



# Wind of the Four Crooks

A case study on atopic eczema

■ Mazin Al-Khafaji graduated in acupuncture at the International College of Oriental Medicine, England in 1983, attended a postgraduate course in Nanjing, China and followed this with intensive studies in modern and medical Chinese at the Taipei Language Institute in Taiwan. He earned the first Sino-British scholarship to study internal medicine at the Shanghai College of Traditional Chinese medicine alongside Chinese students and graduated as Doctor of Chinese Medicine in 1987. Since his return to England he has been in private practice in Brighton. In 1991 he returned to China to work in the dermatology department of the Affiliated Hospital in Nanjing, and subsequently established The Skin Clinic for treatment of dermatological disorders with Chinese herbal medicine.

**By Mazin Al-Khafaji**

**S**HE WAS MY LAST PATIENT, and although I can always muster an interest in a new case, it had been a gruelling day and I was keen to head off home. No question about it, it was her eyes that made me wake up and pay attention. I felt a shudder run down my spine. I had seen them, or something very similar, many years ago. They had haunted me ever since, and although the passage of time had faded the impact, it all came flooding back again.

Sixteen years earlier a young woman in her early 20s had walked into my practice with severe, widespread eczema. The eczema was so intense that the unfortunate woman could not sleep at night nor rest in the day. Not only had the years of incessant itching worn her down and convinced her of her hopeless plight, but the stigma of having dry red scaly skin condemned her to a lonely existence. Instead of leaping into adult life, her teenage years had been a nightmare as she became increasingly isolated and unable to socialise with her contemporaries. She had struggled for almost her entire life and her grip was slipping. I could see that her eyes, when she mustered the courage to look at me, were empty and lacked that indefinable glint, betraying years of desperate and anonymous suffering. This sparkle, which I have ever since associated with motivation, fulfilment, and the will to live, was utterly absent. Having taken a full case history and written the prescription, I ushered her to the door, my heart heavy, determined I would

do all in my power to get her better. I don't recall her exact words, but as she walked out of the door she mumbled something about nothing being worth it. A week later her inconsolable mother called to tell me that she had taken her own life.

Mercifully it is rare that I see such eyes, but when Anne walked in at the end of my day, there they were again. She was 31 years old and suffered with widespread atopic eczema. Almost her entire face and neck were covered with a dry scaly erythema, punctuated by eroded, excoriated lesions where she had dug her nails deep into her skin in an attempt to quell the unrelenting itch. Around her ears I could clearly see yellow crusts that betrayed recent exudation of serous fluid, indicating localised infection. Around her desperate empty eyes she had darkening of the skin that was thickened and swollen from the constant rubbing and scratching that continued even in her sleep. The oedema around her eyes was accentuated by two deep lines that ran from just below the inner canthi around the lower border of her eyes, the so called Dennie-Morgan lines, so characteristic of the more severe cases of atopic eczema. The few areas of her face that were not livid red with inflammation were unnaturally pale. Both inner and outer aspects of her arms were also covered with red macular papular lesions, with the telltale excoriated scratch marks. Scattered across the outer aspect of her forearms I noted pustular lesions, and, as with the area around her ears, yellow crusted lesions could be seen spread around her wrists and on the dorsum of her hands. Between most of her fingers a multitude of vesicles were apparent, sur-

Herbs such as Fang Feng and Jing Jie, though very effective at ameliorating itching, may well worsen the condition in cases like Anne's.

rounded by a halo of erythema and yellow crusts.

Around her wrists and anti-cubital fossa I was glad to see the skin was thickened, so that the skin markings were more pronounced into what is termed lichenification. I say I was glad because after almost two decades of seeing 20 to 30 atopic eczema patients a week, I have learned to fear the lack of lichenification in severe eczema more than any other single sign as an indicator of a poor prognosis. Lichenification occurs most commonly around the inner aspects of wrists and ankles, behind the knees, antecubital fossa and the neck. Most atopics are particularly prone to this. There are some, however, who despite constant scratching will continue to have smooth, albeit red, skin. Such patients, who account for probably no more than 5 to 10 per cent of cases that are the most recalcitrant to treatment. Why this should be I cannot say, but it is indisputable.

The skin on her back and upper chest was similarly covered with inflamed red patches, erosion and occasional yellow crusting. Her nipples, a common site of eczema in atopic women, were also encrusted with yellow exudate that had dried hard, all but obliterating the area below.

As anyone who regularly treats dermatological disease knows, the skin is like an open book, the vast majority of information is there to be deciphered by those who can read the language. By closely observing the morphology, a formula will almost write itself. So what information had been gleaned? The erythema clearly indicates heat rampaging on the blood level; the fact that it was pronounced in colour and covered half her body simply signified intensity. The excoriation left by her scratching is clearly indicative of the itch that she experienced. Intense heat as we know generates wind, and one important sign of the presence of wind in dermatology is excoriated scratch marks. However, it is not only wind that leads to itching, because when reflecting on the source of the itch in atopic eczema, dampness and heat need to be considered as well. By obstructing the circulation of qi and blood in the skin, dampness can and often does generate itching. Neither is it just an academic question; to decide that the itch is predominately created by wind will necessitate the use of wind scattering herbs, but if dampness predominates then damp draining herbs will need to be used. In many instances, to use wind scattering herbs when dampness prevails will not only have little impact on the itching, but by virtue of its dispersing nature will frequently compound the eczema and encourage it to spread. Likewise, if damp draining herbs were used in a patient who primarily suffers with wind type itching, the dampness will be drawn inwards instead of venting via the skin, and similarly may well exacerbate the eczema. There was clear evidence of both in Anna's case. Lesions principally congregated on

the face and upper body is a useful indicator of prevalence of wind. This observation has to be tempered, however, by the presence of the erosion and yellow crusting that was so pronounced. Yellow crusting indicates exudation of fluid from the skin that has subsequently dried, while erosion is a sign of retained dampness and heat. The profusion of vesicles also firmly points towards the existence of substantial dampness and fire-toxin. The pustules found on her arms are an indication of either excessive application of unduly greasy emollients or, if that were not the case, then a sign of fire toxin. Anna used a light emollient, so I had to conclude that it was not an artefact but a sign of fire toxin. This fitted well with the other signs I had observed, fire toxin often being present in more severe and intense cases.

Although when treating dermatological disease the primary source of information is available to you by observing the patient's skin, other symptoms and signs are of course also of great importance when weaving a picture of the pathology.

Anne told me that she had suffered with eczema since she was three months old. This early onset is typical of at least 50 per cent of cases, and counter-intuitively is a favourable sign. Unlike allergic asthma (a related condition), early onset is associated with a better chance of improvement. A late onset (developing the eczema after age one) often correlates with a poorer prognosis. Although she did not have a history of asthma, she suffered with severe perennial allergic rhinitis, a common accompanying problem.

This meant that she had almost continual nasal congestion and discharge, paroxysmal attacks of sneezing and a concomitant poor sense of smell and taste; all made much worse with exposure to dust or certain animals such as cats or horses. Her sleep was invariably disturbed by itching. This is an indication of heat in the blood and is almost a universal finding in the moderate and more severe cases.

Other than that she had a normal appetite and bowel function, and although her skin often became worse premenstrually, she had a normal menstrual cycle. She suffered no abnormal thirst, and aside from the burning sensation of her skin she did not feel particularly hot.

Her tongue was predictably dry and red, with red prickles on the tip, extending towards the sides. The coating was thin and white. Her pulse was wiry and slightly rapid.

It is clear that she suffered with an underlying condition of heat in the blood with wind, complicated with dampness and fire toxin. In such instances a successful strategy can be found by first peeling, as it were, the outer layer, before attempting to tackle the core problem. What I intended to do first was to drain the damp heat and clear the fire. I used the following formula:

|                       |                                      |
|-----------------------|--------------------------------------|
| <i>Sheng Di</i>       | 24g (Rehmannia Glutinosae Radix)     |
| <i>Mu Dan Pi</i>      | 24g (Moutan Cortex)                  |
| <i>Chi Shao</i>       | 9g (Paeonia Radix rubra)             |
| <i>Long Dan Cao</i>   | 9g (Gentianae Scabrae Radix)         |
| <i>Huang Qin</i>      | 9g (Scutellariae Baicalensis, Radix) |
| <i>Shan Zhi Zi</i>    | 9g (Gardeniae Fructus)               |
| <i>Ma Chi Xian</i>    | 15g (Portulacae Herba)               |
| <i>Zi Hua Di Ding</i> | 15g (Violae cum Radice)              |
| <i>Bai Xian Pi</i>    | 12g (Dictamni Cortex)                |
| <i>Xi Xian Cao</i>    | 15g (Siegesbeckiae Herba)            |
| <i>Hai Tong Pi</i>    | 12g (Erythrinae Cortex)              |
| <i>Fu Ling</i>        | 12g (Poria)                          |
| <i>Ze Xie</i>         | 12g (Alismatis Rhizoma)              |
| <i>Gan Cao</i>        | 6g (Glycyrrhizae Uralensis)          |

This is based on *Long Dan Xie Gan Tang* (Gentiana Decoction to Drain the Liver) with modifications. *Sheng Di Huang* (Rehmannia Glutinosae Radix) is almost always the chief ingredient in treating eczema. It has an unparalleled ability to cool the blood without injuring it. I often use a larger dose (30–45g or even 60g); in Anna's case however, I did not because of the presence of substantial dampness. *Mu Dan Pi* (Moutan Cortex) is second to none at plumbing the depths to reach and drain the hidden heat so characteristic of atopic eczema. I use a larger dose (up to 30g) when the eczema is accompanied by allergic rhinitis, having as it does a specific action in treating it. Although my focus is on treating the eczema, I have found that in patients with rhinitis, the nature of the heat that leads to the eczema responds particularly well by using a large dose of *Mu Dan Pi* when draining heat from the blood. *Chi Shao* (Paeonia Radix rubra) will act synergistically with *Sheng Di* and *Mu Dan Pi*, accentuating their action.

Of equal importance in this recipe is *Long Dan Cao* (Gentianae Scabrae Radix) – fiercely drying, it is outstanding at clearing damp heat from the skin. Although unpleasantly bitter, it is an excellent herb to use in cases where dampness presents so obviously. *Huang Qin* (Scutellariae Baicalensis Radix) and *Zhi Zi* (Gardeniae Fructus) act as its helper, aiding its action.

*Ma Chi Xian* (Portulacae Herba) is a specific ingredient for removing dampness and resolving fire toxin from the skin. Its forte is the treatment of dampness when it manifests as frank weeping (dampness may not always lead to weeping skin). *Zi Hua Di Ding* (Violae cum Radice) is used in tandem to strength its fire toxin resolving properties. *Bai Xian Pi* (Dictamni Cortex), *Xi Xian Cao* (Siegesbeckiae Herba) and *Hai Tong Pi* (Erythrinae Cortex) are all excellent herbs to alleviate itching due to dampness when it co-exists with wind. Herbs such as *Fang Feng* (Saposhnikoviae Radix) and *Jing Jie* (Schizonepeta Tenuifoliae), though very effective at ameliorating itching, may well worsen the condition in cases like Anna's. *Fu Ling* (Poria) and *Ze Xie* (Alismatis Rhizoma) are used to conduct

the heat and dampness out via urination. Though not considered among the primary ingredients in the formula, they are nonetheless essential in facilitating the removal of damp heat from the body. This is highlighted by the adage “damp can not be cleared without activating urination”.

I saw Anne a week later, and already there was clear improvement in her skin. All weeping from her skin had stopped, with the exception of the nipples. The erythema was reduced and she had 30–40 per cent reduction in itching. I re-prescribed the above formula with the addition of 12g of *Yin Chen Hao* (Artemisiae Capillaris), a specific for damp eczema of the nipples.

When I saw her two weeks later, there was further and substantial improvement. Because the itching was reduced, she was disturbed less at night, which meant she was less exhausted in the day. I re-prescribed the formula for a further two weeks with the addition of 15g of *Bai Ji Li* (Tribuli Fructus) to further quell the itching. I judged that *Bai Ji Li*, though predominantly a wind scattering herb, would be of benefit since much of the dampness had already been removed.

When I saw her two weeks later (five weeks since starting treatment) it was clear that she was doing very well. Her guarded optimism was reflected in a more natural and sparkling gleam in her eyes. She could now muster a smile and even a laugh. Her skin was a good 75 per cent better, and each day brought further improvement. From my point of view the dampness and fire toxin, such clear factors in acute exacerbation of the underlying hot blood, had been driven off, and it was time to alter the recipe to reflect the changed circumstance. With that in mind, I prescribed the following:

|                    |                                     |
|--------------------|-------------------------------------|
| <i>Sheng Di</i>    | 30g (Rehmannia Glutinosae, Radix)   |
| <i>Mu Dan Pi</i>   | 24g (Moutan Cortex)                 |
| <i>Chi Shao</i>    | 9g (Paeonia Radix rubra)            |
| <i>Fang Feng</i>   | 9g (Ledebourelliae Sesloidis)       |
| <i>Bai Xian Pi</i> | 12g (Dictamni Cortex)               |
| <i>Bai Ji Li</i>   | 15g (Tribuli Fructus)               |
| <i>Xi Xian Cao</i> | 12g (Siegesbeckiae Herba)           |
| <i>Lian Qiao</i>   | 12g (Forsythiae Suspensae, Fructus) |
| <i>Tong Cao</i>    | 4g (Tetrapanacis Medulla)           |
| <i>Gan Cao</i>     | 4g (Glycyrrhizae Uralensis)         |

Once the dampness was significantly reduced, it became important to increase the dose of *Sheng Di*, the primary ingredient, from 24g to 30g. The only side effect of such a large dose is mild and transient loose bowels (which in fact is a sign that the correct dosage has been reached, and should be elicited in hot blood type eczema as a matter of course). *Ma Chi Xian* and *Zi Hua Di Ding* are no longer required, however, it is prudent to retain a fire toxin resolving element in the guise of *Lian Qiao* (Forsythiae Suspensae, Fructus). Many atopics who are prone to bacterial infection develop



### Ante Babic's Tips for running a successful clinic ...

After graduation, your first three years of seeing patients should be somewhere far away from the place where you really want to set up.

an allergic reaction to the toxin from the commonest bacteria that affects the skin, *staphylococcus aureus* (*aureus* comes from the Latin for gold, named for its characteristic yellow exudate), which of course sets up a vicious cycle where the skin is constantly further inflamed. *Lian Qiao* is well tolerated and excellent at dealing with such low-grade infections that may otherwise gain a foothold. *Tong Cao* (Tetrapanacis Medulla) is a worthy substitute for *Mu Tong* (Mutong Caulis) in draining dampness and heat via urination, when hot blood dominates.

Aside from a minor setback after excessive celebration on her birthday, Anne continued to improve rapidly. By week 12 of the treatment 95 per cent of her eczema had cleared with, for her, the unexpected bonus of substantial improvement of her allergic rhinitis. Now only minor erythema around her wrists and neck remained. The texture of her skin was all but normal, and even the post-inflammatory pigmentation that follows the clearing eczema was hardly discernable.

The classic approach to consolidating the treatment for eczema is by nourishing the skin using blood and yin tonics. Though this is important to ensure a stable state on coming off the herbs, there is a word of caution when treating atopic eczema. To use the standard tonics will more often than not lead to a fanning of the flames and exacerbation of the eczema. A large portion of the heat in atopics is hidden heat, which in practice means that tonics such as *Dang Gui* (Angelicae Sinensis) and *He Shou Wu* (Polygoni Multiflori Radix) are all but contraindicated. I prescribed the following as her final formula, initially to be taken daily but with instructions to wean herself off as she grew confident that the skin would not relapse.

|                    |     |                                |
|--------------------|-----|--------------------------------|
| <i>Sheng di</i>    | 30g | (Rehmannia Glutinosae, Radix)  |
| <i>Mu Dan Pi</i>   | 9g  | (Moutan Cortex)                |
| <i>Dan Shen</i>    | 15g | (Salviae Miltiorrhizae, Radix) |
| <i>Xuan Shen</i>   | 15g | (Scrophulariae Ningpoensis)    |
| <i>Ji Xue Teng</i> | 15g | (Jixueteng)                    |
| <i>Fang Feng</i>   | 9g  | (Ledebourelliae Sesloidis)     |
| <i>Bai Xian Pi</i> | 12g | (Dictamni Cortex)              |
| <i>Dan Zhu Ye</i>  | 9g  | (Lophatheri Gracilis, herba)   |
| <i>Tong Cao</i>    | 4g  | (Tetrapanacis Medulla)         |
| <i>Gan Cao</i>     | 4g  | (Glycyrrhizae Uralensis)       |

Anne has remained well since this treatment three years ago. In winter she needs to apply emollients to guard against dryness of her skin, but in essence she leads a normal life, free of the agony of severe eczema. Although atopic eczema (known as 四灣風 *si wan feng*, “wind of the four crooks” in Chinese medicine) has probably existed for many centuries, it must have been extremely uncommon and reached epidemic proportions only in modern industrialised nations. It is therefore a great tribute to Chinese medicine that by carefully using the concepts formulated over centuries a “modern” disease like atopic eczema can be so successfully controlled and managed.



## The fruits of experimentation

### Clinical note by Brian May

ITCHY SKIN IS A VERY DISTURBING symptom particularly when severe and acute. In conditions such as urticaria the itch, redness and swelling can appear quickly and the urge to scratch and scratch till the skin is damaged can be overwhelming. In such instances quick relief is necessary and people often resort to steroidal creams or antihistamines in search of rapid relief.

In my experience, internal herbal formulas have some effect but it takes time to prepare the herbs and administer them. Then the effect is gradual. This approach cannot provide the instantaneous effect that patients seek. Acupuncture also works but the itch tends to rebound once the needles are out. Recently, when presented with an acute, severe, widely spread case with large, raised, fiery red wheals and thousands of bright red papules, it was clear that I needed to apply something topically to a large area of skin if I was to get the desired effect. So I tested out a number of simple remedies and these are the results.

Firstly I applied the burn cream *Jing Wan Hong* to a red wheal. It quickly reduced the heat and itch but it was soon apparent that even if I used the whole tube I could not hope to cover all the affected skin. Also, since it is an oily cream and the rash covered much of the torso, it was going to make a mess of the person's clothes and make them smell like sesame sauce. So I looked up some books, found a recipe for winter melon wash, and since I didn't have any fresh winter melon on hand (I'd thought about

buying one the weekend before but ended up buying bitter melon instead), I put some *Dong Gua Pi* (Benincasae Hispidae Exocarpium) on the stove to boil. While waiting, I had to do something, so I tried another home remedy – grapefruit. The recipe said to crush up the grapefruit, skin and all, but this was not an attractive task, so I just cut a pink grapefruit in half, cut off a slice and rubbed the cut surface over another area of red, raised, itchy rash. The effect was instantaneous. At first I thought it was just the cooling effect of the liquid evaporating but the effect was more enduring and the person was keen to try it on other itchy areas. We applied slice after slice covering most the main areas of rash with a thin layer of wet grapefruit juice and bits of grapefruit. The level of relief provided was quite impressive and certainly a surprise. By this time the *Dong Gua Pi* soup was ready, so we tried it on the few remaining ungrapefruited areas. It also had a cooling effect but was not as good as the fresh grapefruit slices. It made quite a pleasant drink, though. So I used it as the internal formula.

Over the next few days the grapefruit treatment was repeatedly applied till all the grapefruit was gone. It was especially effective if kept in the fridge and applied cold but it was not just the cold that produced the effect since the relief lasted for hours. It wasn't sticky, smelly or staining to clothes. On particularly severe areas, such as wrists, elbows and knees we found that the *Jing Wan Hong* produced an added more lasting effect. The rash progressively improved (it had been increasing when the treatment started) and a week later had resolved.