

# To Name or Not to Name? The Differential Diagnosis and Treatment of Skin Disease in Chinese Medicine

## Abstract

Under the dominance of modern Western science, practitioners of Chinese medicine have long struggled to define their medicine as something unique, valuable and worth retaining. In so doing they often emphasise the importance of the saying, 'Chinese medicine differentiates patterns, Western medicine differentiates diseases'. While it is true that pattern differentiation is a core aspect of the practice of Chinese medicine, the differentiation and treatment of specific diseases has also been a major part of Chinese medicine since its inception, as shown in its earliest written records. This is particularly true for the practice of Chinese medical dermatology, for which disease-focused treatments can be found throughout the classical literature, right up to the present day. This article presents historical evidence of Chinese medicine treating specific diseases, and provides modern clinical examples showing the practical importance of defining diseases within the practice of Chinese medical dermatology.

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*'The physicians of later times do not even know the general names of the illnesses. How could they be able to distinguish the origins of the various patho-conditions within one specific illness?'*

-Xu Dachung, 1757<sup>1</sup>

## Introduction

The dermatologist, known as the 'yang yi' (sores doctor), was one of four main medical specialties (dietitian, veterinarian and internal medicine doctor were the others) practised during the Confucian times of the late Warring States period (second and third centuries BCE). *The Zhou Li (Rites of Zhou, 300-200 BCE)* claims that the duties of the yang yi included, 'treating swollen sores of the hand, ulceration, opening incised wounds and broken sores using medical ointments, scraping, and elimination [of necrotic tissue].'<sup>2</sup> The dermatologist had to ensure that the illnesses they treated healed successfully, as their wage depended on it: 'Whenever those in the state are afflicted with illnesses, with ulcers on the head or with wounds to the body, he [the chief physician] visits them, and then sends them to physicians with an appropriate specialty to cure them. At year's end, he examines the work of his physicians, so as to adjust their stipends.'<sup>3</sup>

From classical times up to the present day physicians of Chinese medicine have treated a multitude of well-defined skin diseases. But despite the historical references found throughout the past 2000 years, many practitioners still believe that 'Chinese medicine doesn't treat diseases', and that 'Chinese medicine differentiates patterns, Western medicine

differentiates diseases'. The belief is that when a patient's root imbalance is adjusted, the rest of the body should catch up. I have witnessed this thinking amongst Chinese medicine practitioners seeking guidance regarding the treatment of, as amusing as it may sound, a patient's 'itchy bum'. Rather than attempt to name any disease, let alone describe what the condition actually looks like, a patient's constitutional pattern diagnosis is theorised. During my training in the dermatology ward in Chengsha, Hunan, whenever anyone presented with an itchy rash on their anus or genital region, we would always go across the hall to a private room to take a proper look. Visually inspecting the troubled area is crucial in determining what the problem is. An 'itchy bum' can be due to parasites, eczema, psoriasis, lichen simplex, tinea curis, warts, etc. In such cases, even if the patient does indeed have Spleen qi vacuity – manifesting as a pale tongue, weak pulse, fatigue and loose stools - I doubt that any amount of 'supplementing the Spleen' would clear, for example, a fungal infection. External medicines would be necessary to kill off the fungus. Thus solely relying on constitutional pattern differentiation may not cure a patient's disease.

In the article that follows I use both historical analysis and case examples from my own clinical practice to clarify that Chinese medicine does in fact treat diseases. I intend to show that through a proper differential diagnosis of the disease, valuable information is given to the clinician, including: an understanding of aetiological and pathological factors, treatment options, whether the disease is actually treatable or not, and if the patient should be referred on for further testing.

## Historical evidence of Chinese medicine treating disease

Volker Scheid points out that 'for long periods of time, especially from the Han to the Tang, diseases rather than patterns functioned as the most important diagnostic classifiers'.<sup>5</sup> This is particularly true for the *Wushier Bing Fang* (*Recipes for 52 Ailments*, believed to reflect medicine of 300-200 BCE), which was found as part of the contents of the *Magwangdui* tombs. Not only is this text categorised according to disease name, all the treatments correspond directly to the given disease. Donald Harper notes, 'quite simply, within the community of physicians ... it was known that drug X was useful for application Y'. Not much attention was given to patterns at all. Harper claims that the text 'is wholly concerned with the use of drugs to treat ailments - ailments as understood in ontological pathology'.<sup>4</sup> Treatments were aimed directly at eliminating diseases, which had an 'existence of their own'.<sup>4</sup>

Most of the diseases listed in the *Wushier Bing Fang* are skin-related and include warts, scabies and differing types of abscesses. Diseases such as leprosy, vitiligo and facial acne may also be inferred, but the lack of detailed description makes it hard to determine for sure. The following seven-herb recipe for the treatment of ju-yong (welling-abscess) is from the *Wushier Bing Fang*: 'Smith Bai Lian (*Radix Ampelopsis*), Huang Qi (*Radix Astragali*), Shao Yao (*Radix Paeoniae Lactiflorae*), Gui (*Ramulus Cinnamomi Cassiae*), Jiang (*Rhizoma Zingiberis*), Jiao (*Pericarpium Zanthoxyli*), and Zhu Yu (*Fructus Evodiae Rutecarpae*) - altogether seven substances ... For ju abscess of the flesh, double the Huang Qi ... Use one portion of each of the others. Combine and put one large three-fingered pinch into a cup of liquor. Drink it five or six times a day. Wait for it to desist'.<sup>4</sup>

By the second century BCE the biography of the famed physician Chunyu Yi appeared in the *Shi Ji* (*Historical Records*), which was primarily based on the medical case studies he had submitted to the Han courts as proof of his good work.<sup>4</sup> Within these case studies Chunyu Yi shares his views on what at the time was a new way to view illness: a physiologically-based method called 'vessel theory'. This new idea viewed disease as the outcome of a blockage in the flow of qi and blood flowing through the vessels of the body. Harper writes, 'It seems that in the second and first centuries BCE Chunyu Yi and like-minded physicians were justifying a new understanding of illness based on vessel theory. Ailments - the majority of which already had proper names in contemporary language - were being redefined according to physiological pathology; the physicians had to demonstrate that ailments did not exist as discrete entities, but were in fact manifestations of a deeper disturbance in the human organism'.<sup>4</sup>

While vessel theory did become the foundation for future Chinese medical practice, earlier views of the importance of discrete illnesses never disappeared. Harper

continues, 'ontological ideas were never supplanted in later Chinese medicine. In medieval recipe manuals and materia medica, ailments continued to be treated as localized entities which drugs and other therapies could control'.<sup>4</sup> Thus we have what Harper refers to as a 'dual view of illness ... ontological explanations overlaid by physiological explanations'.<sup>4</sup> On the one side we have the named disease-entity with an existence of its own, and on the other we have the symptoms being due to a 'functional breakdown of the human organism'.<sup>4</sup> This debate, which started some 2000 years ago, still continues to this day, where we find scholar-physicians claiming that we should only focus on the 'functional breakdown' as viewed through *bianzheng lunzhi* (pattern differentiation and treatment determination), and that differential diagnosis of a disease-entity is solely a Western medical practice.<sup>5</sup>

In the last chapter of the *Huang Di Nei Jing Ling Shu* (*Yellow Emperor's Inner Canon Divine Pivot*) two different skin conditions are differentiated using both vessel theory and morphological descriptions. To my knowledge, this is one of the earliest references for differentiating diseases. Huang Di asks Qi Bo to 'differentiate welling-abscesses and flat-abscesses'. Qi Bo then explains that with a welling-abscess 'the top of the skin is thin and shiny', and it is due to qi stagnating in the channels giving way to strong heat that rots the flesh and creates pus. Welling-abscesses appear to be more superficial in the body: '[the heat] cannot be trapped in the skin and bones, the marrow will not wither, and the five viscera will not be damaged.' In contrast, Qi Bo explains that the 'skin on top of a flat-abscess perishes so that it becomes hard and the top resembles the skin of an ox's neck'.<sup>6</sup> The pathology of a flat-abscess penetrates deeper into the body, as the heat 'sinks under the muscles and skin. The tendons and marrow are made withered. The five zang-organs are contaminated. The blood and qi are exhausted'.<sup>7</sup>

In the adjacent text, the *Su Wen* (*Basic Questions*), we find a discussion on how to treat a welling-abscess in the neck. Huang Di asks, 'some treat it with stones, some treat it with needles or cauterization. In all cases [the disease] ends. Which of these [therapies] is reliable?'. Qi Bo explains, 'This [yong (welling)-abscess] is an identical name for different types [of diseases]. Now, in the case of a yong-abscess, the qi stagnates [at one place]. One must open it with a needle to eliminate it. Now, when the qi abounds and blood has collected, one must drain it with a stone. This is what is called "different treatments for identical diseases."<sup>8</sup> Here we see a named disease being directly treated, but its pathology is explained via vessel theory. We can also see the origin of perhaps one of the most foundational phrases in Chinese medicine, which later evolved to become 'yi bing tong zhi, tong bing yi zhi'<sup>1</sup> (different diseases, same treatment; same disease, different treatments), whereby the defining of a disease entity is followed by the differentiation of the pathologies that contribute to it.

## The pattern itself does not necessarily indicate exactly which herb/s to choose within each herb category.

Volker Scheid reminds us that, while Zhang Zhong Jing's *Shang Han Lun (On Cold Damage)* is generally credited for bringing to light the importance of pattern differentiation, 'diseases rather than patterns form the focus' within this text.<sup>5</sup> Diseases also form the focus in Zhang Zhong Jing's companion text, the *Jin Gui Yao Lue (Prescriptions of the Golden Chamber)*, where diseases such as hu huo (fox-creeper disease, aka. Behcet's syndrome), yong-abscess (welling abscess) and jin yin chuang (wet spreading sores, possibly nummular eczema or impetigo) are used as chapter headings and the treatment advice is based primarily on the name of the disease, as well as the differing symptoms. Pattern pathology is not explained in the examples that follow:

*'Erosion of the throat indicates hu disease, and erosion of the anal and genital orifices indicates hu disease ... Gan Cao Xie Xin Tang (Licorice Heart-Draining Decoction) is indicated.'*<sup>9</sup>

*'For wet spreading sores, Huang Lian Fen (Rhizoma Coptidis Chinensis Powder) is indicated.'*<sup>9</sup>

In the *Jin Gui Yao Lue* we also see an important formula construction technique, whereby herbs are mixed according to information gained by a combination of the disease name, the presenting symptoms and the pattern. We can look at bai he (lily) disease as an example. First we see descriptive information regarding the diagnosis of bai he disease. Then we are advised to 'apply treatment in accordance with the presenting pattern',<sup>9</sup> and a list of seven different treatments for bai he disease are given, each according to different symptoms. Lastly, we are advised to classify the symptoms based on either yin or yang, so that treatment is based on an overall pattern. Six of the seven herbal formulas offered actually contain the herb Bai He (*Lilii Bulbus*), which seems an obvious ontological approach involving the use of a specific herb for a specific disease. The modifications are related to different symptom presentations, the progression of the disease or as a response to previous wrong treatment. For example: patients treated incorrectly with sweating will be given the herb pair Bai He and Zhi Mu (*Rhizoma Anemarrhenae Asphodeloidis*); patients mistreated with purgatives will be given Bai He with Hua Shi (*Talcum*) and Dai Zhe Shi (*Hematite*); patients who develop a fever will be given Bai He with Hua Shi; and if the disease remains the same after giving an emetic, purgative or diaphoretic, then Bai He is given with the juice of Sheng Di Huang (*Fresh Radix Rehmanniae*).

Zhang Zhong Jing's usage of specific herbs for specific

diseases exemplifies a prescribing style practised by some modern day practitioners of Chinese medicine. While patterns may help clarify the type of herb that needs to be used in a particular case - i.e. a yin-nourishing herb for a yin deficient patient - the pattern itself does not necessarily indicate exactly which herb/s to choose within each herb category. The disease itself can help clarify this, as seen in the above case of bai he disease. Mazin Al-Khafaji points out that Ban Lan Gen (*Radix Isatidis seu Baphicacanthi*) and Cao He Che (*Rhizoma Paridis*) are often added to formulas for the treatment of psoriasis manifesting with strong fire toxins, whereas in the treatment of the various forms of eczema these herbs are rarely used. In contrast Zi Hua Di Ding (*Herba Violae Yedoensis*) and Pu Gong Ying (*Herba Taraxaci Mongolici*) are commonly prescribed to treat eczema, but are rarely used for psoriasis. Both sets of herbs come from the same herb category of clearing-heat and eliminating-toxins, but their usage is very much determined by the disease being treated.<sup>10</sup> Al-Khafaji, as well as other dermatologists such as Gu Bohua<sup>16</sup> and Yin Ping,<sup>16</sup> recommend the use of Cang Er Zi (*Fructus Xanthii Siberici*) - and more specifically Cang Er Cao (the whole plant) - for the treatment of vitiligo. I have not seen Cang Er Cao being used for any other dermatological disorder other than vitiligo in the literature that I have read. Ce Bai Ye (*Cacumen Platycladi*) is used by such prominent dermatologists as Li Lin<sup>15</sup> and Xu Yihou<sup>16</sup> - both students of the famed Zhu Renkang - for the treatment of hair loss, particularly when attributed to the pattern of blood heat. Ce Bai Ye is otherwise not a commonly-used herb for the treatment of skin diseases.

Basing treatment on the disease and symptoms is the main focus of the *Shen Nong Ben Cao Jing (Divine Farmer's Materia Medica)*, which is believed to be an evolved version of the herbal information seen in the *Wushier Bing Fang* mentioned above, as well as a text excavated from the burial tombs at Shuanggudui, the *Wanwu (Myriad Things)*. Harper informs us that the *Wanwu's* classification system is 'in the form of ailments identified according to the drugs that cure them'.<sup>4</sup> In the *Ben Cao* we see herbs such as Zhi Zi (*Fructus Gardeniae Jasminoidis*) being described to specifically treat jiu zha (drinkers nose, aka. rosacea), and that Huang Qi 'mainly treats welling abscesses and enduring sores (by expelling pus and relieving pain.' In support of this idea of prescribing medicinals based purely on disease name, we have the words of Xu Dachung, written in 1757: 'There are more instances than I could recount here where, in ancient prescriptions, the drugs had no relation whatsoever to the cold, hot, warm, cool supplementing or draining [nature of the substance seemingly required by] the nature of the illness, and yet [these prescriptions] showed miraculous results.'<sup>1</sup>

Roughly 500 or so years after the *Nei Jing* we see a continuation of the discussion on welling- and flat-abscesses found earlier in the *Ling Shu* in the *Liu Juan*

*Zi Gui Yi Fang* (Liu Juan Zi's Formulas Inherited by Ghosts, 479 to 502), the earliest surviving text dedicated solely to dermatology. In this text we see further discussion on the differential diagnosis and treatment of abscesses: 'The Yellow Patriarch said: Besides like what you say, I still do not know the natures and names of welling- and flat-abscesses, the places where they arise, the form and appearance of the examined symptoms, whether or not they [can] be treated, and the time intervals of life and death. I wish to hear about these one by one.' Qi Bo then names and describes many different types of both flat and welling abscesses, giving detailed accounts of their appearance, location, treatment (both internal and external), prognosis and whether they are treatable or not. For example, 'Bee flat-abscesses that develop on the thigh and the back ... if they connect to the shoulder bone, and are not cured on the twentieth day, death [will follow]. On the eighth day you can prick. If their color is red-black, and you observe green-blue pus, death [will follow] – it is incurable.'<sup>12</sup> The use of Huang Qi for welling-abscesses mentioned earlier is noted again, 'Welling-abscesses whose flesh is flat, identical, and purple colored, you do not have to treat. Merely use a combination of Huang Qi and *Dan Zhu Ye Tang* to stretch their qi.'<sup>14</sup> The *Liu Juan Zi Gui Fang* thus teaches us that by examining the appearance of lesions found at different locations on the skin, we can determine: the name of a skin disease, whether it is treatable or not, and even whether it is associated with fatality. Here we have some of the main characteristics necessary for differentiating skin disease in the modern sense, including morphology (shape, texture, colour and growth pattern) and location.

The *Zhu Bing Yuan Hou Lun* (*Treatise Regarding the Origin and Symptoms of all Diseases*) published in 610 AD, is described by Volker Scheid as 'the most representative and influential example' of a text where 'diseases rather than patterns functioned as the most important diagnostic classifiers'.<sup>5</sup> The text contains about 70 different chapters, all named after a particular disease category such as welling- and flat-abscesses, sores, incised wounds, and a whole host of other diseases. Each chapter contains many sub-groups, roughly 1500 in total, which in the case of dermatology are usually named according to characteristics of the disease symptoms such as appearance or location. For example, under the welling- and flat-abscesses chapter there are 45 different subgroups, with titles such as 'flat-abscesses of the mouth and teeth', 'flat-abscesses of the elbow', 'blazing flat-abscesses' and 'welling-abscesses with vexation and thirst'.<sup>13</sup> It is possible that the *Zhu Bing Yuan Lun* contains the first definitive Chinese description of psoriasis. Under the disease chapter entitled 'Sores', we find the subgroup 'dry dermatosis' with the following description: 'Dry dermatosis is itchy with dry skin and a discernible border. When scratched white scales are formed. It is generated by wind damp pathogens residing in the interstices,

***The naming of disease has always been important in the practice of dermatology.***

coinciding with cold damp, and battling of qi and blood'.<sup>14</sup>

After the *Zhu Bing Yuan Hou Lun* was written many more texts were published in relation to the practice of dermatology, with detailed descriptions of both newly introduced and already known skin diseases being discussed. The 20th century dermatologist Zhu Renkang stated, 'Since then, more and more therapeutic methods and herbs for external diseases were discovered and many special books were published in the following dynasties.'<sup>15</sup> From my brief exploration through various works published over the past 2000 years - starting with the earliest written records all the way to our present day – I have found that the naming of disease has always been important in the practice of dermatology. In the case examples that follow I will attempt to show why the naming of disease is an important practical step for the practitioner treating problems of the skin in the modern day clinic.

## The importance of naming diseases in modern clinical practice

### Case study 1: Itchy lesions of the elbow

One method for classifying skin diseases is to organise them according to the part of the body affected. This is certainly true for many modern dermatological textbooks, but can also be seen in early excavated texts such as the *Maishu* (*Channels Document*, early part of 200BCE) found in Zhangjiashan, of which Harper shares, 'the body itself serves as an organisational principle ... the text lists three head ailments, then continues downwards to the bottom of the foot'.<sup>4</sup> This is obviously very convenient for the physician who needs a quick reference, and as such I highly recommend any clinician to keep such a book in their office. As an example of how we can use both morphology and location to help us determine a skin disease, I here look at the differential diagnosis of itchy lesions of the elbow. The following photographs are of three somewhat common skin diseases found on the elbow: lichen simplex, nummular eczema and psoriasis. By learning how to look at the skin with great attention to detail, we can uncover the true nature of the disease, which obviously helps to refine our treatment approach.

Photo 1: Lichen simplex - niu pi xuan (ox skin dermatosis). As we can see in the picture, the lesions are very dry and lichenified, as evidenced by the accentuated skin lines. Itching is often extreme. In the *Wai Ke Zhong Zong* (*Orthodox Manual of External Diseases*) published by Chen Shigong in 1617, it states 'niu pi xuan resembles hard thick oxhide, and feels like a rotten log. This disease occurs because of

blood-dryness and wind toxins.’ An important diagnostic feature of lichen simplex is its one-sided tendency (i.e. it affects one elbow, not both). A unilateral presentation is always an important feature to ponder, as it can signify whether a condition is caused by an external pathogen (i.e. fungus), trauma or is something very serious like cancer.



Photo 1: Lichen simplex - niu pi xuan (ox skin dermatosis)

In the case of lichen simplex, the cause is often due to unconscious scratching, or ‘nervous itch’, that eventually leads to a self-perpetuating scratch-itch cycle. In order for this disorder to heal the patient must stop scratching, which means they must manage stress better. Differential diagnosis of lichen simplex is thus essential for managing the aetiological factors responsible for its manifestation.



Photo 2: Nummular eczema - jin yin chuang (wet spreading sore)

Photo 2: Nummular eczema - jin yin chuang (wet spreading sore). In contrast to lichen simplex, this disease usually has an element of dampness mixed with heat, as evidenced by the oedematous, well demarcated and eroded lesion seen in the picture. Primary treatment must focus on clearing heat and draining dampness, while possibly also clearing fire toxins. The main point here is that the physician must learn to read the skin for these subtle signs of dampness, which are noticed only through close examination.



Photo 3: Psoriasis - bai bi (white crust)

Photo 3: Psoriasis - bai bi (white crust). This commonly-encountered disease has lesions which are red, raised and dry, with a white scale that easily sheds. Itching is generally much less than with the above two lesions, and may not be present at all. So whereas the dryness in lichen simplex is as a consequence of repeated trauma from scratching, the dryness in psoriasis is usually the result of strong heat in the blood that has turned to fire. Thus in order to rehydrate the dryness of psoriasis, one must first ‘put the fire out’. As mentioned earlier, herbs like Ban Lan Gen and Cao He Che are commonly used to clear fire toxins in psoriasis.

**Case study 2: Generalising leads to poor outcomes**

A common mistake made by practitioners of both Western and Chinese medicine, is to over-generalise our patient’s condition. As mentioned above, terms such as ‘itchy bum’ can often be reflective of a practitioner’s inattentive investigation - or lack of knowledge - of the disease suffered by the patient. In the following example I show how a patient’s ‘dry skin’ was actually much more.

For 10 years a patient had suffered with very dry and cracked hands, which his general physician thought was simply the consequence of being a metal-worker and therefore recommended using heavy moisturising creams. Upon inspection, I noticed some well defined red plaques with white scaling on his hands, as well as his knees and elbows, which led me to believe that he had undiagnosed psoriasis (see photo 4). Based on this diagnosis, this man’s hands were actually dry as a consequence of strong fire toxins and heat in his blood. The fire needed to be put out before the skin could moisten itself again. I gave him the following raw-herb base formula (with modifications) over a three-month period:

- Sheng Di Huang (Rehmanniae, Radix) 30g
- Mu Dan Pi (Cortex Radicis Moutan) 9g
- Chi Shao (Radix Rubrum Paeoniae Lactiflorae) 9g
- Tu Fu Ling (Rhizoma Smilacis Glabrae) 30g
- Bai Xian Pi (Cortex Radicis Dictamni Dasycarpi) 15g
- Bai Ji Li (Fructus Tribuli Terrestris) 20g
- Ban Lan Gen (Radix Isatidis seu Baphicacanthi) 30g

Cao He Che (Rhizoma Paridis) 18g  
 Da Qing Ye (Folium Isatidis) 15g  
 Jin Yin Hua (Flos Lonicerae Japonicae) 12g  
 Lian Qiao (Fructus Forsythiae Suspensae) 12g  
 Gan Cao (Radix Glycyrrhizae) 6g



Photo 4: Undiagnosed psoriasis caused by strong fire toxins and heat in the blood

The patient also applied Mazin Al-Khafaji's Bai Bi Gao (an ointment specifically designed for the treatment of psoriasis based on traditional recipes) every night with occlusion. Over time the psoriasis cleared and sure enough his hands became soft and supple, even though he continued his work as a metal-worker. Differential diagnosis here showed that an internal pathology was occurring, rather than just work-related dryness.

### Case study 3: Blistering disease of the hands and feet

Abscess is a commonly encountered skin lesion found throughout the historical literature and, as we saw in the *Ling Shu*, special attention was made to properly differentiate this condition. Harper explains that 'etymologically the word yong 癰 (abscess) connotes a "walled-up" place where pus collects',<sup>4</sup> which could represent any number of skin lesions with this characteristic. Blistering lesions found on the hands and feet could certainly fit this description, and the cases below illustrate why it is important to differentiate carefully, as one type is quite recalcitrant to treatment and another may only need an external treatment to cure it.

Photo 5: Pompholyx eczema - ma wen wo (ant nest). This very itchy blistering disease is most commonly found on the hands, but may be seen on just the feet in about 10 per cent of cases.<sup>10</sup> The following quote from the *Yang Yi Da Quan (Compendium of Treatments for Sores)* published in 1760 by Gu Shicheng, says it all, 'Ant nest ... mostly erupts on the hands and feet, its appearance is like the nest of an ant; just like the pricks of a needle, the itching is extreme

and enters the heart. On rupturing there is a watery exudation.'<sup>10</sup> Treatment is generally initially focused on eliminating dampness, heat and fire toxins. These patients must learn to protect their hands, as excessive hand washing, touching fruits and mechanical trauma may trigger flare-ups. Prognosis is usually quite good, with 80 per cent or more of patients recovering with proper treatment.<sup>10</sup>



Photo 5: Pompholyx eczema - ma wen wo (ant nest)



Photo 6: Pustular psoriasis

Photo 6: Pustular psoriasis. This variant of psoriasis differs from pompholyx in that it is characterised by sterile pustules that eventually turn brown rather than vesicles, and it is usually not very itchy. Background erythema with scaling is also a common feature. Its treatment usually involves herbs to strongly clear fire toxins and drain dampness, and often includes the use of Huang Qi, a commonly used herb for abscess mentioned throughout history. Pustular psoriasis is rarely seen in the clinic and can be recalcitrant to treatment, with relapses common. Realistic treatment expectations are thus gained through proper diagnosis of this stubborn condition.



Photo 7: Tinea of the foot - jiao qi chuang (foot qi sore)

Photo 7: Tinea of the foot - jiao qi chuang (foot qi sore). An important feature of fungal disease is its tendency to affect only one side of the body, which was the case for the gentleman's foot presented in the photo. Differential diagnosis in dermatology states that, 'unilateral vesicles are due to tinea until proven otherwise.'<sup>17</sup> For the vast majority of fungal conditions an external remedy will usually suffice to clear it, which is reflective of this disease's tendency to live only on the outermost keratin layer of the skin. This particular patient's skin cleared completely by soaking the foot in a hot water bath mixture of Peng Sha (Borax), Mang Xiao (Mirabilitum) and Ming Fen (Alum) for two weeks.

**Case study 4: Non-treatable disorders of the skin**

As the Yellow patriarch alludes to in our earliest known dermatology text, the *Liu Juan Zi Gui Fang*, the proper differential diagnosis of disease can tell us 'whether or not they [can] be treated'.<sup>12</sup> That is, some skin disorders are simply not treatable, and even if we focus our attention on the patient's 'pattern' we would be wasting the patient's precious time and money. Syringomas (photo 8), for instance, are harmless sweat duct tumors that can mimic acne (photo 9) when they become more widespread, but are non-treatable (other than with laser



Photo 8: Syringomas



Photo 9: Acne

surgery in my experience). This condition is quite rare, but I do come across it from time to time. It differs from acne in that the complexion is usually not greasy and there are no comedones or inflammatory lesions. Of course many inherited genetic disorders, like the nodular disease neurofibromatosis for instance, also fall into the non-treatable category. It is thus always good to frequent photographic dermatology atlases so as to become familiar with such conditions.

**Case study 5: Knowing when to refer**

The *Liu Juan Zi Gui Fang* clearly states that some lesions found on the skin may be associated with death. This is certainly true for cancerous conditions seen in the modern clinic and, unless we are greatly skilled and competent in their treatment, these patients are best referred elsewhere. Failure to do so may allow the cancer to metastasise so that the patient is put beyond any help whatsoever. Early detection and referral is important.



Photo 10: Incorrectly diagnosed skin cancer

Last summer a 70-year-old male visited me for the treatment of what he had been told was psoriasis. For the past 20 years he had seen many different acupuncturists, naturopathic and homeopathic doctors, but without any noticeable improvement. Upon inspection I noticed that the lesion was peculiarly asymmetrical, being on his left breast only. It was ulcerated, oozing yellow pus, and had much bloody black scabbing (photo 10). This is not characteristic of psoriasis at all, and was more likely a form of skin cancer. I encouraged this man to see a Western dermatologist for a biopsy, and sure enough he did have cancer. He is now currently trying different methods to eradicate it. Luckily the cancer had not yet reached the deeper parts of his muscle and lymph system, which may have been the outcome had I decided to also treat him for psoriasis.

### Case study 6: Knowing when external remedies are best

One of the nastiest cases I have ever encountered in my own clinical practice was that of a widespread scabies infestation which involved a baby, both parents and two grandparents. The medical doctor who examined them originally thought that just the mother had scabies, but changed his mind when she did not respond to the external anti-parasite medicine he prescribed. Regarding the baby he said that, 'young infants do not get scabies, so he must have eczema', which was an unfortunate mistake. He gave them all a steroid based cream to use and put a referral in to see a Western dermatologist, which was to be in another six months time. The truth was that the mother and child had picked up the parasite from the delivery ward in the hospital six months previously, and it was actually the infant who had been passing on the bug to everyone who held him. The only way to treat scabies is to use external medicines that kill the parasite on all those in close contact with the infected person. Lack of a proper diagnosis of the correct disease led to many months of unnecessary suffering for this family.

### Concluding thoughts

From the earliest records of Chinese medical practice right up to the present day, named disease entities have been diagnosed and directly treated. Physiological pathology (i.e. vessel theory) emerged as a means to explain disease processes and guide treatment, but never stopped physicians from treating diseases directly. In practice the combination of the disease name, the patient's symptoms, and the underlying patterns relevant to both the disease and patient become equally important when constructing an effective treatment. There are times, however, that the disease name itself is enough to make important clinical decisions, particularly when it comes to externally treated diseases such as scabies. Thus in practice one must first differentiate the disease before differentiating any pattern.

In the words of Xu Dachung, one can 'Distinguish the origins of the various patho-conditions within one specific illness' by first learning the 'general names of the illnesses'.<sup>1</sup>

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