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Kampo Dermatology – Clinical Studies Treatment of Rosacea-like Dermatitis with Kampo (2)

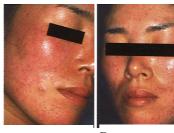
Fumino Ninomiya Aoki Clinic

The noses of habitual or heavy drinkers are red and people generally call the red nose drinkers nose. The name Rosacea-like dermatitis is used because there are apparently similar conditions between this dermatitis and so-called red nose. As the cases in this report clearly show, rosacea-like dermatitis is a skin disorder that results in red patches of erythema and eruptions that develop on the face. And capillary dilation, which is referred to as sairaku in Kampo medicine - a somatic condition often caused by blood stasis - is observed in most of the patients. It is this stasis that causes the skin to become reddish.

Usually dermatologists continuously prescribe steroids, together with vitamins B2 and B6, and other medicines such as antihistamines. These medicines can suppress red patches and itchy feeling, causing a great damage to immunity in return. If this happens, the regulation of blood vessels does not function properly, inducing the dilation of capillaries, resulting in aggravation of red patches; then this vicious cycle starts. Applied steroids get into the body and weaken the vital power. Furthermore, oxidized residues of steroids accumulate on the skin surface, causing further aggravation.

We must explore the real cause of the disease and the process of becoming capillary dilation, and then administer fundamental treatment. Importantly we must have the courage to provide steroid-free medication.

The cause of the poor regulation of blood vessels is associated with reversed flow of qi and cold feet; that is, problems in qi, blood and fluid are all involved. Therefore, prescriptions for acting on the exterior and/or the interior should be used depending on the conditions, such as *shigyakusan* and *orengedokuto*. Case 1: Female of 40 years old Present illness: Skin inflammation developed at the age of 13. Rosacea-like dermatitis also developed. Steroids had been used for each incidence. Symptoms changed with menstruation. Present condition: Steroid-aggravated rosacea-like dermatitis. Prone to have diarrhea with cold feet (+), facial flushing (+), and stiff shoulders.





Pretreatment

Pretreatment Pretreatment



Post-treatment Post-treatment Post-treatment

Treatment and course: It was cured almost by administrating of *tokishakuyakusan* 5.0g and *orengedokuto* 2.5g for 14 days.

Case 2: Female of 57 years old

Present illness: Developed two years ago. At a previous clinic, steroids for seborrheic dermatitis were given. The symptoms were slowly progressive. Present condition: Marked red patches of erythema and acne-like rash/eruptions. Abdominal pain.

Blood pressure 110/65, cold feet (+), and drying of the throat (+).

UV test – till 20 seconds (-), and no abnormalities in peripheral blood.

Treatment and course:

shishihakuhito 4.0g and *shigyakusan* 2.5g were administered for 14 days. The condition improved as a whole.

maobushisaishinto 5.0g and *shigyakusan* 2.5g were administered for14 days. Healing was observed.





Pretreatment

After 2-weeks of treatment

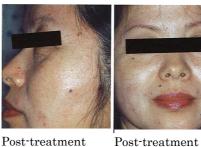








Pretreatment





Post-treatment

Post-treatment

Post-treatment

Case 3: Female of 52 years old

Present illness: Red patches developed on the face 5 years ago, when the patient moved to Shizuoka from Akita.

The patient's previous physician administered various medicines such as byakkokaninjinto 6.0g, Allegion, Placenta (for external application), Kindavate, Azunol, unseiin 7.5g, keishibukuryogan 7.5g, and maobushisaishinto 5.0g.

Present condition: Red patches and blood stasis of capillary vessels on the both cheeks with a mix of eruptions. Sweaty palms, hands, feet and armpits (+). Became worse after stress loading. Irregular menstruation. Sensitive to cold (+). Insomnia and psychoneurosis.

Abdominal sho: Epigastric oppression, palpitations above the umbilicus, pain in the right rectus abdominis muscle.

Tongue sho: Swollen, moist, teeth marks, and peeling of white furs

Treatment and course:

shishihakuhito 4.0g, keishikaryukotsuboreito 5.0g, and saffron (Crocus sativus) 0.5g were administered for 14 days. The condition substantially improved.

Kamishoyosan 5.0g, orengedokuto 2.5g, and saffron 0.5g were administered for 14 days. Since the course was favorable, the administration continues.

Case 4: Female of 59 years old

Present illness: Facial red patches developed 6 years ago. Although the patient received various treatments at the previous clinic, using various types of steroid ointments, no cure was achieved.

Present illness: Marked facial red patches. Due to constipation, habitually use of senna, and rhubarb.

Abdominal distension (+), constipation (+), and stiff shoulders (+). Difficulty getting to sleep and waking up in the morning. Wake in the middle of the night (+). UV test up to 10 seconds (-).

Abdominal sho: Palpitations above the ambilicus (+), palpitations above the ambilicus. Pain beside the left umbilicus toward the lower leg.

Examinations: Blood test; TC 245mg/dl LDH 247Iu/dl

Allergen: Cedar (++++), ticks (++), HD (house dust) (++) Treatment and course:

shishihakuhito 4.0g were administered for 14 days. orengedokuto 5.0g and tokakujokito 5.0g were administered for 6 weeks.

The effects of these medicines appeared immediately and red patches of erythema disappeared. Difficulty sleeping and waking up in the morning improved. Constipation and stiff shoulders resolved.



Pretreatment

Pretreatment



After 2-weeks of treatment $% \left({{\mathcal{A}}_{{\rm{T}}}} \right)$ After 2-weeks of treatment