THE TREATMENT OF ATOPIC DERMATITIS (ECZEMA) WITH TRADITIONAL CHINESE HERBS

BY

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SPRING 2007
Hello, first I would like to introduce myself. My name is Matthew Frey. I am a licensed acupuncturist in the state of Oregon and am in my first year of practice. I graduated from the Oregon College of Oriental Medicine in September of 2007 with a masters in Chinese Medicine and have my undergraduate degree in religious studies from San Diego State University. I am here today to talk about atopic dermatitis and its treatment with Traditional Chinese Medicine, specifically Chinese herbs. I have a direct interest in atopic dermatitis because I too suffer from it and know what it is like to live with a chronic skin disorder. My goal in this presentation is to review what atopic dermatitis is, what is its cause, and what is the standard of care from a Western Biomedical perspective. I will then look at atopic dermatitis from a Traditional Chinese Medicine understanding. Hopefully this will reveal some new insight into possible treatment strategies in areas where Western Biomedical treatment is lacking. In America, we are fortunate enough to have access to many different cultures and belief systems. An integration of both our medicine and Chinese medicine means more possibilities for healing and an increase in the quality of life for all of us. This is my intention that this presentation attempts to manifest.

WESTERN BIOMEDICAL TREATMENT OF ATOPIC DERMATITIS

Atopic dermatitis is a chronic inflammation of the skin that is also known as eczema. The word atopic refers to a disease that has an inherited tendency to develop into an allergic condition like hay fever or asthma. Dermatitis refers to a superficial inflammation of the skin with redness, swelling, scaling, oozing, and crusting. (Beers, 2006)

Epidemiology & Morbidity of Atopic Dermatitis

To get a clearer understanding of the prevalence and problem of atopic dermatitis, I am going to review some of the recent epidemiological studies for the disease. It is estimated that over 15 million people in the United States have atopic dermatitis and that 10-20% of all visits to the dermatologists are for eczema like symptoms. The largest population affected by this disease is infants and young children with 20% developing atopic dermatitis. Of this 20%, 65% will develop the disease within their first year of life, while 90% before the age of five. Although prevalent, this is not only a childhood disease since 60% of all infants with atopic dermatitis will continue to show symptoms into adulthood and many for the rest of their lives (Cono, 2003).

In one research study, data was collected from three years to compare the change in rate of childhood eczema in the United States. 5.1% of children born in 1946 had atopic dermatitis. The number increased to 7.3% in 1958 and to 12.2% in 1970. As mentioned earlier the rate today is estimated at over 20%. This means that the rate of childhood atopic dermatitis has quadrupled in the last sixty years (Helmer, 2005). One possible factor for this continued increase may be research showing that atopic dermatitis is more common in urban areas and developed countries with smaller families and hyper clean indoor living environments. This in combination with an early use of vaccinations and antibiotics deprive children from early exposure to bacteria, viruses, and allergens that help to build tolerance and suppress an immune response later in life (Beers, 2006).

Societal costs of atopic dermatitis have not been compiled although one research study determined that insurance companies in the United States spend $1 billion dollars a year on the disease. This is approximately $580 to $1250 dollars per patient per year (Cono, 2003).

Etiology of Atopic Dermatitis

According to the Merck Manual, the etiology of atopic dermatitis is still unknown (Beers, 2006). There are many new theories currently being proposed on what may be the true cause and accompanied factors to predispose someone to this disease. The leading theory postulates that
eczema is an autoimmune response to the body’s own tissues (skin). This malfunction of the immune system is triggered by some type of allergen or inflammation in the body that activates a T-cell immune response. This IgE mediated allergic response is similar to what is occurring during an asthma attack. 70-80% of all IgE mediated cases of atopic dermatitis are of the extrinsic type while the remaining 20-30% are of the intrinsic type (Beers, 2006). Another recent discovery found that people with atopic dermatitis have low levels of a particular cytokine that is essential to a normal functioning immune system. This possible genetic deficiency along with an increase in other pro inflammatory cytokines leads to an auto immune response against the body’s own skin (Cono, 2003).

This leads us to the first predisposing factor of atopic dermatitis, genetics. It is clearly seen that this skin condition runs in families with an increase in risk of development if one’s parents have the disease. This also includes a history of childhood asthma, hay fever, and other allergies within a family. A child with atopic dermatitis is more likely to develop other allergic diseases like asthma and hay fever later on in life (Helmer, 2005).

Environmental factors also play a large role in the development and management of atopic dermatitis. This is usually the trigger that activates the auto immune response. Airborne particles like pollen, dust mites, molds, animal dander, air pollution, and cigarette smoke are common triggers. Food is also a trigger, especially in children. Soy, wheat, eggs, dairy, peanuts, and seafood should all be avoided (Beers, 2006). Emotional factors are also involved in the triggering of the immune system. Any type of stress increases the body’s inflammatory compounds and decreases its ability to deal with outside stressors.

Pathophysiology of Atopic Dermatitis

Atopic dermatitis is an itchy and inflamed rash of the skin that can present in any number of different combinations of symptoms. These include pruritis (itching), papules (raised superficial lesions), vesicles (raised lesions containing clear fluid), erythema (redness), xerosis (dryness), lichenification (thickening of skin due to scratching), fissures (cracking), crusting, exudation, scaling, and bleeding (Helmer, 2005). Common sites of the lesions include the face, eyelids, ears, neck, in the poplitial fossae behind the knees, in the antecubital fossae inside the elbows, and the hands and feet (Beers, 2006).

One complication often overlooked with atopic dermatitis is secondary infections at the site of the lesion. Usually this is bacterial (staphylococcus or streptococcus) or viral (warts or cold sores) in nature. One reason for this is that the skin of a person with atopic dermatitis is often dry due to the inflamed lesion. This loss of moisture reduces the epidermal layer’s natural protection against infection. There is also a compromised immune system at the site due to its allergic response (Cono, 2003).

There are three major stages to atopic dermatitis; infant, childhood, and adult. Each one has a slightly different presentation. An infant’s lesions start as a patchy facial rash, usually around the cheeks and chin and can progress to red, oozing, scaling lesions. There is often a secondary infection at this stage and can also spread to the inner and outer parts of the arms and legs with crawling and increased skin exposure to the environment (Cono, 2003). Childhood atopic dermatitis lesions form papules that become hard with much scaling, cracking, and dryness. They usually present behind the knees and elbows, the sides of the neck, around the mouth and lips, and the wrists, ankles, and hands. After childhood the disease often resolves on its own, only to return around puberty or adulthood with changes in hormone levels and increased emotional stress (Cono, 2003). In adult atopic dermatitis the lesions are similar to childhood but with an increase in lichenification and scaling. Common sites are dorsum of the hands, the neck,
the nipples, and behind the knees and elbows. In severe cases there can often be skin
discoloration especially around the neck (dirty neck syndrome). Most cases of adult atopic
dermatitis have a history of infant or childhood outbreaks but can show for the first time in
adults. At this stage the disease can be a lifelong affliction with bouts of flare-ups and
remissions (Helmer, 2005).

The diagnosis of atopic dermatitis is clinical. It involves an itchy skin lesion with the typical
morphology listed above. The pattern distribution in infants and children is usually facial and
extensor eczema. For adults it is usually flexural eczema. The disease is usually chronic in
nature, with a personal or family history of the disease. Other accompanying features used in
diagnosis include an early onset in life, xerosis, and secondary cutaneous infections (Beers,
2006). There are also a few lab tests that can be used to help in the diagnosis of atopic
dermatitis. Allergy skin prick tests are used to test suspected allergens against a patient’s skin to
see if it triggers a flare up. A blood test can also show elevated IgE levels that indicate that there
are allergic antibodies floating around in the bloodstream creating inflammation. Although
people with atopic dermatitis often test positive for both of these tests it is not a true diagnosis
(Cono, 2003).

There are precipitating factors that trigger a flare up of atopic dermatitis. They include the itch
scratch cycle, emotional triggers, environmental irritants, food sensitivities and allergies, and
poor skin care. The itch scratch cycle is a constant problem with atopic dermatitis and needs to
be controlled if improvement in the condition is to be expected. It begins with another trigger
factor that irritates the skin. This causes pruritis and the patient scratches the skin, tearing off the
outer protective layer of the epidermis. The skin is more sensitive to triggers and dries out even
more. New triggers increase the itch and the scratching continues a vicious cycle that if severe
can lead to bleeding and secondary infections (Helmer, 2005). The constant pruritis and visible
skin lesions can cause serious stress and mental emotional disturbances to the patient. There is a
lack of confidence, low self esteem, and possible insomnia due to the itching (Helmer, 2005).
All this puts further strain on the immune system, often triggering more flare ups.

Environment factors can also be a significant trigger to atopic dermatitis flare ups. In the home,
wool or synthetic fibers including clothing, bedding, furniture, and carpets can irritate the skin.
Dust mites, animal dander, cigarette smoke, mold, fungus, sand, damp air, air pollution, and
plant pollens are all airborne irritants. These can be minimized by keeping the home clean and
free from dust with frequent cleaning and washing with hot water and hypoallergenic cleaners.
Chemical based soaps and detergents can further dry the skin and cause increased irritation
(Beers, 2006).

Food sensitivities and allergies are also a major part of atopic dermatitis. In 2003, the World
Allergy Congress stated that 38% of infants and children with atopic dermatitis had an
underlying food allergen. The earlier in life and the greater the severity of atopic dermatitis in
infants means the greater the likelihood that food allergies are involved. Infants with the disease
have a four times greater risk of being sensitive to milk and eight times greater risk of being
sensitive to eggs than infants without atopic dermatitis. The most common food triggers are milk
dairy), eggs, wheat, peanuts, soy, and seafood (Helmer, 2005).

Proper skin care is also another precipitating factor. Keeping the skin washed and clean helps
with secondary infections. This must be combined with appropriate moisturizing afterwards.
Anything that over dries the skin, including a cold dry environment and excessive heat can dry
out and irritate the skin. In contrast, excessive moisture from sweating and oily skin can also
trigger flare ups (Cono, 2003).
Biomedical Treatment Strategies & Outcomes

Biomedicine has many different types of treatment for atopic dermatitis, all with varying degrees of success. These can be divided into three major treatment strategies; topical treatment, internal treatment, and preventative treatment. Topical corticosteroids are the standard of care to which all other external and internal treatments for atopic dermatitis are compared. They are the most frequently prescribed for both acute and chronic flare ups. Long term use is usually intermittent to lessen the possible side effects. Although topical corticosteroids are widely accepted, the research is limited regarding optimal dosage, concentration, and duration of use (Hanifin, 2003). This makes it difficult to avoid possible cutaneous complications including striae (stretch marks of the skin), atrophy (wasting away of the skin), telangiectasia (abnormal dilation of superficial capillaries, spider veins), and tachyphylaxis (decreased tissue response to repeated applications).

Topical antibiotics are also commonly used for atopic dermatitis. This is usually prescribed to control a secondary skin infection like staphylococcus aureus. Although effective for this use, topical antibiotics have minimal effect on atopic dermatitis. Topical immunomodulators are a new class of drugs for atopic dermatitis that have been in use for the past five years. Their major action is to suppress an immune response at the site of the lesion. Initial studies have shown them to be effective but this is not without its share of side effects. This year the FDA released a warning that both pimecrolimus (Elidel ointment) and tacrolimus (Protopic ointment) may pose a possible risk of skin cancer and are not recommended for children under two years of age (“2006 Safety Alerts”, 2006). This has limited their use to extreme cases when other treatments have been unsuccessful. Other topical emollients are often prescribed to help the skin remain moist. This creates a natural protective barrier against possible airborne triggers and secondary infections. Another topical treatment is UV (ultraviolet) phototherapy. Short term use has been effective for controlling atopic dermatitis, but usually relapses after stopping treatment. Side effects include premature skin aging and possible skin cancer (Cono, 2003).

Internal treatment for atopic dermatitis uses the similar strategies of topical applications yet can have a stronger effect on chronic and difficult cases. Systemic corticosteroids taken internally can effectively control atopic dermatitis. Patients have shown positive short term effects but there is no current research to support its use, especially with the many possible side effects including blindness, GI upset and pain, muscle weakness, edema, and depression (PDR, 2006). The internal use of antibiotics may be used to control a secondary infection but have little effectiveness in controlling atopic dermatitis directly (Ainley-Walker, 1998). Systemic immunomodulators can also be taken internally. There is some evidence to support the use of cyclosporine A and interferon gamma for severe atopic dermatitis (Sowden, 1991; Jang, 2000), but their use may be limited by many side effects including internal bleeding, seizures, vomiting, high blood pressure, kidney damage, and liver problems (PDR, 2006). Antihistamines can also be used internally to control pruritis and urticarial like symptoms. There is little research to support this use, but they can be effective for the accompanying allergic symptoms associated with atopic dermatitis like watery, itchy, red eyes, a stuffy and runny nose, and insomnia (Wahlgren, 1990).

Since there is no “cure” for atopic dermatitis, preventative measures can be very helpful in the long term control and management of this often chronic disease. As mentioned earlier, the avoidance of all dietary and airborne allergens can limit the severity of flare ups. There is also some interesting research on the use of probiotics during pregnancy and nursing that may delay the onset of childhood atopic dermatitis (Rautava, 2002). Prolonged breast feeding after birth has also been shown to delay onset (Bergmann, 2002). Although there has been some research showing that people with atopic dermatitis have low levels of essential fatty acids, the supplementation of fish oil, borage oil, and evening primrose oil have not shown substantial
effectiveness (Henz, 1999). The management of emotional stress is also a major component in the prevention and control of atopic dermatitis. This can be helped by having the patient be well informed about their disease and its possible causes along with a good working relationship with their primary physician. Family and friend support can also be helpful in developing healthy lifestyle changes. A psychologist or councilor may also be necessary if their severe emotional stress, anxiety, or self esteem issues that accompany the disease (Cono 2003).

Review of Biomedical Research

The standard of care for atopic dermatitis is topical corticosteroids. In this section I will review some of the strongest evidence to support its use from a few RCT’s (randomized controlled trials). In the Journal of the American Academy of Dermatology, Friedlander et al. (2002) published a study on the use of fluticasone propionate cream on children ranging in age from three months to six years old. The focus was to find a safe level of use with a moderate potency topical corticosteroid for children with severe atopic dermatitis. The trial was carried out with a topical application of fluticasone propionate cream applied two times a day for three to four weeks directly on the affected lesions. Cortisol levels were measured before and after the treatment period as one marker for possible side effects. The results revealed that only 2 of the 43 children showed significant cortisol level changes and that there were no significant adverse cutaneous effects noticed after the four weeks. The authors concluded that fluticasone propionate cream appears to be safe with daily use for up to four weeks in children three months of age and older (Friedlander, 2002). This study is helpful in establishing safe parameters in which to prescribe topical corticosteroids based on age and length of use.

Another RCT on fluticasone propionate cream was published by Hanifin et al. (2002) in the British Journal of Dermatology. The focus of this study was to see if intermittent use of a topical corticosteroid could reduce a flare up in symptoms. The trial began with 247 children and 125 adults ranging in age from 3 months to 65 years with acute outbreaks of atopic dermatitis. Fluticasone propionate cream was used two times a day for four weeks to stabilize the disease and decrease symptoms of pruritis and erythema. After this time 231 of the 247 children and 117 of the 125 adults with significant improvement continued on with intermittent treatments in an attempt to avoid and prevent further flare-ups. The dosing schedule was a topical application one time a day, four days a week for four weeks, then one time a day, two days a week for another 16 weeks. The results showed that adults were 7.7 times and children 8.1 times less likely to have an atopic dermatitis relapse than when compared to the placebo group (Hanifin, 2002). This study demonstrates the effectiveness of using topical corticosteroids for acute outbreaks of atopic dermatitis and also the management of the remission stage. Further long term studies will need to be done to ensure the safety of using this treatment yearly for chronic atopic dermatitis.

From the evidence found in the above studies, topical corticosteroids seem to be a logical choice for the treatment of acute outbreaks of atopic dermatitis. What about their long term effectiveness for the treatment of chronic atopic dermatitis? What about the side effects with long term use? In Britain, Charman et al. (2000) interviewed 200 people with chronic atopic dermatitis between the ages of 4 months and 68 years about their concerns and fears over using topical corticosteroids. The findings revealed that 72.5 % of them worried about side effects that their use had on their own or their child’s skin. This motivated 24 % of them to be non-compliant with using them for treatment. 34.5% worried about the risk of skin thinning and 9.5 % worried about systemic affects on future growth and development (Charman, 2000). This study gives an interesting picture of a patient’s perception of what it is like to live with atopic dermatitis. Another study stated that more than 50 % of atopic dermatitis sufferers are not satisfied with their current treatment for the disease (Paller, 2002). Several studies have shown
that sufferers from atopic dermatitis usually have a lower quality of life than other people with other skin diseases like acne and even psoriasis (Helmer, 2005). This has a tremendous impact on a person’s mental and emotional health and greatly affects their ability to heal and live with this chronic disease. These facts make it clear that much more can still be done with the current treatment and management of atopic dermatitis. This is where Traditional Chinese Medicine has something to offer.

TRADITIONAL CHINESE HERBAL TREATMENT OF ATOPIC DERMATITIS

History of Traditional Chinese Medicine
(Cai, 2002; Cheng, 2004; Kaptchuk, 2000)

Traditional Chinese Medicine has two distinguishing features that flow throughout its theory and practice. First is the idea of viewing the body as an organic whole. This is the concept of holism. It states that every process within the human body has some type of effect on the rest of the system. An example of this is the process of digestion. Many dynamic forces are coming together and being affected by the simple act of eating. It all starts with the sense organs of taste, smell, sight, and touch. This leads to saliva in the mouth, chewing the food, the stomach breaking down the food, the small intestine further digesting and absorbing the food, and the large intestine further absorbing fluids and excreting the waste. The emotions can also stimulate the sympathetic/parasympathetic nervous system to either help or hinder this process. The food being absorbed can also have a positive or negative effect on the body and the emotions. The body is a dynamic and complex system in which all of its parts are working on maintaining a relative balance.

The concept of holism also means that each person is a unique individual with a unique constitution and physiology. Although Western Biomedicine has created detailed maps of the anatomy and physiology of the human body, it is still unable to explain why each person reacts differently to the same external forces. This can easily be demonstrated by taking a number of people of the same age and exposing them to the same amount of cigarette smoke. All will develop lung diseases at a different rate and of a varying severity. It could range from a simple cough to lung cancer. Each person is a unique conglomeration of many forces that create both individual strengths and weaknesses.

The concept of holism can be expanded further to each individual’s connection with their external environment. We do not live in isolated bubbles that are immune to the world and what is happening around us every day. The Chinese believe that any change to the outer world will have a direct effect and reaction on our inner world. This is most easily seen in the daily changes in the weather and the yearly changes in the seasons. They have a direct impact on each of us in unique ways. People living in a place with less than 100 days of sunshine are more likely to suffer from seasonal affective disorder. People living in a very damp environment are more likely to develop arthritis-like disorders. The long days of summer bring more energy and vitality while the dark days of winter bring less energy and a desire to sleep more. These effects are taken seriously by practitioners of Traditional Chinese Medicine and always looked at as part of this concept of holism.

Traditional Chinese Medicine’s second distinguishing feature is the method in which it treats disease based on differentiation of syndromes. A syndrome is a more complete summary of a patient’s condition. Besides being a list of symptoms, it also includes the possible root causes, location, and nature of the disease. Treatment according to syndrome differentiation means that Traditional Chinese Medicine does not simply treat the symptoms of a disease but also diagnoses and treats the root cause.
The concept of syndrome differentiation also means that a practitioner may treat the same disease with different methods or treat different diseases with the same method. This is easier to understand by giving a few examples. Western Biomedicine would treat all flu the same way, usually with antibiotics. Traditional Chinese Medicine would differentiate the type of flu the individual was experiencing and treat it accordingly. If cold symptoms predominated, the flu would be treated by warming the body and driving out the cold. If heat symptoms predominated, the flu would be treated by clearing heat and cooling the body. Another example would be the treatment of headaches and hypertension. From a Western Biomedicine point of view, each of these diseases would be treated very differently. In Traditional Chinese Medicine theory, both of these diseases could actually be symptoms of what they call liver fire disturbing the upper part of the body. Two different patients, one with a headache, the other with hypertension, would be treated very similarly for liver fire. Syndrome differentiation is the key to diagnosis in Traditional Chinese Medicine.

Theory of Traditional Chinese Medicine

Now that we have covered the two distinguishing features of Traditional Chinese Medicine, I would like to go deeper into some of its major theories. Each theory can be understood as a different paradigm or way of looking at and understanding the human body and disease. One theory is not necessarily more correct or accurate than another. There are no absolutes in Traditional Chinese Medicine, only relative absolutes. This is possible because the very structure of these core theories allows room for new discoveries and ideas. The fundamental nature of the body and our world is in a constant state of change. Often times with syndrome differentiation, different filters or lenses (theories) are laid on top of each other to get a broader and clearer view of what may be happening within the body. Each individual can be viewed from any number of these lenses. Sometimes only one theory is used. Sometimes seemingly contradictory theories are used together. All of this “illogical” behavior is a part of Traditional Chinese Medicine and one of the reasons that it is not only a science but also an art. Within this flexible framework of theories, the medicine can be practiced differently from practitioner to practitioner. This diversity is the beauty and the power of this medicine.

Yin Yang Theory

Yin and yang is one of the core theories of Traditional Chinese Medicine and also Chinese Taoist philosophy. It explains the basic relationships, patterns, and changes found in the universe. It is a dialectical logic of two complementary opposites. Yin Yang theory is similar to, but not the same as our Western understanding of the dualism between good and evil. In this relationship the two parts are distinct and separate from each other. It is an either/or, black or white relationship that is in opposition. Yin and yang are in an opposite interpenetration of relative balance. You cannot have one without the other and vice versa. This way of looking at our world is actually an entirely different belief system from our own. In this philosophy there is no concept of evil opposing good. Nothing is inherently bad or good. They are simply two sides of the same coin. All that exists has a relative balance of both yin and yang. The original translation of yin is the shady side of the mountain. Some words to describe it include darkness, interior, cold, inward moving, decline, female, and contraction. Yang is the sunny side of the mountain. It is light, exterior, heat, outward moving, increase, male, and expansion. Yin and yang are the two aspects that govern the growth and decline, development and decay of all things in our world. This theory is the fundamental law of the universe that explains all change.

There are four major principles to yin yang theory. First, all things in nature contain both yin and yang and are in constant interaction and opposition to each other. Second, both yin and yang
are interdependent of each other. If there is yin there is yang and vice versa. Third, there is a relative and dynamic equilibrium between yin and yang. It is not a fixed balance but a state of continuous movement and change. Henceforth, both yin and yang can mutually transform into the other. If yang becomes too extreme or excess, it naturally becomes yin and vice versa.

In the human body yin yang theory is used to help understand basic anatomy and physiology as well as pathology. Some examples of this characterize yang as the upper part, back, and lateral sides of the body, the surface of the body, and the extremities. Yin is the lower part, front, and medial sides of the body, the interior of the body and the trunk. In pathology, yang is hot, exterior, excess, and acute while yin is cold, interior, deficient, and chronic.

Five Element Theory

The five element theory is another filter to view the human body. It states that there are five fundamental substances, energies, patterns, functions, or phenomena that make up nature. They are wood, fire, earth, metal, and water. Everything that exists can be categorized into one of these fundamental phases. They originally came into existence from observations with nature and the interactions of these substances within it.

Each element has many characteristics which help to grasp their differences. Wood is the color green. It is spring, the east, a sour taste, the wind, and is connected to the liver and gall bladder organs. Fire is the color red. It is summer, the south, a bitter taste, heat, and is connected to the heart and small intestine organs. Earth is the color yellow. It is late summer, the center, a sweet taste, dampness, and is connected to the spleen and stomach organs. Metal is the color white. It is fall, the west, an acrid taste, dryness, and is connected to the lung and large intestine organs. Water is the color black. It is winter, the north, a salty taste, cold, and is connected to the kidney and bladder organs.

These patterns created the star or pentagram configuration with an element at each point. Starting with wood at the top, the elements run clockwise in a closed circle or circuit. This is known as the generating or promoting cycle and is used to see how each element gives birth and engenders the next. Wood feeds the fire, fire warms the earth, earth contains metal, metal contains water, water feeds wood. In pathology one element may not fully nourish the other leading to a deficiency. An example of this is the earth (spleen) failing to nourish the metal (lung). A spleen deficiency will eventually lead to a lung deficiency.

If a star is drawn within this circle, a pentagram is created. These relationships are the controlling cycle. Wood controls earth, earth controls water, water controls fire, fire controls metal, and metal controls wood. The controlling cycle restricts one element from developing an excess in relation to the other elements, creating equilibrium. In pathology, the controlling cycle can be too strong creating an overacting relationship on the other element. An example is that wood (liver) usually controls the earth (spleen). If the liver becomes too excess from emotional upset, it will overact on the spleen and upset digestion.

Six Climatic or Exogenous Factors

The six climatic factors is another filter to view the human body. As with many Traditional Chinese Medicine theories, this one also has a direct relationship with nature. The six climatic factors are wind, cold, fire, damp, dryness, and summer heat. Each one of these is a part of the weather, and connected with a season. Wind is connected to the spring and has symptoms that come and go and manifest quickly and abruptly. It is the leading pathogen, since all the other exogenous factors rely on it to attack the body. Cold is connected to the winter and has
symptoms of obstruction and pain. Dryness is connected to the fall and has symptoms of depleted body fluids. Fire is connected to the summer and has symptoms of consumed yin, skin rashes, and flaring up. Damp is connected to the late summer and has symptoms of stagnation, heaviness, and sluggishness. Summer heat is connected to the late summer and has symptoms of high fever with sweating and thirst. It is understood that a person is more susceptible to these exogenous factors during the time of their excess. For example, in the fall one is likely to develop a cold or flu with symptoms of dryness like dry skin, throat, eyes, and lungs.

Seven Emotions

The seven emotions is another filter to view the human body. While the six climatic factors are the major cause of exterior disorders, the seven emotions are the major cause of internal disorders. They are anger, over joy, worry, grief, melancholy, fear, and fright. Each one is connected to one of the five organs or elements. The liver rules anger, the spleen rules worry, the heart rules joy, the lung rules grief and melancholy, and the kidney rules fear and fright. When in relative balance, all of the seven emotions are healthy aspects of a person. It is normal to experience them all at different times in one’s life. The liver is responsible for regulating and controlling these emotions. When it is not functioning properly, there may be an excess or deficiency creating disease. An example of this theory is when one is overcome with extreme grief and sadness, they will likely develop lung disorders.

Eight Principles

The eight principles theory is another filter to view the human body. It differentiates disease into eight divisions. These are yin or yang, interior or exterior, cold or hot, and deficiency or excess. Yin and yang are the basics and can be used to describe the other three divisions. Yin syndromes tend toward interior, cold, and deficiency. Yang syndromes tend toward exterior, hot, and excess. Exterior syndromes have symptoms that affect the surface of the body while interior syndromes have symptoms that affect the internal organs of the body. Cold syndromes are made worse with cold and have a blue, purple, or pale white appearance. Heat syndromes are made worse with heat and have a red, inflamed appearance. Deficient syndromes are usually chronic in nature and have signs of weakness of organ function, or a lack of essential fluids like qi and blood. Excess syndromes are usually acute in nature and include the pathological factors of heat, cold, dryness, wind, phlegm, dampness, and stagnation.

Zang Fu Organ Theory

Zang fu theory is a system for understanding the major organs and their relationships within the human body. Zang is a term to refer to the five major internal organs of the body; the heart, lung, liver, spleen, and kidney. The fu is a term to refer to the six major organs of digestion; the stomach, small intestine, large intestine, gallbladder, bladder, and triple burner. There is also a minor set of organs called the extraordinary organs; the gall bladder, brain, marrow, bone, vessels, and uterus.

The function of the zang organs is to store and engender qi and blood. The heart is the emperor and governs all the other organs. It also houses the shen or spirit and controls consciousness. The lung descends and disperses the qi, regulates water metabolism, and controls respiration and the qi of the whole body. The spleen transforms and transports food and water, lifts the qi, and controls the blood in the vessels. The liver controls the smooth flow of qi, aids in digestion, stores blood, and regulates the emotions. The kidney stores the essence, regulates water metabolism, and grasps or receives the qi.
The function of the fu organs is to contain, digest, and transport food and water. The stomach receives and digests food and descends the qi. The small intestine receives and further digests the food by separating the clear from the turbid. The large intestine receives and excretes the waste and absorbs excess body fluids. The gall bladder stores bile and aids in digestion. The bladder stores and discharges urine. The triple burner commands qi of the whole body and encloses all of the other organs.

Qi, Blood, Body Fluids, and Essence

Traditional Chinese Medicine recognizes four basic substances within the body; qi, blood, body fluids, and essence. This theory states that all of these substances are essential to life. Pathologically they show up as deficiency, stagnation, and abnormal movement. Qi is the most difficult for the Western mind to conceptualize. Some common translations include energy, electricity, movement, tension, and activation. It is the motive force of the universe. Qi has three major sources. Congenital qi (yuan qi) comes from our parents at conception. Nutrient qi (gu qi) comes from the body’s digestion of food and water. Pectoral qi (zong qi) comes from the air we breathe in. Qi has five major functions in the body. It promotes the growth and development of the body, it warms the body, it defends the body from external pathogen invasions, it controls or holds all of the other vital fluids in the body, and it regulates the metabolism of the body.

The best way to understand qi is by direct experience. Let’s give it a try right now. Sit quietly with your eyes closed. Concentrate on your breathing for a few moments. When ready, bring your hands out in front of you, palms facing each other. Hold them approximately six to nine inches apart. Visualize a warm ball of qi or energy gathering between your palms. Begin to feel this subtle force push up against your hands. When ready gently move your hands in and out a bit, feeling the texture and movement of the qi change. Now try to compress the qi together as your hands come together. Move this concentrated qi ball down to your lower abdomen. When you are ready you can open your eyes. This is qi!

Blood is another vital substance. It is created from a combination of nutritive qi from food and body fluids. Blood is stored in the liver and circulates throughout the body in the blood vessels to nourish the organs, bones, tendons, muscles, and skin. It also has a close relationship with qi. Qi is the dynamic force that moves blood throughout the body. It also controls the blood by holding it in the vessels. Qi is the commander of blood. Blood is the mother of qi. This relationship can be understood with yin yang theory. Blood is more yin, nutritive, and substantial. Qi is more yang, energizing, and ethereal. Another function of blood is that it is the material basis of all mental activity. This means that it helps to relegate and ground the five emotions as well as control cognitive thought.

Body fluids are another vital substance. This includes all of the secreted fluids of the body including saliva, gastric juices, intestinal fluids, and synovial fluids. There are two types of body fluids. Jin fluids are thin and clear to moisten the skin, muscles, orifices, and blood vessels. Ye fluids are thick and heavy to nourish the joints, brain, marrow, and internal organs. Body fluids are formed from food and water and controlled in the body through the water metabolism cycle of the lung, spleen, and kidney.

Essence is another vital substance. Known as jing, it can be understood as the body’s vital reserves or battery. When one runs out of essence, one dies. There are two types and sources of jing. Congenital essence is given to one at conception from their parents. Acquired essence is created out of food and water by the body throughout one’s life. It is all stored in the kidneys.
and is considered by many Taoist practitioners to be the most vital or precious substance in the body.

Meridian Theory

Meridian theory is based on the idea that the twelve major meridians that traverse the surface of the body are each connected with one of the twelve major internal organs. Qi and blood stasis along a meridian can adversely affect its internal organ or other areas of the body directly surrounding the blockage. The reverse of this can also occur. A dysfunction of an internal organ can adversely affect its major meridian or area of the body directly surrounding the organ. This stagnation creates tender points and pain along the affected meridian. Freeing up the constrictions with acupuncture, massage, or other manual therapy restores the proper flow of qi and blood through the meridian and also its related internal organ. Meridian therapy uses the patient’s signs and symptoms along with careful palpation of the body to locate and treat the cause of disease. Points are chosen by location, tenderness, and relevant point categories depending on the differentiation.

Six Stages, Four Levels, and Three Jiaos

Another theory in Traditional Chinese Medicine uses the idea that disease is caused by an external pathogen invasion. If the pathogen is not controlled and eliminated from this superficial level, it will travel deeper and deeper into the body. From a Western Biomedical point of view, this generally translates into all contagious diseases including colds, flus, infections, and epidemics. In Traditional Chinese Medicine colds are divided up into two major categories: wind cold and wind heat. Wind is always the leading pathogen which carries in either cold or heat. Three different theories were developed to understand and treat external pathogen invasions. Six stages deals with wind cold invasions. The four levels and three jiaos deal with wind heat invasions.

The six stage theory is the oldest of the three theories. It was developed by the famous herbalist Zhang Zhong-Jin in the classic text Shang Han Lun. It divides the levels of the body up into six meridian differentiations. In the initial onset of a wind cold invasion, the tai yang meridians are attacked. From here if the pathogen is not stopped it will continue to travel deeper to the yang ming, shao yang, tai yin, shao yin, and finally the jui yin or deepest meridian organ level. Each stage has a set of signs and symptoms used to differentiate where the pathogen is located in the body and the appropriate treatment methods used.

The four levels theory was developed later on in Chinese history primarily to deal with the increase in epidemic febrile diseases that presented as heat rather than cold. The four levels from superficial to deep are wei, qi, ying, and blood. The pathological development is the same as the six stages but the signs and symptoms and treatment principles are different.

The three jiaos or three burners theory was also developed to help diagnose wind heat febrile invasions. Instead of viewing the body in layers or levels, it works to differentiate a wind heat invasion according to its location in the body. The three jiaos can be understood as three energy centers in the torso or body core. The upper jiao is the entire chest area of the rib cage and includes the lung and pericardium. The middle jiao is the entire epigastrium area below the rib cage and above the umbilicus. It includes the spleen, stomach, and large intestine. The lower jiao is the entire abdominal area below the umbilicus and above the pubic bone. It includes the liver and kidney.
All of the many theories used in Traditional Chinese Medicine have importance and clinical significance in the diagnosis and treatment of disease. All have roots in Chinese Taoist philosophy and religion which uses the patterns and changes in nature to understand the complexity and dynamics of the human body. This idea of the macrocosm of the universe mirroring the microcosm of the human being is based on thousands of years of empirical observation and discovery on what works and what does not. All of their theories are relative absolutes. What may be true for one patient at one time may not be true for another. This is how seemingly contradictory theories can be used together while some thrown out in a multilayered metaphorical approach to the diagnosis and treatment of disease. This is why Traditional Chinese Medicine is often referred to as an art as well as a science. It is a unique blending of two wonderful belief systems.

Treatment in Traditional Chinese Medicine

There are many different treatment modalities used in Traditional Chinese Medicine. Some are known in the West, while others are not as common but can be equally affective. Although this presentation focuses on the use of Chinese herbs in the treatment of atopic dermatitis, I want to briefly cover all of the possible techniques that most Traditional Chinese Medicine practitioners in this country use. These include acupuncture, herbs, tuina (bodywork), moxabustion, cupping, gua sha, plum blossom, bleeding, qi gong healing (energy work), and diet therapy (nutrition).

Acupuncture is a manual therapy that primarily focuses on the external aspects of the body. By puncturing specific points on the body, the practitioner is stimulating the movement of qi and blood within the meridians and organs of the body. The intention is to create a relative balance of yin and yang, regulate hot and cold in the body, and reduce excess while tonifying deficiency. Today practitioners use sterile disposable filiform stainless steel needles that range in various lengths (1/2” - 5”) and various gauges or diameters (.18 - .32 cm). A typical acupuncture treatment consists of needling an average of 4 to 20 points, usually left in place for 5 to 20 minutes. After the initial insertion, the needle is manipulated at a depth of .5” - 1.5” until a sufficient de qi response is felt by the patient. De qi is a feeling that is often described as dull, achy, warm, cool, distending, or heavy. This arrival of qi to the needle is the sign that the acupuncture treatment will be effective. A lack of de qi usually means minimal effect with little therapeutic results.

Chinese herbs primarily focus on the internal aspects of the body; the blood, yin, body fluids, and essence. It is used for internal organ dysfunctions by giving the body something it is lacking to help restore the system to relative balance. Each herb is classified by its major actions on major organs in the body. This was determined by thousands of years of empirical observation along with using the flavors and natures of each herb. There is a long history of using Chinese herbs in combinations or formulas. This is done to treat multiple aspects of a disease, balance the extreme flavors and natures of each herb, and to strengthen the overall actions of the formula.

Although they can be a very powerful treatment modality, in general most Chinese herbs are mild in action when compared to the average pharmaceutical drug. Many drugs are derived from plants but there is a big difference between them and their original herbs. Drugs are usually an extraction and concentration of a single specific active compound found in the plant and dosed at near toxic levels. This creates a form of the chemical that does not exist naturally in nature and has not been foreign to the human body up until the last sixty years. A single Chinese herb can contain 100s to 1000s of active and inactive constituents that often act as buffers to self regulate their digestion, absorption, and action on the human body. This means less side affects. Herbs are substances that the body easily recognizes and absorbs at a smaller yet more affective dosage. They have been ingested by humans since our existence on the planet began.
There are also many secondary manual treatments in Traditional Chinese Medicine. They include moxibustion, cupping, plum blossom, gua sha, and bleeding. All work within the acupuncture meridian model but have a unique and specific effect on the system. Moxibustion or moxa is the burning of a small dried amount of the mugwort plant (artemesia vulgaris) on specific acupuncture points or along meridians of the body. Its therapeutic actions are to warm the body and drive out cold, move qi and blood stasis, strengthen the yang qi, and to prevent disease. Cupping is the use of glass cups on the skin surface to cause a local suction by using negative pressure within the cup. The suction is created by using fire to burn up all of the oxygen within. The skin within the cup will become congested with qi and blood and often turn scarlet red to purple, possibly leaving some bruising. This is the qi and blood stasis that is being sucked to the surface and out of the body by the negative pressure. It is used for musculo-skeletal disorders and external pathogen invasions. Plum blossom is a five or seven needle handled hammer type device. It is used very superficially on the skin surface by a light rapid tapping motion along the meridians. It generally does not break the skin surface but creates a local stimulation that treats nerve, skin, and musculoskeletal disorders.

Tuina is a major style of Chinese massage. It is also a manual treatment that focuses primarily on the external, like cupping or gua sha. Different hand techniques are used to move qi and blood stasis in the body and manipulate the skeletal structure. Tuina can be understood as a combination of Western deep tissue massage and chiropractic adjustments viewed within a background of Traditional Chinese Medicine theory. It is a powerful modality that has much success in a variety of diseases, especially pediatrics.

Qi gong is a major form of energy work used in Traditional Chinese Medicine. It involves the use of subtle hands on techniques for the manipulations of the body’s qi. The goal is similar to acupuncture and tuina but the technique is more on an energetic level than physical. This may be hard for most Westerners to swallow but remember our little exercise we did to feel qi. This is what qi gong healing practitioners are working with when treating patients.

Diet therapy and nutrition is also a major aspect of treatment. It is used for all types of disorders including the prevention of disease. Like Chinese herbs, foods are classified by major actions and qualities on how they stimulate and nourish the body. This is an area that is much needed in our culture and is finally beginning to gain a foothold with the growing access to organic whole foods and nutritional education.

TCM Diagnosis and Treatment of Atopic Dermatitis

In Traditional Chinese Medicine, atopic dermatitis is commonly referred to as shi zheng (damp rash). The term jin yin chuang (suppurative ulcerous lesion) was also used in the Classics (Liang, 1988). The typical symptom is skin lesions with erythema, papules, vesicles, and pruritis. It often has a symmetrical distribution and can be localized or cover the entire body (Wu, 1997). The types of atopic dermatitis are divided up according to the location of the lesion. Xuan er chuang (ear eczema), shi du chuang (leg eczema), wo chuang (hand eczema), shen nang feng (scrotum eczema), yin shi chuang (vulvar eczema), qi chuang (umbilical eczema), and si wan feng (back of knees & inside of elbows eczema) are all differentiated to help guide treatment (Liang, 1988).

Etiology According to TCM

The root cause or etiology of atopic dermatitis has many contributing factors. In Traditional Chinese Medicine these are known as pathological factors. Wind, heat, dampness, dryness, qi
and blood stagnation, blood, qi, and yin deficiency, and heat in the blood may all be present in varying degrees (Wu, 1997). Pathological factors can either be due to extreme external influences from one’s environment or extreme emotions causing internal organ dysfunction.

All of the five major organs can be involved with atopic dermatitis. The lung is the most important. It rules the skin and is responsible for moving wei qi throughout the body to nourish the surface. It is associated with dry symptoms. The spleen also has major involvement. It regulates dampness and the entire digestive system. From a Western point of view, the spleen also regulates the body’s immune system. Digestive complaints, dampness, and the immune system all have a role in atopic dermatitis. In the Nei Jing it states that “pain, itching, and chuang (lesions, sores) of all kinds are ascribed to the heart” (Liang, 1988). The liver is also involved because of its connection to the blood and its regulation of the free flow of qi throughout the body. Blood is the material basis of the emotions and the liver is in charge of regulating the emotions. It is also associated with wind symptoms which give rise to itching in atopic dermatitis. The kidney is also involved with all chronic forms of the disease because the long term inflammation and heat burns up and damages the yin of the blood. The kidney is associated with water and is the source of yin for the whole body.

If the cause of atopic dermatitis is external, the disease is usually acute, excess, and yang in nature. If the cause is internal, the disease is usually chronic, deficient, and yin in nature. Often with atopic dermatitis there is a combination of the two. This depends on many predisposing factors including an individual’s constitution, mental emotional health, and living environment (Liang, 1988).

Pathology According to TCM

Once all of these factors have been taken into account, it is time for syndrome differentiation. As mentioned earlier, this is the key to understanding disease pathology and diagnosis in Traditional Chinese Medicine. Since atopic dermatitis affects infants, children, and adults the disorder has been divided up into these types.

Infant atopic dermatitis is known as ying er shi zheng or tai lian chuang in the Classics. (Liang, 1988). There are two common patterns; damp heat and fetal heat. Damp heat type atopic dermatitis is usually found in robust, well nourished, and strong infants. The lesions are mainly on the face, head, and neck and are usually patches of well defined papules and vesicles with erythema and thick exudate. Crusting can occur with an increase in pruritis leading to disturbed sleep patterns. Other symptoms include constipation with scanty yellow urine. The tongue is red with a thin yellow coating. The pulse is slippery and rapid (Helmer, 2005). Fetal heat or toxic heat type atopic dermatitis is usually found in thin, undernourished, weak infants with a yellow complexion. The lesions are mainly on the face, head, and neck and are usually patches of poorly defined papules with pale red to red erythema and crusting. The skin is rough and itchy leading to disturbed sleep patterns. Other symptoms include indigestion with vomiting and loose stools with undigested food. The tongue is pale with a scanty coating. The pulse is moderate (Li, 1995).

Childhood and adult atopic dermatitis is often differentiated by the location of the disease. Common sites include the scalp, ears, eye lids, legs, hands, scrotum, vulva, umbilicus, and the back of the knees & inside of the elbows. There are three common patterns; damp heat, spleen deficiency with dampness, and spleen deficiency with blood dryness (Helmer, 2005). Damp heat atopic dermatitis is primarily an acute and excess condition with heat predominating. The lesions are usually on the antecubital and poplitial fossae and consist of pin point papules and vesicles with erythema which can coalesce. The skin is red and oily in nature. There is severe
pruritis, exudation, and bleeding followed by yellow crusting. Because of its purulent nature, secondary infections are common. Other symptoms include a reddish complexion, dry mouth, desire for cold beverages, a warm body temperature that is worse in the evening, constipation or diarrhea, and dark yellow scanty urine. The tongue is red with a thick greasy yellow coating. The pulse is slippery and rapid (Wu, 1997).

Spleen deficiency with dampness predominating is a mixed excess and deficiency condition that can be acute or chronic. The lesions are usually on the antecubital and poplitial fossae and consist of papules and vesicles with slight erythema. The skin is usually pale and dry in nature. There is a mixture of scaling, pruritis, and exudate. Other symptoms include a pale complexion, fatigue, poor appetite, abdominal gas and bloating, copious clear urine, and loose stools or diarrhea. The tongue is pale with a white greasy coating. The pulse is weak, thready, deep, and slippery (Helmer, 2005).

Spleen deficiency with blood dryness is a deficiency condition that is chronic in nature. The lesions are usually on the antecubital and poplitial fossae and consist of erythemous papules and macules that are dry, rough, and with ill defined margins. There is pruritis, lichenification, scaling, and only slight bleeding and exudate. The itching can be worse at night. Other symptoms include low back pain, limb weakness, fatigue, dizziness, poor vision, a pale complexion, heat sensation that is worse at night, restlessness, anxiety, agitation, and insomnia. The tongue is pale with a scanty or thin white coating. The pulse is weak and thready (Wu, 1997).

When diagnosing atopic dermatitis one must always remember that these are general patterns of differentiation and that the individual most often will not fit into one single text book pattern. This is where the skill and experience of the practitioner is necessary in creating an herbal formula that is unique to each patient’s individual signs and symptoms.

Treatment According to TCM

The basis of treatment for atopic dermatitis in Traditional Chinese Medicine is with Chinese herbal formulas. Thousands of formulas have been recorded and modified for the past 2000 years. This has created an unbroken stream of refinement and knowledge about Chinese herbs. Since atopic dermatitis is such a complex disorder with many formulas used in its treatment, I will limit my focus on a few of the most common classical and modern formulas in use today.

For the infant type there is damp heat and fetal heat. The major formula for damp heat is xie huang san jia jian. It is a modification of the classical formula xie huang san. The original formula treats spleen fire or smoldering heat in the middle jiao creating mouth symptoms like ulcers. Huang bai, huang qin, shan yao, and fu ling have been added to help transform and drain damp and protect the middle jiao’s digestive function. The major formula for fetal heat is san xin dao chi san jia jian. The three chief herbs all drain heat and fire from the heart while the rest of the formula also protects the middle jiao’s digestive function.

For childhood and adult atopic dermatitis, the formula protocols get a bit more complicated. First one must differentiate between acute and chronic. If acute, the major formula used is xiao feng san (Wu, 1997). The majority of herbs are acrid and cool to disperse the exterior and vent the heat from the skin. It also has herbs to cool the blood and drain the damp.

For more chronic conditions there are three types; damp heat, spleen deficiency with dampness, and spleen deficiency with blood dryness. Although each type has its own set of formulas, xiao feng san can always be used in part along with these to help control the acute flare up period of
the disease. The damp heat type has two well known Classical formulas that can be used. They are si miao san and long dan xie gan tang (Li, 1995). Both drain damp heat from either the lower jiao or the liver and gall bladder respectively. Two modern formulas commonly used are bi xie shen shi tang and chu shi wei ling tang jia jian (Liang, 1988). Both also drain damp heat but add herbs that specifically deal with skin disorders.

The spleen deficiency with dampness type has three well known classical formulas that can be used. They are ping wei san, er chen tang, and liu jun zi tang (Li, 1995). All transform phlegm and damp in the middle jiao and can tonify the spleen qi. One modern formula commonly used is jian pi chu shi tang (Helmer, 2005). This is basically a ping wei san modification with herbs added to drain dampness.

The spleen deficiency with blood dryness type has two well known Classical formulas that can be used. They are si wu tang and gui pi tang (Li, 1995). Both tonify the blood of either the liver and kidney or the heart and spleen respectively. One modern formula commonly used is zi yin chu shi tang jia jian (Helmer, 2005). This is basically a si wu tang modification with herbs added that specifically deal with skin disorders.

After a base formula is chosen by syndrome differentiation, it is time to make slight modifications to further tailor it to the individual. Included are some of the major herbs and categories to think about when modifying and adjusting one’s formula throughout their treatment plan. To deal with the pathological dampness, herbs to tonify the spleen, drain dampness, and aromatically transform dampness are used. Spleen tonifying herbs include fu ling, yi yi ren, bai zhu, and bai bian dou. Drain damp herbs include fu ling, zhu ling, hua shi, che qian zi, bi xie, ze xie, mu tong, yin chen hao, tong cao, deng xin cao, and fu ping. Aromatically transform dampness herbs include huo xiang, bai dou kou, hou po, and cang zhu. Herbs to deal with superficial wind in the channels causing itching include fang feng, chan tui, jing jie, bai ji li, jiang can, and she chuang zi. Herbs to transform damp heat include huang qin, huang lian, huang bai, and long dan cao. Herbs to drain fire include shi gao, zhi zi, and dan zhu ye. Herbs to cool the blood include sheng di huang, mu dan pi, zi cao, bai mao gen, and chi shao yao. Herbs to resolve fire toxins include jin yin hua, lian qiao, tu fu ling, pu gong ying, zi hua di ding, and ye ju hua. There are only four herbs in the pharmacopia that deal with the three major pathological factors of wind, damp, and heat. They are bai xian pi, ku shen, di fu zi, and xi xian cao. These are to be remembered when it is time for formula modifications (Helmer, 2005). Other categories to think about include moving the blood, nourishing the blood and yin, releasing the exterior, calming the shen, and resolving food stagnation.

Chinese herbs can also be used externally for atopic dermatitis. I will go over some of those most commonly used, along with types of applications according to the type of lesion. External herbs used for damp weepy lesions include di yu, she chuang zi, ku shen, hua shi, shi gao, wu bei zi, ma chi xian, bai xian pi, di fu zi, and xi xian cao. Herbs used for weepy dry, scaling lesions include da huang, huang lian, haung qin, haung bai, and ku shen. Herbs used for itchy lesions include she chuang zi, ku shen, ming fan, chan tui, di fu zi, xi xian cao, and bai xian pi. Herbs used for excess heat or inflamed lesions include huang lian, huang qin, haung bai, da huang, qing dai, and ming fan. Herbs used for secondary infections include huang lian, haung qin, haung bai, qing dai, chuan jiao, and da suan (Helmer, 2005, Li, 2005, Liang, 1988, Shen 1995). There are many ways to apply topical Chinese herbs to the skin. If dampness predominates the herbs can be made into a decoction or tea to wash or soak the affected area. Often the tea is soaked in a cloth that is then applied to the skin for at least 20-30 minutes 2-3 times a day. If dryness predominates the herbs can be made into an oil, salve, or lotion that can be applied to moisten the skin. For pruritis, follow one of the methods above but also make sure that all surrounding skin is properly moisturized and kept clean. Poor skin care can create more vulnerable skin that is
susceptible to the outside environment creating an itch. Secondary infections can be treated with a vinegar tincture of antimicrobial herbs. This is the most concentrated form for topical use. The vinegar also has an astringing and antimicrobial affect on the skin.

Course of Treatment

The length of treatment for atopic dermatitis with Chinese herbs varies depending on the severity and duration of the disease. For acute flare ups in infants and children, results can be seen in as little as a few weeks to one month. For children and adults, the course of treatment is much longer. Usually three months to one year is necessary to see major results with intermittent treatment often needed throughout one’s life. Traditional Chinese Medicine has good success at stopping acute cases of atopic dermatitis in infants and children. For chronic cases, lifelong treatment is needed to control the disease. Although Chinese herbs will not “cure” atopic dermatitis, it is a safe, long term solution to increasing one’s quality of life and relationship to the disease.

Review of Chinese Herb Research

There is some convincing research from Great Britain regarding the use of Chinese herbs for atopic dermatitis. In the British Journal of Dermatology, Sheehan et al., (1992) performed an RCT using a standardized empirical herbal formula for atopic dermatitis. It consisted of fang feng, wei ling cai, wei ling xian, sheng di huang, bai shao yao, dan zhu ye, bai xian pi, bai ji li, jing jie, and gan cao. The raw herbs were tested to guarantee their identity and check for heavy metal contamination. Dosage was age dependent and consisted of making a daily decoction of the powdered formula. The test group consisted of 47 children, 27 male, 20 female, ages 1 to 18, with a mean age of 8.7 years. The selection was restricted to patients with systemic atopic dermatitis that did not respond to prior standard of care treatment (topical corticosteroids and oral antihistamines). The lesions had to cover greater than 20 % of the body and had no active exudation and secondary infections. Both active and placebo patients received treatment daily for 8 weeks. Then a 4 week wash out period with no treatment occurred followed by another 8 weeks of treatment with a switch between the active and placebo groups. This meant that all participants received 8 weeks of Chinese herbs, 8 weeks of placebo, and 4 weeks of no treatment. The results are very interesting. In both 8 week treatment periods, the active Chinese herb group had a greater improvement in symptoms over the placebo. Erythema and surface damage were the two symptoms used to measure effectiveness. Improvement was 51 % compared to 6.1% placebo for erythema and 63.1 % compared to 6.2 % placebo for surface damage. This is a 45 % to 57 % increase in effectiveness when Chinese herbs were used. It is also worth noting that during the 4 week wash out period the active group had significant deterioration in both erythema and surface damage scores, nearly returning to the baseline scores at the beginning of the trial. This shows that the management of chronic atopic dermatitis with Chinese herbs can show dramatic improvement in as little as 4 weeks but needs to be taken for a longer period of time. Toxicity is always a concern with the use of Chinese herbs. In this study, liver and kidney toxicology tests were taken before and after each treatment period. No abnormalities were noticed in the 8 weeks of active treatment. This shows that this formula appears to be without toxicity for at least an 8 week period. This study is a strong indication that the use of Chinese herbs in the treatment of chronic systemic childhood atopic dermatitis can be affective in controlling and managing the disease.

Sheehan et al., (1992) also published another RCT in the British journal Lancet using Chinese herbs for the treatment of adult atopic dermatitis. The study was set up the same as their prior study with children. The patient group consisted of 40 adults, 17 males, 23 females, ages 19 to 57, with a mean age of 30.2 years. The average duration of having the disease was 29.1 years.
The selection was restricted to patients with chronic refractory atopic dermatitis. The lesions had to cover greater than 20% of the body and could not have any active exudation and secondary infections. The same herbal formula was used but with larger daily doses. The results revealed that during the 20 week treatment period, there was a 46% improvement in erythema from the end of placebo treatment to the end of active treatment and a 49% improvement in surface damage from the end of placebo treatment to the end of active treatment. These percentages of improvement correspond to the improvements made in the childhood study. There was also a significant deterioration of symptoms in both groups during the 4 week wash out phase of no treatment. Liver and kidney toxicology tests were also taken before and after each treatment period. No abnormalities were noticed in the 8 weeks of active treatment.

Both of these studies gave the participants the option of continuing their treatment of atopic dermatitis with Chinese herbs for the following year. The findings were published in two articles. The first appeared in The British Journal of Dermatology by Sheehan & Atherton, (1994). The goal was to see if long term treatment with Chinese herbs was safe and affective. All 37 children who finished the prior study joined. The same Chinese herb formula was given daily with 3, 6, 8, & 12 month assessments and lab tests. If improvement was seen, the dosage was decreased accordingly. Patients were allowed to use one topical corticosteroid and one oral antihistamine daily. By the end of the 12 month period, 14 children had dropped out due to ineffectiveness or non compliance. Of the 23 who maintained treatment, 7 had gone into remission and stopped treatment. Of the 16 left, 12 had lowered their dose to every other day to once every 5 days. 11 of these had reduced their symptoms by at least 90%, one between 60% - 89%, and the other 4 by 30% - 59%. The average use of a topical corticosteroid was 60 grams per day at the beginning of the trial. This decreased to 15 grams a day after 12 months. 17 of the 23 were taking a nightly oral antihistamine at the beginning of the study. This decreased to only 3 patients after 12 months. Liver toxicology tests were taken every 3 months. Only two children had levels that exceeded the upper limit of normal. One had concurrent hepatitis while the other was taking both amoxicillin and theophylline at the time of the tests. Both had tests that returned to normal levels after stopping treatment. Although this does not explain the results, more studies need to be done to guarantee the safety of long term use of Chinese herbs for atopic dermatitis.

In Clinical and Experimental Dermatology, Sheehan et al., (1995) published their follow up study on adults with atopic dermatitis. The format was the same as the children study except that patients who did not want to continue with Chinese herb treatment were still assessed and tested at the 3 month intervals. This created two groups to compare the results. The active group had 17 patients while the non active group had 11 patients. If a topical corticosteroid was used at the beginning of the study, it could be continued but not increased in dosage. After 12 months 12 of the patients receiving treatment had a greater than 90% reduction in symptoms while the remaining 5 had a greater that 60% reduction. No patients discontinued treatment permanently but 15 had lowered their dosage to every other or every third day. Liver toxicology tests revealed no liver abnormalities. In the non treatment group there was a gradual relapse of the disease but the severity never reached the level that it was before the original treatment with Chinese herbs. This may mean that any use of Chinese herbs for atopic dermatitis whether it is short term (8 weeks) or long term (1 year) will have a positive impact on the disease.

Limitations to Treatment

After reviewing the research on using Chinese herbs for atopic dermatitis the possibility for side affects seems minimal. At most there may be digestive complaints which can be minimized by differentiation and tailoring the formula to the individual by a skilled herbalist. One concern is long term use in patients who have a pre-existing liver or kidney disorder. Pregnancy is another
concern when using Chinese herbs. Drug-herb interactions need to be monitored especially concerning coumadin and other blood thinning pharmaceuticals. These initial studies show that there are few limitations of Chinese herbs in the treatment of atopic dermatitis. If one uses Western Biomedical interventions with Chinese herbs, this combination appears to be both logical and affective.

Integrative Approach to Atopic Dermatitis

When looking at all of the research as a whole, I propose an integrated approach to the treatment of atopic dermatitis. By using the best of what both Western Biomedicine and Traditional Chinese Medicine have to offer, one can very effectively treat and manage this challenging disease. Biomedicine has topical corticosteroids and antibiotics to control severe outbreaks and secondary infections. The use of probiotics, breastfeeding, omega 3 fatty acids, vitamins, hypoallergenic soups & lotions, and food & airborne allergies are also in need as preventatives in the education of healthy lifestyle choices for patients with atopic dermatitis. Traditional Chinese Medicine has its unique form of syndrome differentiation to tailor a Chinese herbal formula to a specific individual. Its low cost and minimal side affects make it a valuable treatment option for long term usage. Its high rate of effectiveness in treating patients with chronic recalcitrant atopic dermatitis means that there is hope for a large percentage of people who desperately need something to increase their quality of life.

Conclusion

In conclusion, I feel that there is great potential for the use of Chinese herbs in the treatment of atopic dermatitis. After reviewing all of the history and research it is quite apparent that Traditional Chinese Medicine has much more to offer than its well known use of acupuncture for pain. It has been and continues to be the primary form of medicine for an entire region of the world for the past 2000 years. It is an unbroken chain of recorded knowledge based on Taoist philosophical principles and guided by the empirical observation of the human body. The clinical experiences of millions upon millions of patient case studies continue to evolve Traditional Chinese Medicine toward practical and powerful therapeutic results.

Western Biomedicine has made many extraordinary advances of its own. Western doctors are now capable of prolonging life for many serious and emergency conditions that at one time would be a sure death sentence. Their treatment for atopic dermatitis can be effective but is not without its share of side affects with long term use. There are also a large percentage of people with this disease that fail to respond to any of these treatments leaving them with few options and possibilities for healing. This is where Traditional Chinese Medicine and the use of Chinese herbs come into consideration. The research has shown it to be a viable option in dealing with some of the shortcomings of Western Biomedicine. What do we have to lose? It has shown to be very safe and have minimal side affects, it is an affordable low cost form of health care that can be available to all, and it has been shown to be effective in treating chronic recalcitrant cases of atopic dermatitis that have failed to respond to standard Biomedicine treatment. Where do we go from here? Patient and Doctor education is the first step. All persons involved need to have a grasp on the whole picture involved when treating atopic dermatitis. Another is establishing a working relationship between the patient, their dermatologist, and their licensed acupuncturist. This will guarantee the best possible health care for the patient and the greatest potential for healing. Thank you for your time.
REFERENCES


**APPENDIX**

10 Point Research Article Reviews


1. not applicable
2. yes, absence of overt secondary bacterial infection, current non-use of oral corticosteroids or ACTH treatment, and normal baseline liver and renal function
3. yes, it was a double blind placebo-controlled cross-over design
   no, it was not explained how it was randomized
4. yes, 47 children, mean age 8.7 years, range 1.5 to 18.1 years, 27 males, 20 females
5. yes, six of the herbs in the formula from the Nei Jing, used for treating a dry red rash
6. no, actual daily dosage in grams was not given according to age of patient
7. no, used two markers measuring severity of erythema and surface damage but no details regarding how these were rated
8. no, this was not mentioned
9. no, this was not done
10. no, follow up data was not presented in this study but a further study was done later


1. not applicable
2. yes, had to have papules or plaques of atopic dermatitis covering greater than 20% of the body surface, lesions could have lichenification but with no exudation or infection.
3. yes, it was a double blind placebo-controlled cross-over design
   no, it was not explained how it was randomized
4. yes, 40 adults, 17 male, 23 female, mean age 30.2 years, range from age 19-57, 35 were Caucasian, 4 Afrocaribbean, and 1 Chinese
5. yes, six of the herbs in the formula from the Nei Jing, used for treating a dry red rash
6. yes, daily dosage was 40 g of powdered herbs were boiled in 800ml of water for 90 minutes
7. yes, they used a standardized disease activity scoring system that had a chart of the body divided into specific areas to rate the severity of both erythema and surface damage
8. no, this was not mentioned
9. no, this was not done
10. no, follow up data was not presented in this study but a further study was done later

1. not applicable
2. yes, all that finished the short term trial had the opportunity to join this study (see Sheehan, M. (1992). A controlled trial of traditional Chinese medicinal plants in widespread non-exudative atopic eczema. *British Journal of Dermatology* 126, 179-184.)
3. no, there was no control or placebo group for this study, all patients received active treatment
4. yes, 23 children finished the study with age range 1.5 – 18.1 years, mean age 9.1 years, 10 males, 13 females
5. yes, six of the herbs in the formula from the Nei Jing, used for treating a dry red rash, it was the same formula used during the short term study
6. yes, ingredients, preparation, and dosage according to age were listed
7. no, they were not described directly in this study but the authors did reference the prior study to find out how erythema and surface damage scoring was assessed.
8. no, this was not mentioned
9. no, this was not done
10. no, follow up data was not presented in this study
### Formula List

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