysfunction induced by cold stimulation with bacteria and viruses. Therefore, the function of Yinqiao Powder in the prevention and in the treatment of upper respiratory tract infection (AURI) cannot be explained only by antibacterial and antiviral properties. The effects of Yinqiao Powder on AURI may be mediated by the improvement of the function of upper respiratory mucosal immune system.

Keyword: Theory of traditional Chinese medicine, Yinqiao Powder, Exterior syndrome, upper respiratory tract infection, mucosal immune.

1. INTRODUCTION

Humans have intentionally or unintentionally understanded and mastered natural drugs used in the treatment of diseases in the process of existence, at the same time, Chinese nation recognizes the complex phenomenon of life and diseases in the thinking mode of holism, dynamic and identification, also has mastered the laws of natural drugs for preventing and curing diseases [1-2]. With the language of ancient philosophy and the method of analogy to explain the function and mechanism of Chinese materia medica, the theory of traditional Chinese medicine is a system carrier, which directs Chinese herbs to treat diseases [3]. Treatment based on syndrome differentiation is not only the core content of TCM, but also the basic rule of clinical diagnosis and treatment to diseases [4-8]. In the clinical practice of TCM, the clinical information collected from inspection, listening and smelling, inquiry and palpation (four examinations) are distinguished into which pattern of syndrome [9-11] and then the pattern of syndrome will be used as basis to determine the methods, the prescriptions and the medicines. The theory of TCM is every effective in

directing clinical practice. Even though, nowadays the modern medicine are highly developed, TCM is still one of the important approaches used in the prevention and in the treatment of different diseases.

2. THE CHARACTERISTICS OF TCM

тсм treat diseases based on syndrome differentiation [12]. The only standard to determine the efficacy of Chinese materia medica is the syndrome types' improvement. The syndromes of TCM could be understood evidence that pathological as а generalization of the cause and the posotion of dieases and the relationship of healthy and unhealthy factors on a certain stage of the disease process, which is an evidence to choose a prescription or medience. The syndrome of TCM is different from the dieases which are based on modern diagnostics, ecology and the standard of effects evaluation [13-14]. From the perspective of modern medicine, a "syndrome" in TCM could contain a series of "diseases" in modern medicine, but the same modern medicine "disease" could be distinguished into different "syndromes". Therefore, simply using modern medicine recognition to "disease" evaluate the effects of Chinese materia medica is not comprehensive [15]. Pharmacology of Chinese materia medica use modern scientific methods based on the theory of TCM to study the interactional

^{*}Address correspondence to this author at the Laboratory of Pharmacology and Chinese Materia Medica Pharmacology of Yunnan University of Traditional Chinese Medicine, Yuhua Road, Chenggong New District, Kunming, Yunnan Province 650000, China; Tel: (+86) 871-65918160; Fax: (+86) 872-65918160; E-mails: 942702980@qq.com, 1047896527@qq.com

regulations between the body and Chinese materia medica [16]. It aims at explaining the acting mechanism and material basis of the effects of Chinese materia medica, clarifying and understanding the connotation of the theory of TCM and the modern scientific nature [17,18]. It is not only beneficial to play the characteristics and advantages of traditional Chinese medicine and pharmacology, but also has important significance in promoting the development of life science. However, how to use the characteristic of Chinese materia medica itself to choose model and evaluating indicators reasonably becomes the key topic in the research of traditional Chinese medicine and pharmacology.

The association of theory, therapy, prescription and herbs is the specific performance in the process of clinical TCM diagnosis and therapeutic [19, 20]. The therapy is the core relating to the basic theory and the cretaceous square. Prescription is in the inside of therapy, and therapy is decided by patterns. Therefore, there is an important link between theory, therapy, prescription and herbs. A theory conducts a therapy, then the therapy directly guides a prescription and the herbs. So using modern life scientific methods study the prescriptions and herbs representing a theory could not only explain the action principle of herbs, but also could infer the nature of the theory. In this approach, we use the prescriptions and herbs based on "relieving superficies method" to study the action and the mechanism of Chinese materia medica.

3. THE UNDERSTANDING OF TCM AND MODERN MEDICINE ON AURI

3.1. The Understanding of TCM on AURI

Exterior syndrome means a group of symptoms that caused by six climactic or epidemic pestilential affect body through skin and body hair, including aversion to cold with heat, headache and body pain, nassal congestion and runny nose, cough and sore pharynx, and other symptoms. The disease is in lung-defense and fleshy exterior [21]. It also has the characteristics of rapid onset and short duration, therefore TCM doctor usually use relieving superficies and clear and outhrust methods as the first priority to eliminate pathogenic agents as soon as possible. This is to reduce the damage of the external evil affecting the body and to prevent the further development of the disease. Clinically exterior syndrome contains the wind-cold exterior syndrome, wind-heat exterior syndrome. Thus, its common to use the therapies of warm acrid exterior

resolution, cool acrid exterior resolution. The typical prescriptions include Mahuang Tand, Ramuli Cinnamomi Decoction and Yingiao Powder, and other ingredients [22]. From the angle of symptomatology, we think exterior syndrome is similar with the acute upper respiratory tract infection (AURI), therefore TCM doctors treat AURI with relieving superficies method to identificate patterns. Most clinical studies indicate that exterior-resolving medicinal is effective in treating AURI [23-26]. It is not limited to the improvement of the symptoms of the AURI patients, but also significantly shorten the course and can reduce the recurrence rate.

3.2. The Understanding of Modern Medicine on AURI

AURI is a general designation of acute inflammations caused by viruses or bacteria in the nasal cavity or in the throat [27]. It is also a common clinical infectious disease of respiratory tract, including influenza, and other viral diseases. It was estimated that between 70% and 80% of AURI is caused by viruses [28]. The antiviral drugs merely aim at one or several of the more than 100 kinds of viruses. Moreover, viruses have the characteristics of multifarious hypotypes and fast variability. Therefore, there are difficulties in clinical etiological treatment [29]. In most cases, relieve the symptoms become the first choice, such as symptomatic treatment drugs, antipyretic analgesic and anti-inflammatory drugs, cannot solve the problems radically. Therefore, seeking the effective measures and drugs to prevent AURI has the important practical significance. Yinqiao Powder, with a better clinical effect and the most widely used in the prevention and in the curing of AURI, is usually the first prescription of "Wenbing Tiaobian", at the same time it's an famous exterior-resolving prescription [30,31]. The previous publication described the mechanism of drug action as mainly antipyretic, antiinflammatory, and antiviral [32,33]. However, other studies for example indicates that Yingiao Powder has significant anti-inflammatory and anti-allergic properties [34]. It have been also confirmed that Yingiao Powder can increase the phagocytosis of macrophage [35]. It could not only increase the phagocytic index and phagocytic coefficient in mice, but also could also act against the suppression of humoral immunity induced by cyclophosphamide. Therefore, it can improve the level of serum hemolysin and antibody. However, compared to the chemical drugs, there are no significant advantages of these effects. Therefore, these cannot explain the therapeutic effect of Yingiao Powder in the treatment of AURI. However, people of low immunity such as the aged, children and the weak inborn or after illness have the higher risk than healthy people to AURI. In addition, AURI can recurs easily so that it's difficult to cure in the long run. WHO has confirmed that the lower immunity is the primary cause of suffering from recurrent of AURI.

The respiratory tract is an open organ, therefore it's easy to conect with the external environment including anaphylactogens and biotoxins continuously. With the increased concentrations of harmful substances in the surrounding environment, air pollution became more and more serious. Therefore, the harmful effect of air to the respiratory tract increased gradually, leads to the mucosal epithelium cilia falling off and the clearance function of muco-ciliary declining. Thus, the mucosal immune of the upper respiratory tract decreases and the body immunity decreases as well. This affects the human general health. The mucosal immune system distributing in the respiratory tract and the digestive tract and is the first defense line of human body to defend against bacteria, viruses and other pathogenic microorganisms [27]. Vander's study shows that AURI break out repeatedly is relating to the lower mucosal immune of respiratory tract [36]. The lower SIgA level and decreasing the activity of lysozyme is an imporment condition in the incidence of AURI. These also can lead to the chronic upper respiratory tract infection; even AURI becomes bronchitis, pneumonia or the more serious infections. With the stimulation of pathogenic microorganism, local mucosal immune response is activated, and promoting the secretion of SIgA. The produced SIgA could neutralize the viruses, as well as inhibit the pathogen contacting with mucosal epithelium, at the same time it could work with lysozyme and cause bacterolysis. Epidemiological studies have suggested that AURI occurs all the year round. Considering the reasons, on the one hand, the stimulation of cold leads to the increase of respiratory capillary resistance, the reduction of permeability, and the decrease of SIgA and the lysozyme activity [24]. On the other hand, the dry weather of winter easily causes nasal mucosa breaking, so that it's easily that bacteria and viruses invade body [37]. When the temperature drops, the fallen nasal cavity temperature helps the pathogens invading.

4. THE EFFECT OF YINQIAO POWDER ON AURI

Considering the lower mucosal immunity of respiratory tract is an important condition of AURI, research group imitated the basic feature of human's AURI, taking SIgA and lysozyme as the index, successfully established the mouse model of upper respiratory trace mucosal immunity dysfunction induced by cold stimulation [38]. Then they infected the copied mouse model of upper respiratory trace mucosal immunity dysfunction induced by cold stimulation with bacteria and viruses to observe the effects and the mechanisms of Yingiao Powder. Research group found that Yingiao Powder could not only significantly improve the lysozyme activity but also could enhance the SIgA in the saliva. Afterwards, research team confirmed that Yingiao Powder reduce the mortality rate and prolong survive time. However, the prescription had no protective effect on the upper respiratory tract mucosal immune dysfunction induced by streptococcus pneumonia intraperitoneal injection [39]. Later researchers found that Yingiao Powder could reduce the mortality, prolong survival time and inhibit the lung index of the mice infected by influenza virus.

5. CONCLUSION

In summary, Yinqiao Powder has good effect on the mouse model of upper respiratory trace mucosal immunity dysfunction induced by cold stimulation with bacteria and viruses. Therefore explaining the clinical effects of prevention and treatment of AURI of Yinqiao Powder can not only using antibacterial and antiviral. The actions of Yinqiao Powder on AURI may be considered in relation to the improvement of the function of upper respiratory mucosal immune system.

6. ACKNOWLEDGEMENTS

This work was supported by the youth projects of Yunnan Province science and technology plans (2013FD035) and the Venture Capital Fund of traditional Chinese Medicine education of Yunnan Baiyao and Yunnan University of Traditional Chinese Medicine (YB2014Y02. We sincerely thank Prof. Zeng Nan of Chengdu University of Traditional Chinese Medicine for the support and help.

REFERECES

- [1] Zhang AH, Wang XJ. Metabolomics Study of Traditional Chinese Medicine[J]. World Science and Technology-Modernization of Traditional Chinese Medicine 2013; 15: 643-7.
- [2] Zhang ZJ. Thinking of some problems on the theory of visceral outward manifestation of TCM. J Trad Chin Med 2009; 50: 393-6.
- [3] Ren XL. To discuss the methods of the experience rising to the theory in the TCM. China J Trad Chin Med and Pharm 2012; 27: 1738-41.
- [4] Guo YM. Progress of TCM Syndrome Classification. Chinese Journal of Information on Traditional Chinese Medicine 2011; 18: 106-9.

- [5] Liu F, Yang YS. The characteristics, value and significance of TCM syndrome differentiation and treatment. Acta Chin Med and Pharcol 2009; 37: 100-1.
- [6] Yang ZH, Hong YQ, Shen Sw, et al. The Status and Evaluatoin Research Methods Progress for Clinical Therapeutic Effects Evaluation of TCM. Chin Arch Trad Chin Med 2010; 28: 1193-5.
- [7] Zhi YJ, Xie YM, Weng WL, et al. Modeling of TCM Clinical Complex Intervention Evaluation. Modernization of Traditional Chinese Medicine and Materia Media- World Science and Technology 2007; 9: 25-30.
- [8] Li W. Discussing Characteristic of Therapeutical Principle and Effect in Differentiation of Symptoms and Treatment. J Henan Univ of Chin Med 2009; 24: 7-8.
- [9] Huang BQ, Qu C, Xiang S, *et al.* Study of TCM differentiation of syndrome pattern elements. Journal of TCM Univ. of Hunan 2013; 33: 24-31.
- [10] Chen JX. Current status and Prospect of TCM syndromes and syndrome differentiation system. J of Beijing University of TCM 2001; 24: 3-8.
- [11] Pang T. The information of TCM "four kinds of diagnoses". E-Healthcare 2011; 9: 30-4.
- [12] Peng J, Wu P, Lu AP. Approaches on Syndrome Standardization from Differentiation and Treatment on Dominant Diseases of TCM. Chin J of Information on Trad Chin Med 2001; 8: 9-11.
- [13] Zhang D. Rethinking the theory of TCM disease. J Trad Chin Med. Chinese Medicine 2004; 45: 555-6.
- [14] Yang N, Zhao JH. Clinical research on different diseases (phlegm and blood stasis syndrome) based on traditional Chinese medicine. China Prac Med 2014; 9.
- [15] Zhang D. Rethinking the theory of TCM disease. J Trad Chin Med 2004; 45: 555-6.
- [16] Ha H. Discussion on "Different disease in same treatment" and "Same disease different treatment". Forum on Traditional Chinese Medicine 2012; 27: 44-5.
- [17] Zhou NN, He XS, Li XF, et al. multiple ways enhancing the teaching quality of pharmacology of Chinese materia medica. Journal of Yunnan College of Traditional Chinese Medicine 2008; 31: 68-75.
- [18] Wang XY, Yang J, An DQ. New Exploration on the curriculum construction of pharmacology of Chinese materia medica. Chin J Ethnomed Ethnopham 2013; 22: 26-7.
- [19] Wu XY, Wang TF, Gao L, *et al.* Courses of basic theory of TCM syndrome differentiation and treatment. Educ Chin Med 2014; 33: 9-11.
- [20] Liu P. Development of the integrated TCM hepatology with Western medicine. J Chin Integrative Med 1: 81-3. http://dx.doi.org/10.3736/jcim20030201
- [21] Zhu WF. Chinese medical diagnostics, the second edition of new century. Beijing: Chinese press of traditional Chinese Medicine 2007.
- [22] Zhou ZY. Chinese internal medicine, the second edition of new century [M]. Beijing: Chinese press of traditional Chinese Medicine 2011.
- [23] Guan YM. Analysis of the effect of Yinqiao Powder on acute upper respiratory tract infection. Mod Diagn Treat 2013; 24: 2921-22.

- [24] Jiao ZL. Observation of the effect of Yinqiao Powder on acute upper respiratory tract infection. China Foreign Medical Treatment 2013; 32: 115-6
- [25] Ding P. Effect observation of addition and reduction of Yinqiao powder treating acute upper respiratory tract infection. Chin Modern Med 2013; 20: 127-8.
- [26] Wang TE. The Pharmacological research and clinical observation of Yinqiao Powder on externally contracted heat disease. World Latest Medicine Information (electronic edition) 2013; 13: 81-2.
- [27] See H, Wark P. Innate immune response to viral infection of the lungs. Paediatr Respir Rev 2008; 9: 243-250. <u>http://dx.doi.org/10.1016/j.prrv.2008.04.001</u>
- [28] Qian GS. Acute upper respiratory tract infection. Health Medicine Research and Practice in Higher Institutions 2005; 2: 4-5.
- [29] Little P, Moore M, Kelly J, et al. Ibuprofen, paracetamol, and steam for patients with respiratory tract infections in primary care: pragmatic randomised factorial trial. BMJ 2013; 347: f6041. <u>http://dx.doi.org/10.1136/bmi.f6041</u>
- [30] Xia BH, Wang ZM, Lin LM, et al. Pharmacological Advances in the Study of Lonicerae Flos, Forsythiae Fructus and Their Combination. Chin J Exp Trad Med Formul 2009; 15: 80-82.
- [31] Shi Y, Shi RB, Liu B, ETAL. Studies on Antiviral Flavonoids in Yinqiaosan Powder. Chin J of Chinese Materia Med 2001; 26: 320-2.
- [32] Liu YX, Li Y, Huo BJ. Experimental study of lonicerae and forsythiae powder with and without kakuda figwort root on body temperature of rats and the mechanism of decomposition heat. Hebei J of Trad Chin Med 2010; 32: 594-7.
- [33] Wang JF, Shi ZG. Manifestations of Healthy Qi-strengthening and Pathogen-eliminating Function of YinQiao Powder in Treating Infectious Diseases of Pediatrics Department. Western J of Trad Chin Med 2015; 2: 42-3.
- [34] Zhou YP. The research on the pharmacodynamics of Yinqiao antidotal tablet. Chinese Traditional Patent Medicine 1990; 12: 22-5.
- [35] Feng JL, Ma XX, Zhou CJ, et al. Lab Study of Three Methods of Diaphoresis Relieving Superficies on Immune Function of Mice[J]. World J of Integrated Tradit and Western Med 2007; 2: 268-70.
- [36] Vander Pol W, Vidarsson G. Pneumococcal capsular polysaccharide-specific IgA triggers efficient neutrophil effector functions via FcaRI(CD89). Infect Dis 2000; 182: 1139-1145. http://dx.doi.org/10.1086/315825

<u>Intp://dx.doi.org/10.1000/315825</u>

- [37] Davis SS. Nasal vaccines. Adv Drug Deliv Rev 2001; 51: 21-42. http://dx.doi.org/10.1016/S0169-409X(01)00162-4
- [38] Li X, Lei N, Duan XH, *et al.* A mouse model of upper respiratory trace mucosal immunity dysfunction induced by cold stimulation. Chin J Pathophysiol 2011; 27: 1662-4.
- [39] Lei N, Li Y, He FY, et al. Effect of Prescription with Function of Relieving the Exterior Syndrome on Upper Respiratory Tract Infection in Mice Model through Regulating Mucosal Immunity. Chin J Exp Trad Med Formulae 2013; 19: 174-7.

Received on 13-03-2015

Accepted on 25-06-2015

Published on 28-07-2015

DOI: http://dx.doi.org/10.6000/1927-3037.2015.04.02.2

© 2015 Liu et al.; Licensee Lifescience Global.

This is an open access article licensed under the terms of the Creative Commons Attribution Non-Commercial License (<u>http://creativecommons.org/licenses/by-nc/3.0/</u>) which permits unrestricted, non-commercial use, distribution and reproduction in any medium, provided the work is properly cited.