

CHINESE MEDICINE DERMATOLOGY

TREATING PSORIASIS

with CHINESE HERBAL MEDICINE

REVISED EDITION



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FOREWORD BY
STEVE CLAVEY

Treating Psoriasis with Chinese Herbal Medicine



A Practical Handbook



Revised Edition

Sabine Schmitz

Foreword by Steve Clavey



SINGING DRAGON
LONDON AND PHILADELPHIA

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Overview and Basics of Chinese Dermatology

IT IS ASSUMED that the reader is familiar with TCM foundations. The information on the basics of TCM dermatology is primarily aimed at TCM students and beginners. Experts can, of course, skip this chapter. Nonetheless, the information compiled in this chapter can be a valuable resource and refresher for everyone, TCM dermatologists, general TCM doctors, or students of TCM.

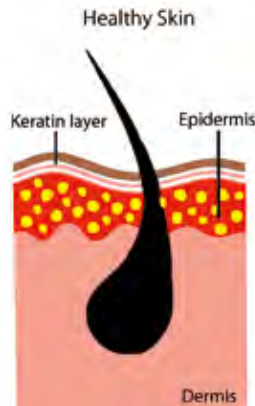
An Overview of the History of Chinese Medical Dermatology (*Pí Fū Kē* 皮肤科)

Chinese medical dermatology can refer back to many centuries of experience, with detailed records of the effects of Chinese herbs and acupuncture on the condition of the skin. Comprehensive descriptions of the treatment of specific skin diseases were put down in writing by ancient scholars, and their clinical histories and notes offer a depth of experience we still utilize today in our practice.

Yet time does not stand still. A great deal of research into Chinese medicine has been conducted both inside and outside of China. In addition to clinical studies, official monographs about almost every Chinese medical plant are available at the European Medicines Agency (EMA) and the World Health Organization (WHO). These monographs present a detailed introduction and provide a scientific overview on the safety, efficacy, and quality control of commonly used medicinal plants in Chinese dermatology. Moreover, gathered information about chemical compositions, pharmacological effects, toxicology, clinical studies, and research has been incorporated into the different textbooks of *materia medica* which are used by TCM doctors worldwide.¹

Ming Dynasty ⁴	Wāng Jī (1463–1539)	<ul style="list-style-type: none"> Medical writer and clinical practitioner from Ānhuī Province south of Nánjīng
1531	<i>Wài Kē Lǐ Lì</i> (Exemplars for Applying the Principles of External Medicine)	<ul style="list-style-type: none"> Preface: “external medicine [i.e. surgery] deals with ulcers, abscesses, sores and boils...seen on the exterior” Wāng Jī’s views on <i>wài kē</i>: “surgical” doctors⁵ do not perform invasive surgery associated with today All external manifestations of illness have internal root Emphasized the combination of internal treatments, e.g. herbal decoctions, and external treatments, e.g. ointments, washes, acupuncture, or moxibustion Vast number of case histories
1522–1633	<i>Wāng Shíshān Yī Shū Bā Zhōng</i> (Eight Medical Books of Stone Mountain Wang) One book of this compilation is <i>Shí Shān Yī Àn</i> (Medical Cases of Wāng Jī)	<ul style="list-style-type: none"> Numerous cases of <i>wài kē</i> section, e.g. itchy body, foot sores and breast lumps⁶ More than one hundred of Wāng Jī’s medical cases (collected by his students)
Ming and Qing ⁷ Dynasties		<ul style="list-style-type: none"> Chinese dermatology flourished with the publication of several works that presented external diseases
1604, late Ming Dynasty	<i>Wài Kē Qī Xuán</i> (Profound Insights on External Diseases) by Shēn Dǒuyuán	<ul style="list-style-type: none"> Consisting of 12 volumes Considered China’s first atlas of skin diseases Contains about 200 different diseases and treatments
1617	<i>Wài Kē Zhèng Zōng</i> (True Lineage of External Medicine) by Chén Shígōng	<ul style="list-style-type: none"> New therapeutic recommendations for skin diseases, including ointments Summary of medical achievements before the Míng Dynasty Diagnoses, therapies, medical records and prescriptions Precise surgical procedures, e.g. removal of nasal polyps,⁸ trachelorrhaphy, and cancer therapies
1665	<i>Wài Kē Dà Chéng</i> (Great Compendium of External Medicine) by Qí Kūn	<ul style="list-style-type: none"> Chinese dermatology became increasingly sophisticated and numerous specialist books were published

in adipose (fat) cells, held together by fibrous tissue. It is surrounded by connective tissue, larger blood vessels, and nerves. The fatty layer varies in thickness, from very thin on the eyelids to several centimeters on the abdomen and gluteal region in some people.



THE ANATOMY OF THE SKIN¹

The Physiological Functions of the Skin

The skin performs a number of important functions. As the interface between the body and the environment, it plays a key role in protecting the body against external pathogens and forms a barrier for the exchange of fluids. Other functions are temperature control, sensation, and communication.

Protection

Due to the keratinization of the epithelium and glandular secretion, the skin forms an anatomical barrier to pathogens and damage. The skin serves as the body's defense system to the external environment. It protects the body against mechanical, chemical, and thermic damages. It also protects the body against the invasion of external microorganisms.

Immune Response

The skin is a dynamic organ and also participates in the body's immune-biological defense processes. It contains different cells, which are activated when the tissue is under attack by invading pathogens, such as the Langerhans cells, which are part of the adaptive (acquired) immune system.

However, in general the lesions of psoriasis tend to develop on the lateral parts of the limbs, and especially on the lateral side of the elbows and knees, which mainly comprise the “yáng area.” As psoriasis often results from heat evil, the yáng side or the external skin parts are commonly affected. The skin lesions may also concentrate on the torso and scalp. As for the “inverse type,” the lesions mostly occur in the intertriginous regions of the skin folds, which is called the “yīn area.”

Pictures for each individual location as described below are added for illustration. However, it must be said that some localizations, such as the eyelids, are very rarely seen in clinic, so there are few pictures.

Face (Facial Psoriasis)

Facial psoriasis means one or more persistent, thickened, red, and dry patches on the face. Facial involvement occurs in about half of all patients suffering from psoriasis. Facial psoriasis is usually mild, but it is occasionally very extensive, affecting the hairline, forehead, neck, ears, and, of course, the facial skin itself.



Eyelids

This type of psoriasis is extremely rare. If psoriasis affects the eyelids, scales may cover the lashes. The edges of the eyelids usually become red, dry, and crusty. If the inflammation lasts for a long time, the rims of the lids may turn up or down. If the rim turns down, the lashes can rub against the eyeball and this can then cause irritation and discomfort. It may also impair the patient's vision.



	Eczema	Psoriasis
Vesicle	Yes	No
Fluid	Yes	No
Crust	Yes	No (only in pustular psoriasis type)
Scaling	+ (normal)	+++ (silvery white)
Itching	+++	+ / ++
Season	Worse in winter	Worse in winter
Main causes (TCM)	Damp	Heat
Auspitz phenomenon	No	Yes
First onset	Infancy	Later in life
Trigger factors	Seafood, dust mites, stress	Hot food, hot spices, stress, alcohol, tobacco
Stress as trigger	+	+++
Edge of lesions	Unclear	Clear
	Acute, sub-acute, chronic; there are symptom-free intervals	Progressive and latent phases alternating; the patient is rarely without lesions
Location	Mostly in the yīn area according to TCM	Yáng area (excluding inverse psoriasis type) according to TCM

The Relationship Between Psoriasis and the Functional Disorder of Organs and Channels in Traditional Chinese Medicine

We now move on to the complex functions of the organs in TCM, examining which processes can cause imbalances and how the skin changes accordingly.

Zàng fǔ 脏腑 organ theory illustrates the physiologically holistic relationship of the *zàng* organs with the *fǔ* organs. Moreover, it integrates their configuration, constitution, emotions, and the principle of the *zàng* organs in relation to the five seasons. Inner processes of *zàng fǔ* organs manifest externally and, vice versa, external factors can affect the internal organs. It is essential to study their anatomy, physiology, and pathology as well to be aware of the interrelationships between the organs themselves. The following presents an overview of the physiological functions of the five *zàng* organs, as well as of the processes that can cause imbalances and how the skin changes in response. As *fǔ* organs play a subordinate role here, they are not described in detail.



Heat in the *Yíng* Level (*Yíng Fèn Yǒu Rè* 营分有热)

Accumulated heat in the blood is the second most common TCM pattern seen in practice. This is best illustrated by the “four levels” theory developed by Yè Tiān Shì (c. 1667–1746, Qīng Dynasty), which describes the progression of *wēn bìng* (warm and febrile diseases) through the *wèi* (defense), *qì* (qì), *yíng* (nutritive), and *xuè* (blood) levels. However, since psoriasis rarely, if ever, manifests as a *wèi*- or *qì*-level situation, we will start with *yíng*, the nutritive level, and then move to the blood level to demonstrate the grades of severity and the corresponding changes on the skin. The location of the heat should be determined in order to select the most effective formula for treatment.

Characteristics

When the warm pathogen has passed the *qì* level, it enters the nutritive level, also called the *yíng* level. At this stage, the disease has nearly reached the blood level, the deepest level. This pattern is very similar to the blood-level stage but is slightly less serious. The nutritive- and blood-level stages are usually associated with the progressive stage of psoriasis. The small skin lesions are bright red. These lesions usually spread on the trunk and extremities, merge, and develop sizable plaques, typically covered with dry, silvery white scales. The skin feels warm and the Auspitz phenomenon can be observed.

When heat has entered the *yíng* level, it scorches and injures the *yīn* fluids and leads to insufficiency of blood. Accompanying symptoms include slight thirst and high fever that is worse at night. The patient is irritable, restless, and sleepless, because blood belongs to the Heart and consequently the *shén* will be disturbed in this pattern. This disturbance produces mental restlessness and insomnia.

Accompanying symptoms may include painful menstruation with dark blood and clotting, joint pain, thirst without a desire to drink, and a dry mouth.

The tongue is purple with dark bluish veins underneath the tongue. The pulse is uneven (rough).

One highly relevant observation here is that working night shifts for a long time will always cause blood stasis at some point. It is therefore recommended to check the veins underneath the tongue with patients who work in a profession requiring night shifts. The veins underneath the tongue are usually purplish, which is a clear sign of blood stasis.

Treatment Principle

Promote blood circulation to remove blood stasis, clear toxins, and remove obstruction in the collaterals (*huó xuè huà yū, pái dú tōng luò* 活血化瘀, 排毒通络).

Representative Formula

Táo Hóng Sì Wù Tāng (Four Substance Decoction with Safflower and Peach Kernel).

Ingredients

<i>chuān xiōng</i>	Chuanxiong, Rhizoma	6–9 g
<i>chì sháo</i>	Paeoniae Rubrae, Radix	9 g
<i>dāng guī</i>	Angelicae Sinensis, Radix	12–15 g
<i>shēng dì huáng</i>	Rehmanniae Glutinosae, Radix	12–15 g
<i>táo rén</i>	Persicae, Semen	9 g
<i>hóng huā</i>	Carthami, Flos	6–9 g

First Reference

Yī Lǐ Yuán Róng (Supreme Commanders of the Medical Ramparts, 1291), by Wáng Hào Gǔ.

- 10 Viljoen, A., Mncwangi, N., and Vermaak I. (2012) "Anti-inflammatory iridoids of botanical origin." *Current Medicinal Chemistry* 19, 14, 2104–2127.
- 11 These include protein kinase C, protein tyrosine kinases, phospholipase A2, and others.
- 12 Middleton, E. Jr (1998) "Effect of plant flavonoids on immune and inflammatory cell function." *Advances in Experimental Medicine and Biology* 439, 175–182.
- 13 Yu-Ping Tang, Peng-Gao Li, Miwako Kondo, Hong-Ping Ji, Yan Kou, and Boxin Ou (2009) "Effect of a mangosteen dietary supplement on human immune function: A randomized, double-blind, placebo-controlled trial." *Journal of Medicinal Food* 12, 4, 755–763.
- 14 World Health Organization (2007) *WHO Monographs on Selected Medicinal Plants Vol. 3*. Geneva: WHO, pp.314–327.
- 15 Kimura, Y. and Sumiyoshi, M. (2011) "Effects of baicalin and wogonin isolated from *Scutellaria baicalensis* roots on skin damage in acute UVB-irradiated hairless mice." *European Journal of Pharmacology* 661, 1–3, 124–132.
- 16 Kowalyzyk, E., Krzesinski, P., Kura, M., Niedworok, J., Kowlaski, J., and Blaszczyk, J. (2006) "Pharmacological effects of flavonoids from *Scutellaria baicalensis*." *Przegląd Lekarski* 63, 2, 95–96.
- 17 Chi, Y.S., Lim, H., Park, H., and Kim, H.P. (2003) "Effects of wogonin, a plant flavone from *Scutellaria radix*, on skin inflammation: In vivo regulation of inflammation-associated gene expression." *Biochemical Pharmacology* 66, 7, 1271–1278.
- 18 World Health Organization (2007) *WHO Monographs on Selected Medicinal Plants Vol. 3*. Geneva: WHO, pp.314–327.
- 19 Wagner, H., Bauer, R., Peigen, X., Jianming, C., et al. (2004) *Chinese Drug Monograph and Analysis. Fructus Gardenia-Zhizi 5* (22). Germany: Verlag für Ganzheitliche Medizin.
- 20 Yunhe Fu, Bo Liu, Jinhua Liu, Zhicheng Liu, et al. (2012) "Geniposide, from *Gardenia jasminoides* Ellis, inhibits the inflammatory response in the primary mouse macrophages and mouse models." *International Immunopharmacology* 14, 4, 792–798.
- 21 Lin, Y.J., Lai, C.C., Lai, C.H., Sue, S.C., et al. (2013) "Inhibition of enterovirus 71 infections and viral IRES activity by *Fructus gardeniae* and geniposide." *European Journal of Medicinal Chemistry* 62, 206–213.
- 22 Nadav Shraiborn, Sirbal Ltd., published June 30, 2015, patent citation US9066974 B1.
- 23 Huang, Z.S., Zhang, M., Ma, L., and Gu, L.Q. (2000) "A survey of chemical and pharmacological studies on *zicao*." *Natural Product Research and Development* 12, 1, 73–82.
- 24 Rajasekar, S., Park, D.J., Park, C., Park, S., et al. (2012) "In vitro and in vivo anticancer effects of *Lithospermum erythrorhizon* extract on B16F10 murine melanoma." *Journal of Ethnopharmacology* 144, 2, 335–345.
- 25 Zhang, Z.Q., Cao, X.C., Zhang, L., and Zhu, W.L. (2005) "Effect of shikonin, a phytochemical from *Lithospermum erythrorhizon*, on rat vascular smooth muscle cells proliferation and apoptosis in vitro." *Zhonghua Yi Xue Za Zhi* 85, 21, 1484–1488.
- 26 Hisa, T., Kimura, Y., Takada, K., Suzuki, F., and Takigawa, M. (1998) "Shikonin, an ingredient of *Lithospermum erythrorhizon*, inhibits angiogenesis in vivo and in vitro." *Anticancer Research* 18, 2A, 783–790.
- 27 Ishida, T. and Sakaguchi, I. (2007) "Protection of human keratinocytes from UVB-induced inflammation using root extract of *Lithospermum erythrorhizon*." *Biological and Pharmaceutical Bulletin* 30, 5, 928–934.

Preventive Healthcare: Dietary and Lifestyle Advice

DIET AND LIFESTYLE habits play an important role in the development of diseases, particularly in the development of skin diseases, as can be observed in clinical practice every day. We know that just as diet and lifestyle habits can worsen a skin disease, they can also improve the skin's appearance. Patients need to understand that they are an essential part of the therapy. They have the ability to speed their skin's healing at home if we create awareness of their own responsibility in their healing process. Or—on the contrary—they may also contribute to the aggravation of their skin disease if they have inappropriate diet and lifestyle habits.

Diet

Chinese food culture, where dining is often a means of promoting communication, is quite different from that in Europe and other Western countries. Eating and hospitality are extremely important in China. One piece of evidence for this is that the greeting formula “*Nǐ hǎo!*” is often replaced by the question “*Nǐ chī guò mā?*” which means “Have you eaten yet?” Any host always strives to provide more food than guests can eat, and only the best is on the table.

Apart from the provision and consumption of food, however, Chinese food culture also regards food as medicine. The ancient doctor Sūn Simiǎo (581–682) stated: “When treating a disease, nutritional therapy should be used first. Only when no relief can be achieved should medicine (herbs) be used.”¹ This statement tells us much about the importance of Chinese dietetics and nutrition, and shows that the combination of nutrition and medicine has a very long tradition.

Appendix III: *Pīnyīn*– Chinese–English Formula Cross-Reference

<i>Pīnyīn</i>	Chinese	English
<i>Bái Hǔ Tāng</i>	白虎汤	White Tiger Decoction
<i>Bì Xiè Shèn Shī Tāng</i>	萆薢渗湿汤	Dioscorea Decoction to Leach Out Dampness
<i>Bǔ Gǔ Zhī Dīng</i>	补骨脂酊	<i>Bǔ Gǔ Zhī</i> Tincture
<i>Dān Zhī Xiāo Yáo Sǎn</i>	丹栀逍遥散	Moutan and Gardenia Rambling Powder
<i>Diān Dǎo Sǎn Gāo</i>	颠倒散膏	Upside Down Powder Paste
<i>Èr Miào Sǎn</i>	二妙散	Mysterious Wonder Powder
<i>Fáng Fēng Tōng Shèng Wán</i>	防风通圣丸	Ledebouriella Powder That Sagely Unblocks
<i>Huáng Lián Gāo</i>	黄连膏	Coptidis Balm
<i>Huáng Lián Jiě Dú Tāng</i>	黄连解毒汤	Coptis Decoction to Relieve Toxicity
<i> Jiě Dú Xǐ Yào</i>	解毒洗药	Detoxifying Lotion
<i>Jīn Huáng Sǎn</i>	金黄散	Golden Yellow Powder
<i>Liú Huáng Gāo</i>	硫磺膏	Sulfur Ointment
<i>Liú Huáng Ruǎn Gāo</i>	硫磺软膏	Sulfur Ointment
<i>Liù Jūn Zǐ Tāng</i>	六君子汤	Six Gentlemen Decoction
<i>Lóng Dǎn Xiè Gān Tāng</i>	龙胆泻肝汤	Gentian Decoction to Drain the Liver
<i>Pǔ Lián Gāo</i>	普联膏	Universally Linked Ointment
<i>Qín Bǎi Gāo</i>	芩柏膏	<i>Qín Bǎi</i> Cream
<i>Qīng Dài Gāo</i>	青黛膏	Indigo Naturalis Ointment
<i>Qīng Dài Sǎn</i>	青黛散	Indigo Powder
<i>Qīng Liǎn Gāo</i>	清脸膏	Clearing and Cooling Ointment
<i>Qīng Rè Jiě Dú Xǐ Jì</i>	清热解暑洗剂	Clear Heat and Reduce Toxin Wash