

Kampo Dermatology – Clinical Studies

Treatment of Atopic Dermatitis with Kampo – Infancy (5)

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One of the characteristics of infants and young children is that they are in the immature state of development. Their functions swing widely like a pendulum for a rapid development so that the functional balance of yin and yang cannot be maintained. As such, they have a lot of ups and downs. Symptoms vary at short intervals and treatments to respond to quick changes are required.

Infants and young children have a lot of body water constituting more than 70% of their weight (elderly people contain about 55% water.) The body water causes a big problem in atopic dermatitis of infants and young children and this atopic dermatitis easily and often becomes weeping eczema over a small matter. Thus, the treatment focus needs to be on the removal of water moist.

Although dermatitis in infants and young children starts affecting mostly from the head and face, infantile seborrheic dermatitis often develops because the head and face contains a lot of fat as well as water (especially until six months after birth, the volume of fat is as much as that in puberty) and the fat solidifies to form scales. To prevent the scale formation, fat must be carefully washed.

The predominant symptom of seborrheic dermatitis is water-dampness and needs the treatment for removing it. Removing water-dampness also removes fat. The Kampo prescriptions often used for seborrheic dermatitis are “*goreisan*,” “*ireito*,” and “*boiogito*”.

Infants often present erythema and moistening around the mouth, and on the neck and body trunk. For these symptoms, “*jizusoippo*” or “*shofusan*” is chiefly used. Moreover, erythema and moistening due to salivation are often presented. Saliva is irritative once it comes out of the mouth, often causing skin irritation. This condition can often be observed in infants who

show deficiency symptoms, especially spleen deficiency – for this, usually “*ninjinto*” is used. Compared to infants, skin inflammation in young children tends to more easily spread to the whole body. Dry skin inflammation spreads with erythema, rashes, partial moistening, lichen, and desquamation. Similar conditions occur during childhood, older than young children. Behind this, there lies spleen-stomach weakness, which is more noticeable than in infancy. If there is spleen deficiency, spleen’s essential qi does not go up, rather goes down causing to develop symptoms such as diarrhea and a feeling of heaviness and sluggishness. Furthermore, since essential qi cannot be delivered to the lung, defense qi also cannot be produced sufficiently. As a result, the defensive ability from external pathogen is reduced and dermatitis spreads. Sometimes fever may develop and the symptom of spontaneous excessive sweating may appear. For the conditions, “*hochuekkito*” and “*ogikenchuto*” are used.

Various stress-related neurotic symptoms (for example, night-time crying) appear and dermatitis is often aggravated due to reduced defensive ability, for which “*yokukansan*,” “*yokukansankachimpihange*,” “*kambakutaisoto*,” and “*saikoseikanto*” are used.

Case 1: Infantile eczema, a warning of atopic dermatitis

Male infant: The patient made the first visit four months after birth.

Present symptoms: Generalized erythema with edema and partial moistening. The patient’s parents have allergies.

Treatment and course:

“*Goreisan*” 2.5g/day was administered for 14 days.

Chlorpheniramine-syrup 2cc/day and glytar-pasta were used in combination. At the time of visit of two weeks later, a 21 day dose of “*goreisan*” 2.5g/day was prescribed as previously.

The condition was significantly good. It was found that the patient cried at night.

“*Kambakutaisoto*” 2.5g was administered for 14 days.

Dermatitis became aggravated by the introduction of solid foods.

“*Shokenchuto*” 2.5g/day was administered for 16 weeks. Stool conditions, which were bad, were gradually becoming better. Instructions were given to take time for the patient to get used to solid foods. A skin cure was achieved.

The cream with a mixture of vaseline, pastaron, and hirudoid was externally used.



Before treatment - Face



Before treatment - Abdomen



Two weeks later - Face



Two weeks later - Abdomen

Case 2: Atopic dermatitis, asthma, and allergic rhinitis

Female child: The patient made an initial visit when she was 9 years old.

Current medical history: The initial onset of atopic dermatitis was three months after birth. The patient had treatments in pediatrics and dermatology. Now she was taking amitriptyline, hydroxyzine, epinastine, and “*orengedokuto*”.

She had also rhinitis.

Present conditions: Generalized erythroderma. The patient's face, neck, upper body, and upper limbs were intensely affected with moistening by infections, forming erosions. Itching sensation (+). Marked sleeplessness and irritability.

Treatment and course:

“*Shofusan*” 5.0g/day was administered for 14 days.

The skin redness disappeared and moistening became dry. Although the overall face skin became smooth, the patient could not sleep due to pain, so that she was intensely irritable.

“*Kambakutaisoto*” 5.0g/day, “*inchingoreisan*” 5.0g/day, and hydroxyzine (one capsule/day) were administered for 21 days. Itching sensation was considerably alleviated. The patient became able to sleep. However, in summer the patient had dampness-heat with erosions, so that prescriptions were changed to the following:

“*Hainosankyuto*” 5.0g/day and “*inchingoreisan*” 5.0g/day were administered for 21 days.

Erosions caused by infections were resolved and eczema became the predominant symptom. The patient's sleep was light.

“*Kambakutaisoto*” 5.0g/day and “*eppikajutsuto*” 5.0g/day were administered for 14 days.



Before treatment - Left side face



Before treatment - Front face



Before treatment - Right side face



After 3 weeks - Left side face



After 3 weeks - Front face



After 3 weeks - Right side face

In summer, due to asthma, prescriptions were changed to “*bakumondoto*” 5.0g/day and “*saibokuto*” 5.0g/day for a 14 day administration.

Asthma nearly recovered. The patient visited us once in three months and it took three years to attain a cure.