

Kampo Dermatology – Clinical Studies

Treatment of Rosacea-like Dermatitis with Kampo (3)

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Palmoplantar pustulosis develops pompholyx on the palms and soles. They turn to pustules in time, become red when dried, and fissured with itch. Although any particular cause is not known, catching a cold or tonsillitis exacerbates the symptoms. There is a way of viewing that dental focal infection and allergy to metal ions may be involved in this disease. This disease indicates the link between the interior of the body and the skin as an internal inflammation causes inflammations at the ends of hands and feet.

Blisters eczematize and become itchy. This condition is called dyshidrotic eczema, which becomes purulent, forming pustules or puss-filled blisters (pus formation), where no pus-producing bacteria are present. The pustules have no bacteria and differ from true pustules in characteristics.

The blisters developed in palmoplantar pustulosis indicate that the five viscerals are disturbed. From the Kampo perspective, there is a big problem in “water-sweat” and the blisters are deeply related to hyperhidrosis. The treatment needs to be made by finding where the water-related causes lie and then removing the pathological water.

Figure 1 describes the developing flow of palmoplantar pustulosis from the Kampo perspective. Water becomes stagnant mostly by the stagnation of defense qi due to lung qi deficiency. The retained defense qi causes moist heat (thermal fever), which is combined with pompholyx (the stagnation of water) to form pustules or puss-filled blisters. In a broad sense, these are associated with kidney qi in the basal layer and spleen qi in the stratum spinosum, suggesting that water is stagnant, which is caused by the qi deficiencies of

the lung, spleen and kidney together with the involvement of lung qi in the stratum corneum.

”*Jumihaidokuto*” will suffice for treating only pustules. However, if water metabolism is involved in the problem, its “sho” or symptoms are multiple and drugs for inducing diuresis must be used. For instance, “*epikajutsuto*” is used for redness caused by inflammation just before the development of blisters, and “*goreisan*” and “*choreito*” for blisters.

In fact, if pustules are treated and recovered, what remained to be treated are pompholyx. And if pompholyx is treated and disappears, what to be treated is hyperhidrosis. This is an important point. This dermatitis should be treated based on the notion that it is triggered by hyperhidrosis.

Case: Palmoplantar pustulosis

60-year old female

Present illness: In June of a year ago when menopause occurred, palmoplantar pustulosis developed. Pustules appeared on both feet and then on palms.

Present symptoms: In addition to palmoplantar pustulosis, joint pains including back pain, sternoclavicular pain, cervical pain, shoulder pain. Opacified nail plates and thickened nails on hands and toes

Abdominal sho: Fullness in the right chest and hypochondrium

Examination: Total cholesterol 268mg/dl Neutral fat 274mg/dl

Treatment and course:

Used drugs were *hainosankyuto* 5.0g, *bofutsushosan* 5.0g, and subsequently *jumihaidokuto* 5.0g, *bofutsushosan* 5.0g and biotin for 14 days. With thee drugs, nearly recovered condition.

In March of this year, the tendency of hyperhidrosis was observed. Palmoplantar pustulosis recurred. For the pains in various joints, Voltaren suppository was used sometimes.

For the relapse, used drugs were *shigyakusan* 5.0g, *bofutsushosan* 5.0g, and biotin for 14 days.

Diagnosis of skin (–), opacified nail plates and other disorder were cured with almost no remaining opacity.



Before treatment



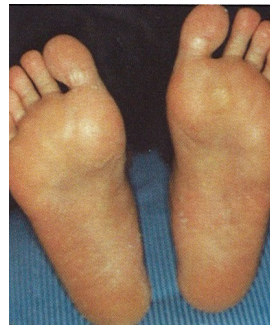
Before treatment



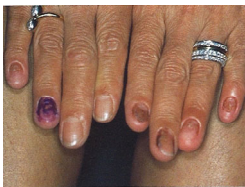
Two weeks later



Four weeks later



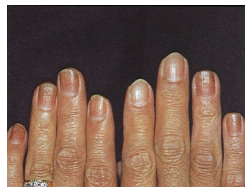
Cured after relapse



Before treatment



Two weeks later



Four weeks later



Cured after relapse