

Dermatology Case Study

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Case: Female, 33 years old. Re-occurring eczema, itching of the skin for over 20 years. Initial consultation March 7, 2009.

Present illness symptoms: The affected areas are on the popliteal fossa (behind the knee) and are symmetrical. They are itchy, ill-defined in shape, with no oozing of pus and leaves no scarring after being scratched. The itching cannot be controlled by the patient and keeps her awake at night, and she feels tired and fatigued. The patient occasionally feels hot and irritable and has numerous colds and dislikes drafts. She sometimes feels a burning sensation in the anus when defecating. The stools are sticky with a fetid odor, and the urine is dark and scanty. The patient often eats at irregular times (often salads), can feel bloated for at least two hours afterwards, and works many overtime hours, with a high level of stress. She does not tolerate dairy or spicy foods well, both which can cause very loose stools. She eats yogurt every morning because she hopes the bacterial flora contained will help her digestion.

Medical history: The eczema began at the age of 5, went away around age of 14 and then re-occurred at the age of 28. The location of the itching as a child was mostly at the elbow crease, but currently the back of the knees are affected. Between the ages of 5 -18, the patient's western doctor prescribed steroid creams which helped the itching but the patient later chose not to use them unless her eczema was severe, as she disliked steroids. She also had childhood asthma starting at 4 years old, but has been asymptomatic as an adult.

Physical examination: Red lichenified (thickened) areas with erythema located at the back of the knee. Upon channel palpation, the Spleen channel was found to be lumpy with tenderness at SP 6 and SP 9. The Stomach channel was full, and the skin was especially taut.

Tongue: Red tip, the body was swollen with teeth marks around the edges. The coating was thick yellow and greasy.

Pulse: rapid and slippery on both left and right sides.

Western Medical Diagnosis: chronic dry atopic eczema

TCM Diagnosis: Lingering Wind-Damp-Heat with Spleen Qi and Blood Deficiency

Principles of Treatment

Drain Dampness, clear the Heat and stop the itching, tonify Spleen Qi & Blood

Acupuncture Points:

SP 6, R. SP 9, L. LU 5, L. ST 36, R. LI 10, Ren 12, Ren 6

Formula:

1. Dr. Su's formula

(He Shou Wu 10g, Sheng Di Huang 8g, Bai Shao Yao 12g, Dan Shen 10g, Bai Zhu 12g, Fu Ling 12g, Bai Bian Dou 12g, Shan Zha 14g, Ye Jiao Teng 12g, Bai Xian Pi 12g, Gan Cao 6g + dan shen 10, mu dan pi 12)

The patient was given three bags, one bag for 2 days. Directions were to drink the decoction twice a day.

2. suggested Hua Tuo Gao (topical ointment) - alternate use of neem oil + essential oils of chamomile, geranium, lavender, tea tree, frankincense, myrrh (my own decoction)

Lifestyle Suggestions: Eat at regular times and avoid cold foods. Take a break from the yogurt, as it is a cold dairy product. Cut down on coffee and chai consumption.

Discussion

Unfortunately, this patient was only treated once by the time this paper was written, so the longterm treatment outcome is unknown. However, four days after the treatment, the patient reported a decrease in digestive problems, and an overall improvement in her emotional state. Using the oil ointment also decreased the itchiness of the affected area, and a slight softening of the skin. Some of the redness was also showing signs of decreasing. Due to the lack of follow up treatment, I will instead focus on discussion on the pathology of the patient's skin condition.

The childhood asthma points towards an early constitutional Spleen and Lung Qi deficiency, which could lead to a deficiency of Wei Qi as the Spleen produces Wei Qi and the Lung controls Wei Qi. This could allow an invasion of external Wind-Heat. The eczema may have originally been a Wind-Heat type up until the age of 14, therefore it was mainly on the elbows, which is the upper part of the body. The asthma ceased when the patient was 18 as she matured and 'grew out' of the asthmatic condition, suggesting the main deficiency now resides in the Spleen. From the age of 28, the eczema likely changed into a Damp-Heat type and sank downwards, which would have caused the eczema to appear only on the back of the knees.

The damp would have lead to disruption of the Spleen and Stomach's transport and transformation mechanism, resulting in congealing Damp that has begun to turn into Heat. The patient's thirst indicates Heat while the greasy tongue coating and teeth marks indicate Damp-Heat and a Spleen Qi deficiency which would be why she is intolerant to spicy foods. The eating of cold foods especially at irregular times would further exuberate the Spleen Qi deficiency and the feeling of tiredness and fatigue.