The Effectiveness of Chinese Medicine as Treatment for Stress-Exacerbated Childhood Atopic Dermatitis: A Case Study

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Abstract
This report presents the case of an eleven-year-old girl whose eczema was treated with acupuncture and dietary changes. As with many pediatric sufferers of eczema, her skin condition was creating stress, social problems, and loss of sleep for her and her family – resulting from both the disease itself, as well as the demanding treatment protocol that eczema requires – and these stressors were, in turn, exacerbating her condition. The frequency, severity and pervasiveness of the skin inflammation and pruritus associated with her flare-ups decreased significantly with just a couple of acupuncture treatments. These results, while limited, indicate the positive influence that acupuncture can have on interrupting the stress-disease cycle seen in eczema patients, as well as the benefit that it can have by providing ongoing support for the parents in managing the daily treatment protocol.
Introduction

Atopic dermatitis, also known as eczema, is a disease affecting the skin, characterized by pruritis and inflammation most commonly found in areas of skin flexure (1, 2). The progression of the disease is measured by the severity and pervasiveness of the skin inflammation and pruritus, as well as the frequency of flare-ups (1-3). While eczema rarely results in serious illness, it results in a number of unpleasant comorbidities, such as sleep interrupted by the itchiness, staph infections from scratching to the point of breaking the skin, and social isolation and depression from having a disease that others may interpret as alarming or disgusting (1-4).

Eczema affects children more frequently than adults, with approximately 20% of children suffering from eczema (2, 3, 5). Studies suggest that childhood eczema causes a high economic burden on the patient and their family – with costs resulting from out-of-pocket expenses, sleep deprivation for the patient and their caretaker(s), and employment loss due to time spent on treatment protocol for the disease, which is demanding and requires a high level of patient compliance (1, 5, 6). This burden on the family surpasses that of a child with type-1 diabetes mellitus or complete deafness (7). Furthermore, the disease can have a significant impact on the quality of life – and, notably, the mental health of the child (1, 3, 8).

The link between eczema and stress, anxiety or depression is widely acknowledged from the perspective of eczema causing psychoemotional disturbances (1, 3, 4, 8). Additionally, stress-exacerbated eczema is acknowledged as a common sub-section of
eczema cases (4). However, psychological interventions or other treatments aimed at the patient’s stress or mental health, or at the stress levels of the parents, are rarely involved in the treatment of the disease, nor in clinical studies of eczema treatment (4).

Because of its treatment of the patient as a whole system, traditional Chinese medicine (TCM) is superior in addressing the psychoemotional and stress-related aspect of eczema. The TCM diagnoses associated with eczema do not focus explicitly on this psychoemotional aspect - however, because TCM treats the patient based on the symptoms expressed, it will address any stress or emotional complaints from the patient simultaneously with the treatment of the skin disorder. This holistic treatment differs from Western medicine, in which the doctor must choose whether or not to refer to a psychologist or psychiatrist to address this arm of the disease. Furthermore, the frequency of appointments allows support for the caretaker, and their ongoing challenges with and any suggested modifications of the oft-complicated treatment protocol.

Many studies of the effectiveness of acupuncture treatment on eczema indicate efficacy in reducing the skin inflammation and itching that accompanies eczema (9, 10, 11, 12). Surprisingly, the studies that investigate the efficacy of acupuncture seem to be more consistently positive than those investigating the efficacy of herbal medicine in treating eczema (12, 13). In one study, Salameh et al. (2008) identified that the utilization of acupuncture with Chinese herbal medicine in the treatment of eczema had a significantly higher effect on the eczema than the herbal medicine alone (13).
Furthermore, Gu et al. (2015) conducted a Cochrane review of the effectiveness of Chinese herbal medicine and drew the conclusion that the available studies indicated no significant effect of the herbal medicine (without acupuncture) on eczema (13). The ineffectiveness of the herbal formulas points again to the effectiveness of acupuncture in treating the stress component of eczema – an effect that the herbal formulas are not usually developed to focus upon.

**Biomedical Perspective**

Eczema, also known as atopic dermatitis, is an immune-mediated skin condition that occurs in response to environmental factors (2). It is primarily an IgE-mediated response to an antigen, resulting in red, itchy, dry or weeping lesions throughout the body (1, 2). Eczema is hypothesized to result from excessive hygiene that decreases early exposure to infectious agents – causing the immune system to respond to non-threatening antigens (1, 2). Atopic dermatitis tends to be more severe in female patients exhibiting the atopic triad (asthma, allergic rhinitis, and eczema), which is true for this patient, although it tends to become significantly subdued as patients age (2).

**Western Treatment Protocol**

Because atopic dermatitis is triggered by antigens, the first step to treatment is often prevention, usually by limiting exposure to the exacerbating allergens, especially via diet and household environment. Common dietary allergens include milk, eggs, soy, wheat,
peanuts and fish; airborne allergens such as dust mites, molds and dander; and topical products such as cosmetics, soaps or lotions (1, 2, 3). Recommendations to reduce household triggers include washing bedding in hot water; reducing dander and dust mites by removing any upholstered furniture, soft toys, carpet and pets; switching to synthetic fiber pillows and water-resistant mattress covers; using high-efficiency particulate air (HEPA) purifiers, as well as dehumidifiers in damp spaces to reduce mold (2, 3). Also, keeping fingernails short or wearing soft gloves minimizes scratching and reduces risk of infection (2). Lastly, although little guidance is provided as to how this is to be done, Western medical prevention will advise the reduction of emotional stress (2), but psychological treatment for the stress and mental health issues related to eczema are rarely treated – with one study reporting this frequency at only 6% of patients (4). One solution for this is the prescription of doxepin, a tricyclic anti-depressant and anti-histamine (2).

While the identification and limitation of exposure to the exacerbating allergens is a common part of care, topical medications are almost always implemented as part of the Western medical protocol for eczema treatment. The first line of defense is the use of topical corticosteroids, with topical calcineurin inhibitors (TCI) as a secondary level of care if the corticosteroids are ineffective (1, 2, 3). Recommended application is twice daily in mild to moderate cases (2).

These topical drugs help to prevent new outbreaks of eczema from occurring by suppressing the immune response that leads to skin inflammation, but they are far from
curative. Thus, concurrent supportive care for the skin is an important part of treatment, as preventing dry skin with moisturizers reduces skin lesions and, therefore, risk of infection. Some common recommendations for keeping skin hydrated include only bathing once daily; using a non-detergent based soap substitute; adding diluted bleach (to reduce S. aureus colonization) or colloidal oatmeal to a bath; blotting or patting the skin dry, instead of rubbing with a towel; applying emollients (e.g. white petrolatum, vegetable oil, hydrophilic petrolatum) immediately after bathing; and applying wet dressing after topical corticosteroid use (2, 3).

In more severe or persistent cases oral or injectable drugs may be used alongside topical corticosteroids and preventative measures, but are rarely used for children and as a last resort in adult cases due to adverse side effects. Besides oral corticosteroids, usually prednisone, immune modulators (e.g. cyclosporine, interferon gamma, mycophenolate, methotrexate, azathioprine) can be used to prevent the inflammatory response (2). Similarly, antihistamines (hydroxyzine, diphenhydramine, fexofenadine) can be used to reduce pruritus (2, 3). Antibiotics may also be prescribed to prevent infection, especially staphylococcal (2). A new injectable drug, Dupilumab, has also been developed, which is currently in clinical trials (8). Dupilumab has shown great efficacy at eliminating future cases of eczema in early phases of the trial – however, it is prohibitively expensive, and has not yet been tested on children (who are significantly more frequently affected by the disease) (8). Ultraviolet (UV) light therapy can also be prescribed, but carries a risk of skin cancer (2).
To summarize, the treatment protocol includes reduction of allergens from the house, dietary changes, twice daily application of topical corticosteroids with wet dressings, daily bathing (with or without bleach or oatmeal) followed by application of emollients to the entire body, and scratching prevention techniques – and, when things get really bad, using oral steroids, anti-histamines, anti-depressants, and / or antibiotics (see Appendix 1 for a summary of this treatment protocol). This list of treatment requirements illustrates just how crucial a role patient compliance plays in relief from eczema, as well as how great a challenge adherence can be. When the patient is a child, this challenge compounds significantly. In fact, a common term in the world of eczema is “the cream wars” – referring to the battle between parents and children in maintaining compliance with the strict schedule of topical applications (14). The responsibility of becoming educated about and then executing this protocol, daily, often with an uncomfortable and unwilling child, can become a substantial drain upon the family, both in terms of resources and emotions. According to a study conducted in the UK, parents of children with eczema spend an average of three hours per day on the treatment of their child’s condition, and it is not uncommon for parents of children suffering from eczema to experience loss of employment due to their child’s illness (5). In fact, research indicates that mothers of children with eczema report higher stress levels than those whose children have insulin-dependent diabetes or even profound deafness (7).

While part of this challenge is the sheer number of hours spent wrangling a fussy child into a bleach-laced bath, another part is preventing the child from scratching their skin when it flares up. While scratching often exacerbates the rash and can lead to bleeding
and infection, children often don’t understand or are unable to inhibit the desire to scratch the itch. Many children end up scratching in their sleep, which leads to sleep disturbance not only for the kids, but also for 86% of parents during flare-ups (6). One study revealed that when parents respond to the child’s scratching with aggressive attempts to stop the behavior, such a response often leads to increased scratching behavior on the part of the child – basically, that attention from the parent, albeit negative, reinforces the child’s scratching behavior, creating a dynamic in which the child uses scratching to get their parents’ attention (15). This dynamic becomes especially pronounced in single-mother households, with single mothers more likely to respond to their child’s scratching behavior with aggression (15). In fact, one study indicated the significant impact that the parenting style within the family, regardless of single or dual parent status, can have on the child’s eczema outcomes by illustrating the positive correlation between parenting difficulties and severity of the child’s eczema (16).

Once again, this circular impact of eczema on parents, and parents on the child’s eczema reflects the connection between eczema and stress. The medical world has become aware of this connection, and is starting to understand the importance of supporting parents in their efforts to care for their child’s dermatitis (5, 15, 16, 17, 18). Multiple studies have indicated the correlation among the level of education of the parents on intricacies of the eczema treatment protocol, the self-efficacy that the parents feel in executing the protocol, decreased stress in the parents, and improved outcomes in the skin of the child (16, 17, 18).
Traditional Chinese Medicine Perspective

In traditional Chinese medicine, eczema is referred to as si wan feng – meaning ‘four bends wind’, referring to the common location of the skin irritation in the antecubital and popliteal fossae. In the case of eczema, the manifesting skin rash is the branch and is a result of heat, wind or dampness penetrating the skin (19). The root cause of eczema is commonly associated with the blood, specifically an underlying blood deficiency or blood-heat (19). Conversely, a second theory is that the root of the condition lies in an underlying Lung and Kidney Qi deficiency (20). According to five-element theory, in which the state of each internal organ is reflected in its corresponding tissue, the Lung is Metal and is, thus, associated with the skin (21). In other words, the Lungs control the skin, and are responsible for its moistening and nourishment (21). Furthermore, the spiritual aspect of the Metal element is the corporeal soul, which is linked to sensations of the skin, including any itching or pain (20). The relationship of the Kidney is not as straightforward, but is equally important in the understanding of eczema. Firstly, the Lung and Kidney have a close symbiotic relationship in the dissemination of qi and fluids (21). Secondly, the extraordinary channels Chong and Ren stem from the Kidney to spread essence and nourishment to the skin via a network of secondary vessels (20).

Differential diagnosis of eczema focuses on distinguishing between two diagnoses: wind-heat eczema and damp-heat eczema (20). In general, wind-heat eczema is more closely related to Lung deficiency, and most often manifests as red, dry and itchy skin lesions that may move over the entire body (20). Damp-heat eczema, on the other hand, is mostly Kidney based, and while the skin lesions are red-itchy, they are also
moist or oozing, and often localized (20). Thus, the treatment principle focuses on the predominant diagnosis, the nature of the condition (acute or chronic), and tonification of the Lung and Kidney.

Recommended point selection for the treatment of eczema, regardless of diagnosis include GV-14 （Da Zhui）if heat is pronounced; SP-10 （Xue Hai）to cool and nourish the blood; as well as SP-6 （San Yin Jiao），which also clears damp-heat by regulating the yin channels; LI-11 （Qu Chi）expels wind, damp and heat, and also cools blood; for women, LU-7 （Lie Que）and KI-6 （Zhao Hai）can be included to tonify the Lung and Kidney qi and benefit skin, or LU-9 （Tai Yuan）and KI-3 （Tai Xi）for men; and for infants, Si Feng can be pricked to bleed (19, 20). For acute wind-heat eczema, additional points may include SJ-6 （Zhi Gou）, GB-31 （Feng Shi）and LI-4 （He Gu）to expel wind-heat from the skin; UB-12 （Feng Men）to expel wind; and HT-7 （Shen Men）and Zhi Yang Xue （located two cun above LI-11 （Qu Chi））eliminate heat and stop itching; (19, 20). In chronic wind-heat cases there is often additional blood deficiency, thus ST-36 （Zu San Li）and UB-17 （Ge Shu）can be added to nourish the blood (19, 20). Conversely, damp-heat eczema treatment should include SP-9 （Yin Ling Quan）to clear damp-heat, and CV-12 （Zhong Wan）and UB-20 （Pi Shu）to tonify the Spleen and eliminate damp (20).

In general, herbal treatment of acute eczema should include herbs which express rash and clear wind, including Fang Feng, Jing Jie, Chan Tui, Ge Gen, Ma Huang, Bai Zhi, Cang Er Zi, Bo He, Niu Bang Zi, Fu Ping, and Sheng Ma (20). For chronic cases Bei Sha Shen, Wu Wei Zi, and Sang Bai Pi are effective (20). For the treatment of acute
wind-heat eczema, Maciocia (1994) recommends *Xiao Feng San* to expel wind-heat, cool blood and nourish blood (20). For chronic wind-heat conditions with very dry-itchy lesions with minimal redness, one should use *Yang Xue Ding Feng Tang*; or *Xiao Feng Chong Ji* if the lesions are very red and not too dry or itchy (20). Recommended herbal formulas for the treatment of acute damp-heat eczema include *Bi Xie Shen Shi Tang* for moist-red lesions; *Chu Shi Wei Ling Tang* for moist-red lesions primarily on the legs; and *Qing Re Shen Shi Tang* for red and pustular lesions (20). For chronic damp-heat eczema, *San Feng Chu Shi Tang* addresses localized dark-oozing lesions with thick or roughened skin (20). Lastly, a watery decoction of *Da Huang, Huang Qin, Huang Bai, Ku Shen, Ju Hua*, and *Zi Hua Di Ding* can be added to bath water for symptomatic relief (20). See Table 1 for a comprehensive summary of the Chinese medicine treatment recommendations for eczema.

**Table 1. Maciocia’s TCM Diagnosis & Treatment of Si Wan Feng (Eczema)**

<table>
<thead>
<tr>
<th>DDX</th>
<th>Wind-Heat</th>
<th>Damp-Heat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesions</td>
<td><strong>Red-Dry-Itchy</strong></td>
<td><strong>Red-Itchy</strong></td>
</tr>
<tr>
<td></td>
<td><strong>May Move</strong></td>
<td><strong>Moist / Oozing</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Often Localized</strong></td>
<td></td>
</tr>
<tr>
<td>Base Point</td>
<td>GV-14 – for Pronounced Heat</td>
<td></td>
</tr>
<tr>
<td>Prescription</td>
<td>SP-10 – Cools Blood, Nourishes Blood</td>
<td></td>
</tr>
<tr>
<td>(All Types)</td>
<td>SP-6 – Cools Blood, Nourishes Blood; Clear Damp-Heat</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LI-11 – Expel Wind, Damp, Heat; Cool Blood</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LU-7 &amp; KI-6 (women) or LU-9 &amp; KI-3 (Men) – Tonify LU &amp; KID Qi; Benefit Skin</td>
<td></td>
</tr>
<tr>
<td>Si Feng</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Infants)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional</td>
<td>SJ-6, GB-31, LI-4 Expel Wind-Heat from Skin</td>
<td>SP-9 Clear Damp-Heat</td>
</tr>
<tr>
<td>Points</td>
<td>UB-12 – Expel Wind</td>
<td>CV-12, UB-20 Tonify SP; Eliminate Damp</td>
</tr>
<tr>
<td></td>
<td>HT-7, Zhi Yang Xue Clear Heat, Stop Itching</td>
<td></td>
</tr>
<tr>
<td>Herbal</td>
<td>Yang Xue Ding Feng</td>
<td>Bi Xie Shen Shi Tang</td>
</tr>
<tr>
<td>Formula</td>
<td>Xiao Feng Chong Ji</td>
<td>Chu Shi Wei Ling Tang</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qing Re Shen Shi Tang</td>
</tr>
<tr>
<td>Topical</td>
<td>Da Huang, Huang Qin, Huang Bai, Ku Shen, Ju Hua, Zi Hua Di Ding</td>
<td>San Feng Chu Shi Tang</td>
</tr>
<tr>
<td>Formula</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case History

The 11-year-old female patient in this case presented with intense and diffuse eczema, onset of which occurred one year prior to seeking acupuncture at the ACTCM clinic. Initial onset began on her upper lip, and developed into a staph infection from excessive scratching. Since then, she had had flare-ups of her eczema every other day, and the rash would last one to three days. The rash expressed as itchy, flaky, red and swollen. The usual locations for the rash were on her chest, neck, arms, popliteal fossae, bridge of nose, eyelids and ears – with oozing and crusting only on her earlobes. Her condition was exacerbated by heat, sugar, dairy, wheat, pollen, and scratching. It improved with topical steroids, coconut oil, moisturizer, showering daily, and Zyrtec (which she used when she had a flare-up). Additional symptoms included sleep disturbance from pruritus, and stress, irritability and anger that would flare when her skin was especially bad. Her tongue was pink with thin white fur, and her pulse was slightly floating in the right cun, wiry in the guan, and deep in the chi.

The patient’s past medical history included seasonal allergies and asthma with infrequent attacks, which led to pneumonia at the age of three. She had not yet attained menarche. She suffered from some stress, anxiety and irritability, especially over the year prior to coming in to the ACTCM clinic. When asked about what made her feel stressed and anxious, she talked about homework at school getting more demanding, and the fact that her classmates were bullying her because of her skin condition. With some probing, she also mentioned that her parents had divorced around the time of the onset of her eczema.
Prior treatment for the condition included topical steroids prescribed by a dermatologist, which had been helpful. A naturopath had suggested eliminating gluten, sugar, and dairy – common triggers of eczema – from her diet, which had also had a positive impact on her flare-ups. The naturopath had also recommended colostrum and the GAPS diet, but she had not yet implemented these recommendations. This was her first time trying acupuncture and Chinese herbs.

**Diagnostic Assessment**

As mentioned previously, TCM understands eczema to result from the invasion of wind-damp-heat in the skin, due to an underlying Lung and Kidney deficiency (20). The signs and symptoms of this patient pointed toward wind-heat eczema, as her rash was characterized more by itchy, flaky, red skin than by moistness or ooze. The etiology of Lung and Kidney deficiency leading to weak surface qi can be observed in the patient's comorbidity of asthma and seasonal allergies. An additional component of her diagnosis, however, focused on disequilibrium between Wood and Metal, which could be observed in the connection between the expression of the eczema and her feelings of anger and stress. In the control cycle of five-element theory, the Lung controls the Liver. However, when the Lung is constitutionally weak, as is the case in this patient, the Liver becomes overactive, leading to symptoms such as stress and anger. Likewise, when the Liver is overactive, it can insult the Lung, leading to issues such as rash. While the tongue does not indicate much insight into this pathology, her pulse – floating
in the right cun, wiry in the guan, and deep in the chi – does reflect all these aspects of her diagnosis.

Treatment

The treatment plan for this patient consisted of clearing wind and heat from the skin, tonifying the Lung and Kidney, and smoothing the Liver. The acupuncture point selection for the patient’s treatment reflect this plan, as detailed below:

- SJ-5 (*Wai Guan*) – Expels wind and releases the exterior, as the confluent point of the *Yang Wei*. This point treats the exterior component of the patient’s eczema.
- LU-7 (*Lie Que*) – Releases the exterior, expels wind, promotes the function of the Lung. This point also helps with the exterior / skin, but it also addresses the deficiency of the Lung that can be seen with eczema.
- KI-3 (*Tai Xi*) – Strengthens the Kidney, nourishes yin, clears deficiency heat.
- LI-11 (*Qu Chi*) – Clears heat, cools blood, eliminates wind and damp, stops itching. LI-11 (*Qu Chi*) is one of the main points for addressing skin conditions, particularly those involving heat. Part of this function is due to the fact that the point is a he sea point, which can always address skin disorders.
- GB-41 (*Zu Lin Qi*) – Smooths Liver qi. Because of the strong connection between stress / emotions and eczema for this patient, smoothing Liver qi is an important component of the treatment. (22)

Seirin J-Type stainless steel needles, size 0.16 x 25mm, were used for this patient. Needles were retained for 20 minutes and minimal manipulation was implemented, because the patient was new to acupuncture and slightly fearful of needles. At the end of the treatment, the following ear seeds were applied for her to wear and squeeze over the following few days:
• Shen Men – Calms the shen, which is helpful for the emotional component of the patient’s illness. It is also commonly used for inflammatory diseases.
• Lung – Helps to support the Lung function, which is important for the skin, and plays a role in eczema, especially for this patient.
• Liver – Helps to smooth the Liver, to balance out the Wood-Metal disharmony, and to subdue the emotional component of the disease.
• Kidney – Strengthens the Kidney, which plays an important role in the patient’s condition. (23)

We prescribed the patient a custom herbal formula in powdered form after the second treatment:

• *Jia wei xiao yao san* – To smooth the Liver qi, clear heat, and nourish the blood. The anger and irritability that the patient experiences when her eczema is flaring up indicates a strong involvement of the Liver in her diagnosis. As the primary contribution to the custom formula, these herbs will address the root of the patient’s disease. This formula also focuses on the heat in her skin.
• *Xiao feng san* – This group of herbs will focus on the skin symptoms that the patient experiences. It treats “weepy, itchy red skin lesions over a large part of the body” that result from wind damp heat in the skin. (24) particularly mention its use for treating “bleeding that occurs after excoriation … called ‘seepage of blood pearls’… an indication of heat in the blood… that gives rise to toxin” (24).
• *Shan yao* – *Shan yao* is the only herb that tonifies Kidney qi. Additionally, it tonifies the Lung and the Spleen, which are also relevant for this case.
• *Huang qi* – This herb protects the exterior, as well as helps to address dampness, which can be seen in the oozing and swelling of some of the patient’s lesions. (24, 25)

There was concern that the patient would not take the herbs consistently, given the bitter taste. This ended up being mostly true – she only took the herbs three times in the
week that followed the second treatment. Future recommendations included mixing the powdered herbs into applesauce to mask the bitter taste.

In addition, the patient was encouraged to eliminate a few additional common food allergens from her diet: strawberry, tomato and mango. We also talked to the patient about the importance of managing her stress and her anger, and how those emotions could contribute to her eczema.

Table 2. Case Study Summary

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lesions:</strong> Red, Itchy, Flaky, Swollen, Oozing &amp; Crusting (Ear Lobes Only)</td>
<td><strong>TCM Dx:</strong> Wind-Heat Invading Skin; LU &amp; KID Deficiency; Wood-Metal Disharmony (LIV Qi Stagnation)</td>
</tr>
<tr>
<td><strong>Location:</strong> Chest, Neck, Arms, Popliteal Fossae, Bridge of Nose, Eyelids, Ears</td>
<td><strong>Acupuncture:</strong> SJ-5 – Expel External Wind</td>
</tr>
<tr>
<td><strong>Frequency:</strong> Every other day</td>
<td><strong>LU-7 – Release Exterior; Expel Wind; Tonify LU</strong></td>
</tr>
<tr>
<td><strong>Duration:</strong> 1-3 Days</td>
<td><strong>KI-3 – Clear Xu Heat; Tonify KID; Nourish Yin</strong></td>
</tr>
<tr>
<td><strong>Exacerbating Factors:</strong> Heat, Scratching, Sugar, Dairy, Wheat, Pollen</td>
<td><strong>LI-11 – Clear Heat; Cool Blood; Expel Wind-Damp; Stop Itching</strong></td>
</tr>
<tr>
<td><strong>Ameliorating Factors:</strong> Topical Steroids, Coconut Oil, Moisturizer, Showering Daily, Zyrtec</td>
<td><strong>GB-41 – Smooth LIV Qi</strong></td>
</tr>
<tr>
<td><strong>Other Sx:</strong> Sleep Disturbance, Stress, Irritability, Anger</td>
<td><strong>Auricular Acupuncture:</strong> Shen Men, Lung, Liver, Kidney, Liver</td>
</tr>
<tr>
<td><strong>Tongue:</strong> Pink, Thin White Fur</td>
<td><strong>Herbal Formula:</strong> Jia Wei Xiao Yao San – Smooth LIV, Clear Heat, Nourish Blood</td>
</tr>
<tr>
<td><strong>Pulse:</strong> Slightly Floating in Right Cun; Wiry Guan; Deep Chi</td>
<td><strong>Xiao Feng San – Clear Wind-Heat (and Damp) from Skin</strong></td>
</tr>
<tr>
<td><strong>Duration:</strong> 1-3 Days</td>
<td><strong>Shan Yao – Tonify KID Qi; Also LU and SP</strong></td>
</tr>
<tr>
<td><strong>Duration:</strong> 1-3 Days</td>
<td><strong>Huang Qi – Protect the Exterior; Expel Damp</strong></td>
</tr>
<tr>
<td><strong>Duration:</strong> 1-3 Days</td>
<td><strong>Diet:</strong> Eliminate: Strawberry, Tomato, Mango, Sugar, Dairy</td>
</tr>
<tr>
<td><strong>Duration:</strong> 1-3 Days</td>
<td><strong>Other:</strong> Reduce Stress &amp; Anxiety</td>
</tr>
</tbody>
</table>
Results, Outcomes and Prognosis

The first treatment resulted in an immediate reduction of the frequency of flare-ups from every other day down to once a week, and a sharp decrease in the severity and pervasiveness of the inflammation and pruritus. The patient also reported experiencing less stress, which was reflected in a significant reduction of the wiry characteristic of her pulse.

Furthermore, the patient reported emotional changes with the treatments. While on the treatment table, after all the needles were in and the acupuncturists had left the room, the patient reported crying, that she “felt a release” and was very emotional. Also, the patient reported that, after leaving the clinic, she felt “very good” like she “hasn’t felt in a while”.

The patient continued to improve over the following few months, during which time she received treatments inconsistently with other practitioners at the clinic. She eventually stopped receiving TCM treatment, except for during sporadic flare-ups.

Discussion

The patient experienced immediate and lasting effects from the acupuncture and dietary recommendations. Our experience reflected what much of the research indicated – that acupuncture was effective in treatment of the eczema, even in the absence of the herbal medicine.
One challenge of the treatment was compliance with herbs, as discussed in a previous section. An additional challenge, however, was the compliance with the dietary restrictions due to the fact that she had spent time at her father’s house, and he hadn’t been informed of the new dietary restrictions. As previously discussed, childhood eczema puts a significant burden on the family – as they must work together to maintain compliance with the treatment protocol. This burden becomes significantly more stressful in the families of children of divorce. Not only are there fewer adults present at any given time to maintain compliance with the treatment protocol, the protocol must be communicated from one parent to the other – even when these relationships are strained, as they often are. However, in conversation with the patient and the mother, we decided that, as the healthcare providers in the situation, we could take on the responsibility of communicating the week’s instructions or changes to the daily treatment protocol to the patient’s father. This direct communication proved to be a successful tactic at ensuring compliance with the recommended dietary changes.

An area of particular importance in this case, however, was our ability to treat the patient’s emotional component of her pathology. Clearly, the fact that the onset of the patient’s eczema coincided with her parents’ divorce was an important factor in this case – and a 2006 study confirms the fact that divorce of parents increases the likelihood of a child developing eczema (26). Neither the dermatologist nor the naturopath had been able to address this issue with her, although they may or may not have considered it. Arguably, the fact that acupuncture was able to address all of her issues, together – without referral to a therapist, or in-depth probing into the status of
her mental health – allowed us to swiftly interrupt the cycle of stress causing eczema causing more stress, and so on.

Our treatment also appeared to have a positive impact on the mother’s stress level, which, in turn, positively impacted the patient’s stress. As discussed previously in this report, the burden placed on parents for the care of a child with eczema is significant, as a result of the strict schedule of bathing, topical treatment, and restriction of scratching and allergen exposure. In this case, the patient’s mother was clearly overwhelmed with the challenge of managing her daughter’s illness. Acupuncture functioned as an arm of treatment for the daughter’s disease that required nothing of the mother, removing some of the burden from her shoulders. Furthermore, we discussed the challenges that they were both having, and suggested solutions that seemed more practical and applicable. This support may have decreased the stress of the mother, thereby decreasing the stress of our patient – also contributing to the positive outcome.

This case highlighted that one of the ways in which acupuncture can offer particular support to patients suffering from eczema is by checking in weekly on their compliance-based treatments. Because the majority of eczema treatment and prevention is centered around action that the patient (or their caretaker) must take upon themselves – application of topical steroids, moisturizer, dietary changes, resisting the urge to scratch, etc. – it’s important to offer frequent support for the patient, in order to identify what is or isn’t working, and to adjust the treatment protocol, as necessary. Because
Western medical doctors often see their patients less frequently, we are better situated to ensure success with patient compliance.

Despite the positive outcome of this case, there were opportunities for improvement. Firstly, while herbal treatment for the patient, per orum, was not an option for this patient (as is likely true for many pediatric patients), providing the patient with a topical herbal formula that could have been used in a bath might have been a tolerable and helpful solution – for example, the aforementioned decoction of Da Huang, Huang Qin, Huang Bo, Ku Shen, Ju Hua, and Zi Hua Di Ding (20).

Furthermore, we could have been more deliberate in our incorporation of support for the mother into our treatment plan. We did spend time discussing their challenges and frustrations with the treatment protocol, and proposing solutions. However, it might have been fruitful to treat her with either a brief auricular treatment, or a full treatment of her own, while her daughter was on the table. Such an effort might seem beyond the focus of treating our patient – however, when considering the clear evidence of the impact of a child with eczema on the parent’s stress level, and the resulting impact of the parent’s stress level on the child’s eczema, taking deliberate measures to interrupt this cycle can directly impact the patient’s disease process.
Conclusion
This report outlines the success in treating one child’s struggle with eczema and stress through the use of acupuncture, ear seeds, and dietary changes. It is the case of one patient – thus, we cannot draw any widespread conclusions. However, the significant and immediate success of the acupuncture treatment is worth considering. This case highlights the complexity of the standard Western treatment for eczema, and the benefit that acupuncture can offer in support: addressing the stress component of both the child and the parents, weekly check-ins on the challenges of the complex treatment protocol, and a type of care that can be applied with the child and the parent playing only a passive role in an otherwise very demanding protocol.
References


ACUPUNCTURE FOR ECZEMA


ECZEMA TREATMENT PROTOCOL

**AVOID ALLERGENS**
- Airborne: Dust Mites, Mold, Dander
- Topical: Cosmetics, Soap, Lotion
- Diet: Milk, Eggs, Soy, Wheat, Peanuts, Fish

**FORMULAS**
- Acute Wind-Heat: Xiao Feng San
- Chronic Wind-Heat: Yang Xue Ding Feng Tang
- Xiao Feng Chong Ji
- Acute Damp-Heat: Bi Xie Shen Shi Tang
- Chu Shi Wei Ling Tang
- Qing Re Shen Shi Tang
- Chronic Damp-Heat: San Feng Chu Shi Tang

**HERBS**
- Fang Feng
- Jing Jie
- Chan Tui
- Ge Gen
- Ma Huang
- Bai Zhi
- Cang Er Zi
- Bo He
- Niu Bang Zi
- Fu Ping
- Sheng Ma

**SKIN CARE**
- Only ONE Bath/Shower per Day
- Non-Detergent Soap
- Diluted Bleach Bath
- Colloidal Oatmeal Bath
- Emollients
- Wet Dressings
- Blotting/Patting Dry (vs. Rubbing)

**HOUSEHOLD TRIGGERS**
- Upholstered Furniture
- Soft Toys
- Carpet
- Pets
- Non-Synthetic Pillows

**TOPICAL MEDICATION**
- Corticosteroids
- Calcineurin Inhibitors (TCIs)

**HERBAL BATH**
- Da Huang
- Huang Qin
- Huang Bo
- Ku Shen
- Zi Hua Di Ding
- Ju Hua

**KEEP IT CLEAN**
- Wash Bedding in Hot Water
- HEPA Purifiers
- Dehumidifiers
- Keep Fingernails Short
- Reduce Emotional Stress

**PREVENT**
- White Petrolatum
- Vegetable Oil
- Hydrophilic Petrolatum

**SOOTHE**
- Da Huang
- Huang Qin
- Huang Bo
- Ku Shen
- Zi Hua Di Ding
- Ju Hua

**MEDICATE**
- Oral Corticosteroids (e.g. Prednisone)
- Immune Modulators
- Anti-Histamines
- Antibiotics
- Dupilumab

**CHINESE MEDICINE**
- GV14, LI11
- SP10, SP6
- L7, K6 (women)
- L9, K3 (men)
- Si Feng (Infant)

**FORMULAS**
- Acute Wind-Heat: Xiao Feng San
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- Chu Shi Wei Ling Tang
- Qing Re Shen Shi Tang
- Chronic Damp-Heat: San Feng Chu Shi Tang

**EMOLLIENTS**
- White Petrolatum
- Vegetable Oil
- Hydrophilic Petrolatum

**PATIENT COMPLIANCE**
- Only ONE Bath/Shower per Day
- Non-Detergent Soap
- Diluted Bleach Bath
- Colloidal Oatmeal Bath
- Emollients
- Wet Dressings
- Blotting/Patting Dry (vs. Rubbing)