

Kampo Dermatology – Clinical Studies

Treatment of Plaque Psoriasis

with Kampo (4)

Fumino Ninomiya

Aoki Clinic

Epidermal cells are originally born in the basal cell layer. And while dividing, the new epidermal cells form the prickle cell layer and undergo differentiation, and then move up to the stratum corneum (keratinous layer) of the outermost layer. Then dead cells are shed from the skin as dirt. This normal process takes about four weeks. If there is something abnormal in the basal cell layer, new cells still possessing cell nuclei may move up to the keratinous layer at a faster rate, taking only two weeks. (The author considers the basal layer belong to “kidney.”)

If cells undergo a faster renewal process, the keratinous layer cannot be formed adequately and various disorders occur in the epidermis; old cells are pushed by new cells that are moving up from underneath and the pushed old cells become crusted and desquamated, or cause rashes or eruptions before they become dirt to be shed. This condition is plaque psoriasis, an intractable skin disorder. Its cause is not known.

In plaque psoriasis, “corkscrew-like vessels” as seen in Fig. 1 bulge into the skin tissues where there should essentially be no vessels, and they extend to just before the skin surface. And only small amounts of stimulation or irritation causes bleeding very easily. This is a major characteristic of plaque psoriasis. So it is essential to keep smooth blood flow.

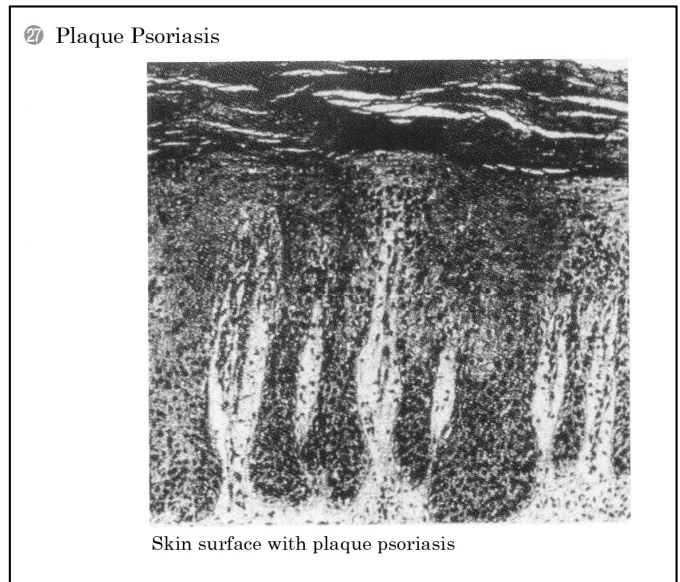


Figure 1-1

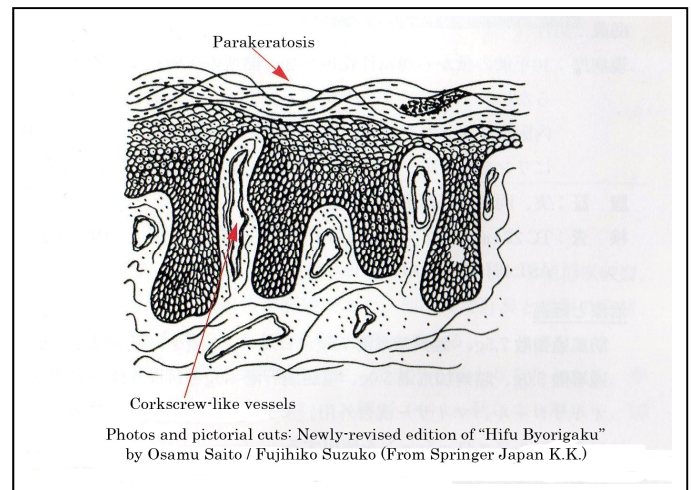


Figure 1-2

For the skin surface of scaly conditions, heat clearing Kampo medicines such as Angerica Decoction-Antipruritus, Wind Dispersing Powder, *unseiin*, and Gentian Liver-Purging Decoction are used. The skin surface especially intensely reddish is the condition that damp and heat bind together, or that of blood and heat bind together. For this condition, Kampo medicines such as Capillary Wormwood Decoction are used.

As above, the scaly skin surface is often accompanied by blood stasis. For the condition, Kampo medicines for expelling stasis (blood activating and stasis resolving medicines) are used according to individuals' demands, such as *keishibukuryogan*, *tokakujokito*, *tsudosan*, *daiobotampito*, *choyoto*.

Plaque psoriasis often becomes worse in autumn. It is partly because autumn is a dry season, but mainly because it may be related with the fact that the basal layer becomes active (kidney's activity) in autumn and thereby the layer becomes strong enough to create cells from underneath.

If the kidney becomes active and the skin condition is exacerbated, internal evil (pathogen) needs to be dispelled by activating blood, clearing heat, and draining damp to recover the normal metabolism.

Case: Male of 69 years old Plaque psoriasis

Past medical history: Underwent surgery for colon polyps eight years ago. Veins in the esophagus ruptured three years ago.

The patient had hepatic cirrhosis due to alcoholic hepatitis. He was taking various drugs prescribed by other hospital for hepatitis, gastrointestinal symptoms, and diuresis.

Present medical history: Plaque psoriasis occurred two years ago. It started affecting the scalp and spread all over the body. The patient had also been treated by other hospital. Scales (++). In autumn it became worse and the patient made the initial visit to our clinic in October.

Labo Data:

T-Chol 98mg/dl ↓

HDL-Chol 35 mg/dl ↓

TG 234mg/dl ↑

AST 102Iu/l ↑

ALT 49Iu/l ↑

γ - GPT 483Iu/l ↑

LDH 367Iu/dl ↑

Serum protein :

Total protein 7.5

A/G 1.11

ALB 52.6

α 2 Globulin 4.4 ↓

β Globulin 6.1 ↓

γ Globulin 35.0 ↑

Leucocytes 2.9 ↓

Erythrocytes 36.2 ↓

Hb 13.6g/dl

Ht 40.1% Platelet 5.0 ↓

Therapy and course

tsudosan 5.0g, *eppikajutsuto* 5.0g, Epinastine Hydrochloride 20mg one tablet/day for 6 weeks.

Changed to *tsudosan* 5.0g, *unseiin* 5.0g, and *keishibukuryogan* 2.5. Biotin 4.5g was added.

tsudosan 5.0g, *unseiin* 5.0g, Biotin 4.5g were continued.

In June of the following year, the healed state was being maintained.



Before treatment



After treatment



Before treatment



After treatment

Figure 2