

A Case of Psoriasis Due to Menstrual Irregularity

Norman Kraft, LST, MTOM
Pacific College of Oriental Medicine
San Diego, CA

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Synopsis

Psoriasis is a common Western complaint that appears in every acupuncturist's practice. While there have been advances in our understanding of this and other dermatological diseases from a classical Chinese perspective, there is still a marked tendency in writing and practice to overlook the larger picture of underlying patterns that may lead to disorders of the skin.

This case is an illustration of how a primary complaint of psoriasis in a female patient may be much more than it appears, and have its root in the cycles of Blood, so fundamental a process to a woman's health.

Definitions

Before presenting this case, I'd like to summarize a few definitions of psoriasis, from Western¹ and Chinese sources:

Merck Manual:

[Psoriasis is] a common chronic, recurrent disease characterized by dry, well-circumscribed, silvery papules and plaques of various sizes... A family history of psoriasis is common and usually reflects genetic factors.²

Handbook of Traditional Chinese Dermatology:

Psoriasis is called Song Pi Xian (pine skin tinea). When it appears in dotted form, it is called Bai Bi (white mark). It is caused by Wind and Dampness due to Blood Exhaustion in turn due to invasion by pathogenic Wind. In the Golden Mirror of Original Medicine it is said: "Pine skin tinea is named after the resemblance of the red and white dotted skin to pine tree bark. Itching is constant." Further: "Bai Bi arises from the dry white skin as itchy macula and scabs. The scaly white skin is due to scratching. (This condition) is caused by malnourishment (of the skin) when Blood Dryness is caused by attack of the skin by pathogenic Wind."³

Chinese Acupuncture:

While the author gives no clear description of psoriasis, the term appears variously in the text as attributable to either the Liver or Spleen. He notes on page 792 that "The skin and blood depend on the lung and the heart. The skin and body hair receive life from the lung and nourish and feed the kidney. The skin is made healthy by the spleen...

Insufficiency of the liver is the cause of most skin troubles."⁴

Clinical Characteristics

Generally, psoriasis is easily identified in the clinical setting by its appearance as scaly white patches of skin that the patient will report to be intensely itchy. These patches are often red from the patient's persistent scratching. There is often a shedding of white scales on the patients clothing, much as one would see with dandruff. In psoriasis of the scalp, scratching may lead to localized hair loss. Common sites for these patches are the scalp, elbows, knees, backs of the hands, top of the feet, upper back and buttocks. Onset in childhood is most common, but the disease can begin at any point in the patient's life.

Western Treatment of Psoriasis

As noted by the Merck Manual "because effective treatments are few, the simplest forms---lubricants, keratolytics, and topical corticosteroids---should be tried first for a limited number of lesions. Exposure to sunlight is recommended, though occasionally sunburn may induce exacerbations."⁵ The text then goes on to discuss how various corticosteroid preparations and mild acid solutions may be used to address acute outbreaks, and notes the high intensity ultraviolet light

therapy is highly effective in treating extensive lesions. For this reason, doctors often refer psoriasis patients to tanning salons.

As regards prognosis, Merck notes *“the prognosis depends on the extent and severity of the initial involvement---usually the earlier in life it begins, the greater the severity. Acute attacks usually clear up, but complete permanent remission is rare. No therapy assures patients of a cure, but most cases can be well controlled.”*⁶

Treatment of Psoriasis by Traditional Chinese Medicine

Despite the previous definitions, which illustrate the strong link between the Blood and psoriasis, most recommended treatments are simple approaches that consist of clearing Damp-Heat from the skin. This somewhat unenlightened approach ignores the significant involvement of Blood in the pathogenesis of this disease, and by extension the involvement of the monthly Blood cycle in women.

A Case History

The patient is a 32 year old woman, who presented with a chief complaint of psoriasis. The patient had her first attack of psoriasis in childhood and finds the severity to be very much related to emotional stress and damp weather. She had been treated repeatedly in our clinic and elsewhere for this condition and, to summarize her chart, previous practitioners had noted the red and white scaly lesions and directed their treatments toward clearing damp-heat from the skin. These treatments had limited, short-term effect.

Her lesions are located on her scalp, elbows, knees and upper back. They are white and scaly, and the ones within reach of her fingernails are red from the scratching. She describes the itching as *“relentlessly, constantly driving me insane!”*

As I talked with this patient, she noted that I was the first to ask about her menses, and proceeded to paint a picture of life-long menstrual difficulties dating back to her very first menses at age 13. Her monthly cycles are irregular, ranging from 21 to 35 days, she has significant pain, cramping and emotional distress prior to her menses, and has a bleeding pattern of clotting and heavy flow for two days, with the flow ceasing altogether after three or four days. She feels tired and weakened after her menses.

Her face, lips and eyelids are all quite pale, and she notes a general pattern of being cold much of the time. Her pulse was thin, deep, wiry and slow, with emptiness at the Spleen position and a full, knotted feeling at the Liver pulse. Her tongue was pale-purple, with a white coat.

The patient is a very active at walking, swimming, aerobics, hiking and backpacking. She is a vegetarian, and she is careful to keep a balance of cooked grain foods in her diet. She is happily married and has no children. Her relationship to her parents is good, with no history of significant problems. In her college years she went through a period of heavy drinking and partying, which led to a severe exacerbation of both the menstrual and skin conditions.

Diagnosis

Using a Zang Fu model, I diagnosed this patient as having Liver Blood deficiency leading to Liver Qi and Blood stasis, with Spleen Qi deficiency leading to a lack of nourishment to the skin. Further I diagnosed a disharmony of the Ren and Chong as this appears to be a deeply rooted pathology of Blood and fundamental bodily cycles.

Development of a Model

We know that Blood and Skin are related, and that the Liver and Spleen are often involved in both menstrual and skin disorders. The connection between these is not obviously stated in the texts, but may be easily surmised. The skin is generally given to the Lungs, but the nourishment and moistening of the skin is the task of the Blood. As the Spleen makes the Blood and the Liver stores the Blood, these organs are deeply enmeshed in any Blood pathology. Further, we know the Blood follows Qi, and that insufficiency of the Liver leads to a stagnation of Qi, thus Blood does not flow smoothly or as widely when the Qi is not doing leading it.

In this case, however, the problem lies much deeper. The Blood disorder seems to have preexisted the beginning of menses, since there was no period of normal cycles, and the psoriasis has been with her since childhood. A Blood disorder this early in life must be deeply set in basic makeup of the patient, most likely an outgrowth of prenatal Jing influences. In her, this level of disorder may be reached most effectively through the Ren and Chong, which deal with the most fundamental issues of Blood and the Blood cycle in women.

Treatment

It is most tempting in a case like this to follow the course of least resistance. Determine the patient's "chief complaint," look it up in one of our texts, and treat what one sees. In a case of a disorder that has persisted through a woman's entire adult life, however, we must learn to see more deeply, and to look beyond the texts into our understanding of the Chinese model of life, health and disease.

In this case, I took a three-pronged approach: a branch herbal formula, a root herbal formula, and a root acupuncture treatment.

A Branch Formula for Itchy and Red Skin

Herb	Dosage	Action
<i>Shu Di Huang</i>	20 gm	Nourshes Blood
<i>Sang Ye</i>	9 gm	Clears Liver Heat
<i>Ju Hua</i>	9 gm	Clears Liver Heat
<i>Chi Shao</i>	9 gm	Clear Liver Heat, Invigorate Blood
<i>Mu Dan Pi</i>	9 gm	Cools Blood, Invigorates Blood
<i>Bai Xian Pi</i>	9 gm	Dispels Wind, Damp and Heat
<i>Ku Shen</i>	9 gm	Clear Damp-Heat, Drain Damp, Stop Itching
<i>Di Fu Zi</i>	9 gm	Clear Damp-Heat, Stop Itching
<i>Cang Er Zi</i>	9 gm	Dispel Wind-Damp, Stop Itching

This formula has been very effective in the case to relieve the constant itching, thereby encouraging the patient to cease her constant scratching. This, in turn, allows the skin to heal and cool. It is axiomatic in Western medicine that the single most important goal in psoriasis is to stop the itching. The dosage is one-half cup of the decoction, three times per day, between meals.

A Root Formula for Blood Deficiency

For this formula I turned to K'an Herbals and selected their "Women's Precious" extract. This formula is a modification of Ba Zhen Yi Mu Wan (Eight Treasure Pill to Benefit Mothers). In this formulation, these herbs "nourish the blood; tonify the qi; regulate the blood; adjust the menses; support fertility; quicken the conception vessel (Ren Mai) and penetrating vessel (Chong Mai); nurture and firm the uterus."⁷ The formula was prescribed at a dosage of one-half dropper, three times per day between meals.

In examining the original formula with the K'an modification, I found their inclusion of Yi Mu Cao, Shou Wu, and Gou Qi Zi to be ideal for this case, as the first is indicated for irregular menses and the latter two nourish both Blood and Essence (Jing). This formula is a close parallel to my acupuncture treatments.

I also prescribed an additional K'an formula, "Women's Rhythm," to be used for the week before menses, or as soon as premenstrual symptoms began on an as-needed basis.

An Acupuncture Root Treatment

As my primary style of acupuncture involves a great deal of pulse balancing, which requires changes from treatment to treatment, it is not possible to show a fixed set of points that I use. Still, there are certain core points that I commonly use in this case. Among these are the following points, mostly given as point groups as this is how I think about and use points.

Point(s)	Function
LU7(r)/KI6(l)	Opens the Ren Mai
SP4(l)/P6(r)	Opens the Chong Mai
ST36/LI10 ⁸	Tonify Yang-Ming Qi and Blood
R4/KI12/LV5(l)/SP6(r) ⁹	Regulate Chong and Ren
SP10(r)	Cools and Tonifies Blood, Regulates Menses
LV8(l) (Japanese) ¹⁰	Tonifies Liver Blood, Regulates Qi
UB18/20/23	Tonify and Regulate Liver, Spleen and Kidney
<i>Jing Gong</i> ¹¹	Tonify Kidneys and Benefit Essence

Core Points

I always begin her treatments with the Master/Couple points of the Ren and Chong, as this directs the functions of other points to a deeper level. The contralateral needling has a balancing effect and reduces the number of needles used in each treatment.

Progress

This patient has been under my care for eight weeks now. From the first treatment she noted a reduction of symptoms, and when she began the herbal formulas her lesions began to shrink, the itching stopped, and she began to pick up color in her face. She has noted a reduction of PMS symptoms and clotting of menses, but otherwise her cycle has not changed dramatically. With a deeply rooted problem such as hers, I would not expect a marked change in the menstrual cycle for some months to come.

Prognosis

Western medicine sees psoriasis as a life-long, genetically related disease that may be controlled but not resolved. This patient has experienced a considerable reduction in symptoms, but only time will tell if this is simply a cyclical remission or if we have started her on the road to a long-term solution. It is my belief that with careful care to keep the focus of treatment on the underlying roots of the disease that what the West would call "long-term remission" is within reach.

Future Directions

We will be stopping the raw formula in another week, keeping it available for any acute flare-ups. The extracts will be needed for months, if not years, and regular and consistent treatment will be the key to results. Currently, I see the patient every other week for acupuncture and monitoring.

Endnotes

- [1] The Western diagnostic criteria are important in this discussion as psoriasis is a Western disease and it is a Western diagnosis that the patient has brought to our clinic.
- [2] The Merck Manual, 16th Edition, page 2435.
- [3] A Handbook of Traditional Chinese Dermatology, Liang Jian-Hui, Blue Poppy Press, 1988. Page 97.
- [4] Chinese Acupuncture, George Soulie De Morant, Paul Zmiewski (ed), Paradigm Publications, 1994. Ref. pages 239, 279, 792.
- [5] Merck Manual, page 2436.
- [6] Merck Manual, page 2435.
- [7] K'an Herbs Formula Guide, page 3-10.
- [8] Both of these points strongly tonify Qi and Blood. Used together in this fashion, I have found them to have function greater than their sum.
- [9] From an email discussion with Bob Flaws
- [10] I use this point empirically, and quite effectively, to balance wiry pulses, thus at least strongly implying a Qi regulating function.
- [11] 3.5 cun lateral to L3.

Bibliography

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