

CLINICAL CASE REPORT

Treatment for an Adult Patient With Psoriasis with Traditional Korean Medicine, Especially Sa-Am Acupuncture and Herbal Medicine



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Available online 22 January 2016

Received: Nov 13, 2015
Revised: Jan 9, 2016
Accepted: Jan 12, 2016

KEYWORDS

Gui-Pi-Tang;
hand shao-yang
meridian;
hand tai-yin meridian;
hand tai-yang meridian;
psoriasis;
Sa-Am acupuncture

Abstract

In this clinical study, the author tried to prove that meridians, each having its own characteristics, exist in humans through which skin diseases can be treated. Three meridians, the hand tai-yin meridian, the hand tai-yang meridian, and the shao-yang meridian, were used to control lung dryness and heat and liver fire. By using the LU9 and SP3 acupoints to tonify the hand tai-yin meridian and the SI3 acupoint to tonify the hand tai-yang meridian, we could sedate lung dryness and heat, and by using the TW2 acupoint to sedate the hand shao-yang meridian, we could sedate liver fire. As psoriasis is known not to respond well to many clinical treatments, this report presents the case of an adult woman with psoriasis who was effectively treated using traditional Korean medicine (TKM). The patient was diagnosed with psoriasis based on lung dryness and heat and liver fire. Acupuncture and herbal medicine based on the theory of Sa-Am acupuncture were given to the patient. With this treatment, her symptoms completely disappeared in ~14 months. This study gives a preliminary indication that TKM, especially Sa-Am acupuncture, can be effective for treating psoriasis. Thus, further study is warranted.

1. Introduction

Psoriasis is a common, benign, chronic, inflammatory skin disease with a genetic basis. Injury or irritation of normal

skin tends to produce lesions of psoriasis at the site (Koebner's phenomenon). The essential symptom of psoriasis is silver scales on bright-red, well-demarcated plaques. Psoriasis usually occurs on the knees, elbows, scalp, and

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Table 1 Components of Gui-Pi-Tang modification

Scientific name	Dose (g)	Scientific name	Dose (g)
<i>Angelica gigas</i> root	4	<i>Aucklandiae radix</i>	2
<i>Longan arillus</i>	4	Licorice	1
<i>Zizyphus</i> seed	4	<i>Cyperus</i> rhizome	4
<i>Polygala</i> root	4	<i>Scutellaria</i> root	4–5
<i>Codonopsis lanceolata</i>	4	<i>Bupleurum</i> root	4–6
<i>Astragalus</i> root	4	<i>Liriope</i> tuber	4
<i>Atractylodes</i> rhizome white	4	<i>Schizonepeta</i> spike	1
<i>Poria sclertum</i> cum <i>Pini radix</i>	4	<i>Mentha</i> herb	1

nails, with findings including pitting, onycholysis, and mild itching. Often no symptoms may occur except for itching at the scalp, elbows, knees, palms of the hands, and soles of the feet; in such cases, the finger and toe nails should be examined. The lesions are red, sharply-defined plaques covered with silver scales [1]. The cause of psoriasis is unclear, but heredity and abiotic factors are clearly involved [2].

From the view of traditional Korean medicine (TKM), psoriasis corresponds to bai bi, yin xie bing, and feng xian, which are caused by blood heat, blood dryness, and blood stasis, as well as liver and kidney depletion. Recently, various methods, such as constitution classification, acupuncture, and herbal medicine, have been tried as treatments for psoriasis [3]. The body has 12 main meridians, and in the view of Sa-Am acupuncture, each meridian

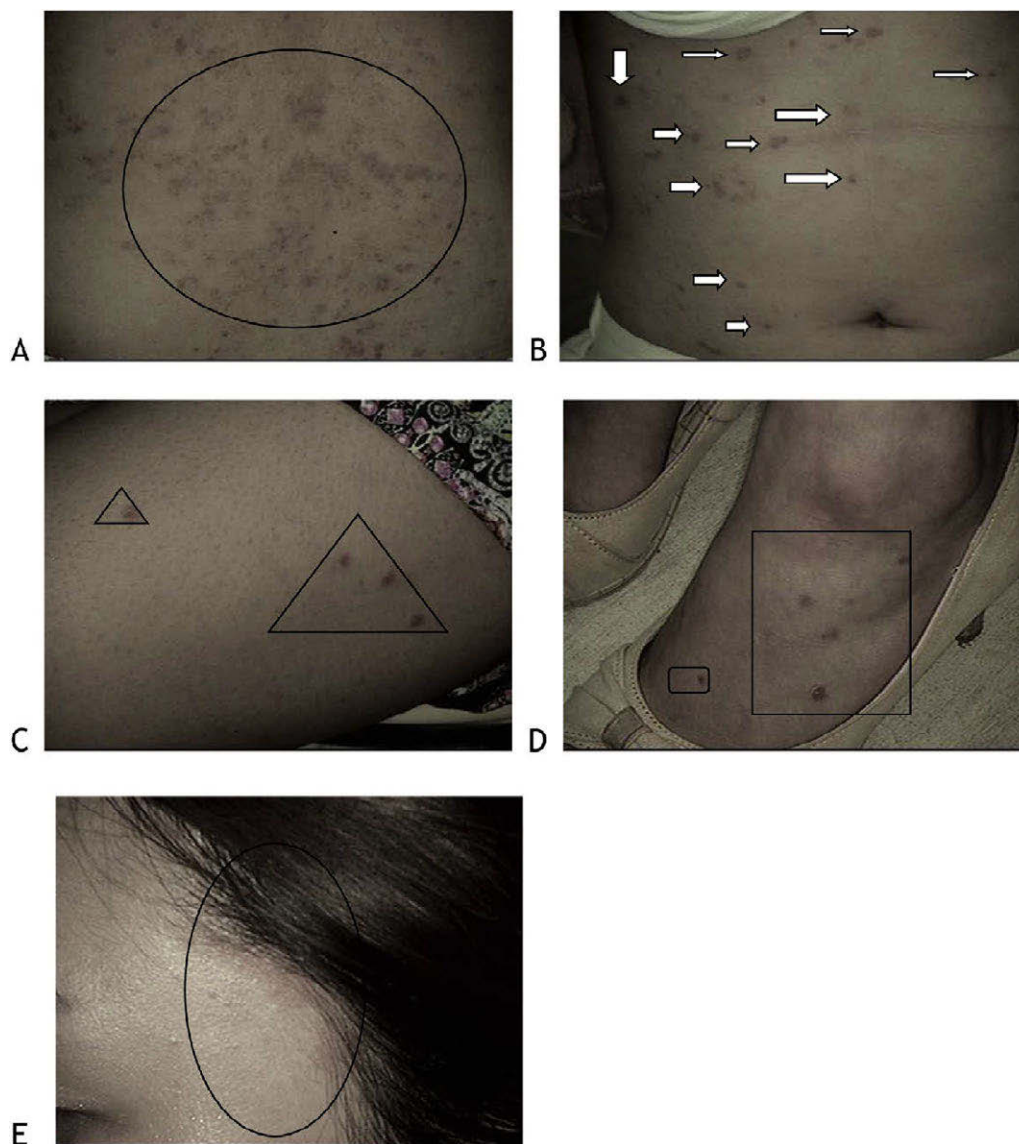


Figure 1 Initial state of the patient with psoriasis (May 20, 2013). Erythematous skin rashes accompanied by scales are seen to be scattered on (A) the back; (B) the abdomen; (C) four local erythematous skin rashes accompanied by scales are seen on the right thigh; (D) five local erythematous skin rashes accompanied by scales are seen on the back of the left foot; and (E) a faint and large erythematous skin rash accompanied by scales is seen on the left side of the scalp.

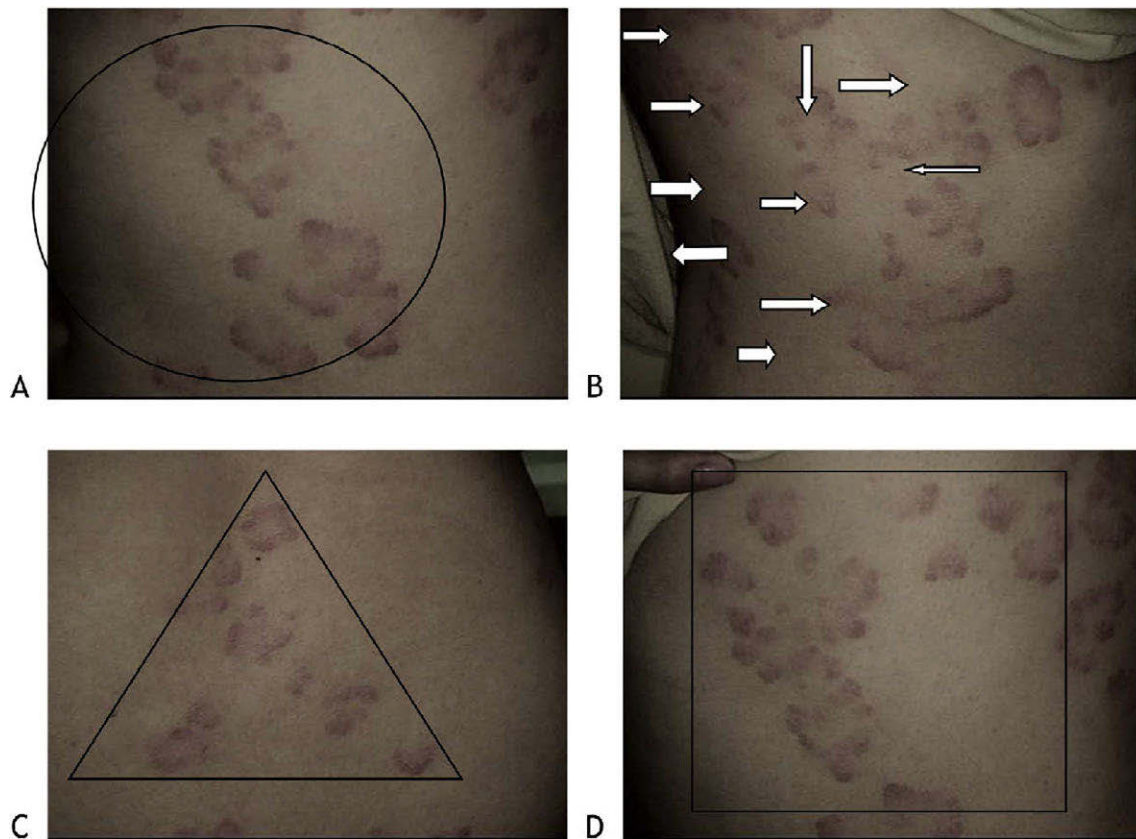


Figure 2 Intermediate state of the patient with psoriasis (December 3, 2013). After 21 treatments with Sa-Am acupuncture and 12 cycles of treatment with Gui-Pi-Tang modification, while stopping the application of Western medical ointment, the symptoms on (A) the back and right flank; (B) the right flank and chest; (C) the back; and (D) the chest appeared to be spreading, but this was a temporary phenomena during the course of treatment.

and every disease has its own characteristics. Thus, if the characteristics of a patient's disease can be understood by using the four diagnostic methods of TKM, meridians can be chosen to treat the patient's disease. Although reports concerning this subject have been published, to the best of the author's knowledge, no reports have been published concerning the treatment of psoriasis by using a combination of Sa-Am acupuncture and herbal medicine. For that reason, the author reports a clinical case of a patient with psoriasis who was treated successfully by using Sa-Am acupuncture and herbal medicine, and introduces the theory of Sa-Am acupuncture.

2. Case Presentation

A 25-year-old female patient with symptoms of an erythematous skin rash, scales, and itching on her back, her abdomen, her right thigh, the back of her left foot, and the left side of her scalp visited the author's clinic on May 20, 2013. The patient's symptoms had begun around February 2013. The patient had a history of suffering from psoriasis, and in the 2–3 years prior to visiting the author's clinic, she had been treated with Western medical ointment. For the immediate 2–3 months before her visit she had been using the Western ointment Xamiol gel (LEO Pharma, Ballerup, Denmark). Her mother had hypotension and diabetes mellitus.

The patient underwent visual and palpation examinations, and her medical history was recorded. She had been having digestive problems, her urine was a dark-yellow color, and she had been sleeping well, but with frequent dreaming; and she had been experiencing no special problems with defecation. She had a symptom of heat rising, her menstruation cycle was shorter than normal, and was accompanied by premenstrual pain. Her pulse was fine, rapid, and string-like. The diagnosis was liver fire and lung dryness-heat.

From May 20, 2013 to August 8, 2014, the patient was treated 36 times with Sa-Am acupuncture at the LU9, SP3, SI3, and TW2 acupuncture points. Simultaneously, she underwent 22 cycles of treatment with the herbal medicine Gui-Pi-Tang [4] modification (Table 1), with one cycle being ~15 days of taking the herbal decoction twice daily. The psoriasis of the patients at the initial stage, an intermediate stage, and the final stage after completion of treatment are shown in Figs. 1–3.

In the initial stage (Figs. 1A–1E), erythematous skin rashes accompanied by scales were scattered on her back (Fig. 1A) and abdomen (Fig. 1B). She had four local erythematous skin rashes accompanied by scales on her right thigh (Fig. 1C) and five local erythematous skin rashes accompanied by scales on the back of her left foot (Fig. 1D). A faint and large erythematous skin rash accompanied by scale was seen on the left side of her scalp (Fig. 1E). In the

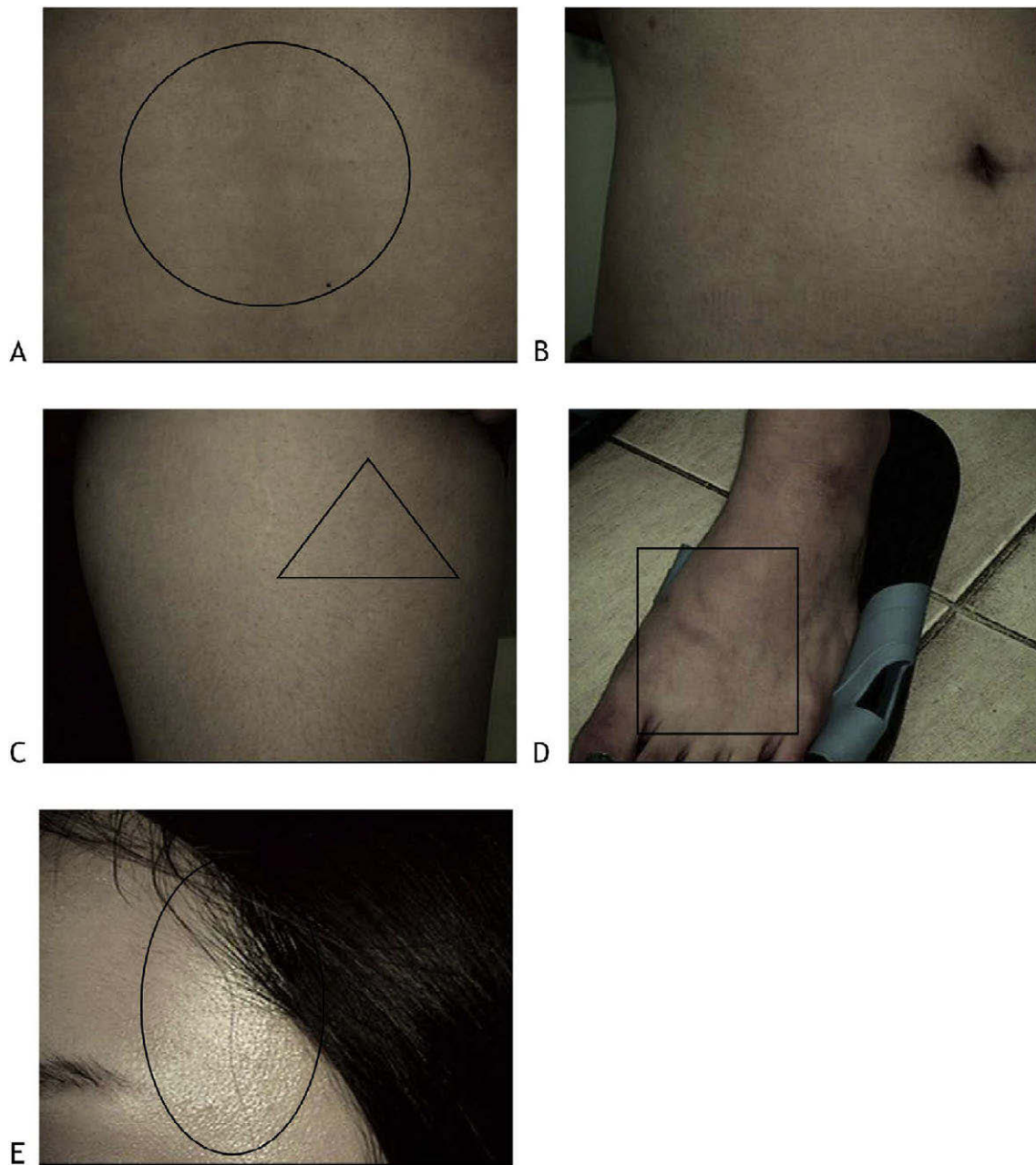


Figure 3 Final state of the patient with psoriasis (August 8, 2014). After 36 treatments with Sa-Am acupuncture and 22 cycles of treatment with Gui-Pi-Tang modification, the symptoms on (A) the back; (B) the abdomen; (C) the right inner thigh; (D) the back of the left foot; and (E) the left side of the scalp had disappeared.

intermediate stage (Figs. 2A–2D, December 3, 2013), after 21 treatments with Sa-Am acupuncture and 12 cycles of treatment with Gui-Pi-Tang modification, without the use of Western medical ointment, the symptoms on her back (Fig. 2A) and right flank, her right flank and chest (Fig. 2B), her back (Fig. 2C), and her chest (Fig. 2D) appeared to be spreading, but this was a temporary phenomenon. In the final stage (Figs. 3A–3E, August 8, 2014), after 36 treatments with Sa-Am acupuncture and 22 cycles of treatment with Gui-Pi-Tang modification, the symptoms on her back (Fig. 3A), her abdomen (Fig. 3B), her right inner thigh (Fig. 3C), the back of her left foot (Fig. 3D), and the left side of her scalp (Fig. 3E) had disappeared.

3. Discussion

In the author's clinic, the theory of Sa-Am acupuncture, including the prescription of herbal medicine to treat skin problems, is always used. For that reason, the clinical case of a patient with psoriasis who was successfully treated by using the theory of Sa-Am acupuncture is presented with photographs.

First, how the energies (chi) inside the patient's body were imbalanced had to be determined. For that purpose, four types of TKM examinations were used. Based on the results of those examinations, herbal medicine was

prescribed, and appropriate acupoints were selected. In TKM, Sa-Am acupuncture is not well known. From the view of Sa-Am acupuncture, every meridian has its own properties [5,6], so appropriate meridians can be chosen depending on the patient's energy condition. In this case, the hand tai-yin lung meridian, the hand tai-yang meridian, and the hand shao-yang meridian were chosen.

In TKM, tai-yin means moisture and earth, tai-yang means coldness and water, and shao-yang means ministerial fire. The hand tai-yin meridian is related to moisture. If the LU9 and the SP3 acupoints are tonified, the hand tai-yin meridian will be tonified, and the dryness in the body will decrease. The hand tai-yang meridian is related to water and coldness. If the SI3 acupoint is tonified, the hand tai-yang meridian will be tonified, and the fire in the body will be calmed. The hand shao-yang meridian is related to ministerial fire and liver fire. If the TW2 acupoint is tonified, the hand shao-yang meridian will be sedated, and the ministerial fire in the body, which is the same as the liver fire, will be calmed.

From the view of TKM, the patient's diagnosis was liver fire and lung dryness-heat, so the liver fire was treated by tonifying TW2. The lung dryness-heat was treated by tonifying LU9 and SP3, which gave moisture and mild coldness to the patient, and by tonifying SI3, which calmed the lung fire.

In summary, this clinical case indicates that the theory of Sa-Am acupuncture can be very effective for diagnosing and treating skin diseases. At the author's clinic, patients

with many skin diseases other than psoriasis, as well as some other diseases, have been successfully treated by using the theory of Sa-Am acupuncture. Thus, more research on this modality is warranted.

Disclosure statement

The authors declare that they have no conflicts of interest and no financial interests related to the material of this manuscript.

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