

陰 CJOM 陽

California Journal of Oriental Medicine Vol. 26 No. 1 • Spring/Summer 2015

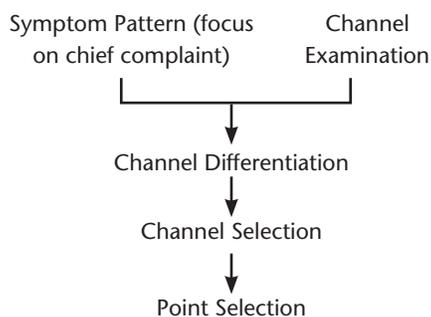


Dr. Wang Ju-Yi's Clinical Case Studies: Treatment of Eczema with Applied Channel Theory

By Jonathan Chang

Appplied Channel Theory (经络医学 *jīng luò yī xué*) is an approach developed by Dr. Wang Ju-yi in over 50 years of clinical and scholarly research in Beijing. It involves the rigorous combination of channel theory and channel examination technique. More precisely, Applied Channel Theory requires that examination of acupuncture channels be considered in the broader context of other diagnostic tools. Applied Channel Theory is a comprehensive system that includes channel theory, channel differentiation, channel selection, point selection and various methods of channel regulation (like acupuncture, moxibustion, hand techniques, cupping and so on).¹

In order to properly evaluate a patient or case study, one must first understand the chief complaint and its pattern differentiation. Secondly, the findings from channel examination are matched with the different groups of symptoms.² Afterwards, channels and relevant points can be selected for treatment. As the abnormal channels and symptoms typically differ for each patient, the points selected will often vary.



When treating patients who suffer from the same illness one often will discover that the patients can present distinct symptom patterns as a result of different pathologies and furthermore, channel examination often reveals the involvement of different channels. Therefore, the channel selected for treatment will vary for each patient.

In the following three eczema cases the treatments varied and were treated once per week. The patients were treated by Wang Ju-yi at the Huguosi TCM Hospital³ in Beijing.

Eczema patients have a shared pathology, as the illness is rooted in the accumulation



of internal dampness. Eczema lesions are typically characterized as hypersensitive skin, where the lesions are symmetrical, and are often associated with severe itchiness and fluid discharge, with a tendency to become chronic in nature.⁴ Eczema is commonly described in Chinese Medicine according to the affected region of the body. For eczema that appear in all areas of the body the term “(浸淫疮)” or “spreading sores” is used. However, if the lesions present all over the body as red and elevated papules, with itchiness and bleeding, they are described as “wind-blood sores” (风血疮).⁵ In the *Golden Mirror of Medical Tradition*, it describes “spreading sores” in the following way: “at the beginning, spreading sores appears like scabies. It can be itchy at any time of the day, and can spread throughout the body. When it is scratched yellow liquid can ooze out. The skin eruptions can become patch-like. Spreading sores are a result of heart fire, dampness and exposure to wind⁶.” However, according to Applied Channel Theory, eczema is often rooted in the impairment to the *tài yīn* channel system. According to the six levels, the *tài yīn* channel is the most exterior of the three yin channels, and the hand *tài yīn* lung channel governs the skin and body hair.

The foot *tài yīn* spleen channel is responsible for the transportation and transformation of grains and water, while lung qi is responsible for providing movement of these

nutrients. Working in tandem, the spleen and lung have the functions of draining water and transforming dampness. The *tài yīn* channel system ensures that nutrients are provided to all parts of the body, including the skin, and that waste products are also removed in a timely manner.

In other words, the *tài yīn* channel system receives and resolves damp qi from the natural environment and, within the internal environment, it controls water metabolism. When the *tài yīn* is impaired in its ability to transform external or internal dampness, it leads to the accumulation of dampness. This excess dampness impairs the irrigation of nutrients to and removal of metabolites from the surface of the body, which leads to dermatological symptoms associated with eczema.

Since the *tài yīn* channel is the prime channel system that is involved with eczema, it would be easy to assume that, for all such patients, only this channel system should be treated. However, as the following three cases will show, although the *tài yīn* channel is central to the pathology of eczema, it is not always the main channel system used for treatment. It is imperative to understand the chief symptoms’ patterns and match them with the abnormal channel findings. In essence, one can say that channel examination provides a treatment that is tailored for each individual patient.

Case 1: Mr. Hu, aged 42

Chief Complaint: Constant eruptions of skin lesions on the limbs and trunk of the body for over 3 years, with associated symptoms of itchiness and pain.

Medical History: In spring 2009, the patient suddenly developed skin lesions on the abdominal region from no apparent cause. The lesions were red, inflamed, and extremely itchy and painful. A local hospital diagnosed it as eczema and prescribed Chinese herbs, which did not provide any relief. Over time, the eczema spread to the chest, back, limbs, and groin region. For an eight-month period, the patient was also prescribed steroids and anti-histamine medication, which provided minor relief. The patient had a ten-year history of allergic rhinitis, which flared up every fall.

Current Symptoms: In addition to skin lesions throughout the body, characterized by dark-purple patches, the patient also suffers from fatigue, excessive sleepiness, and distention of the limbs. He has a dry mouth and thirst, with an inability to quench his thirst. His tongue is purple and dusky, and has a thin-white tongue coating. His pulse is deep and thin.

Channel Examination: Hand and foot *tài yīn* channels are abnormal.

Channel Selection: *Tài yīn* channel.

Point Selection: LU-5 (*chǐ zé*), SP-9 (*yīn líng quán*), SP-3 (*tài bái*) and SP10 (*xuè hǎi*).

2nd and 3rd visits: After the first treatment the patient's feeling of distension in the body reduced, and the eczema on his back showed significant reduction. He still had itchiness and sharp pain in areas of skin lesions. He felt tired and had a dry mouth with a bitter taste. The tongue was red, and coating was thick, yellow and dry. His pulse was deep.

Point Selection: Same points, with moxa at DU-14 (*dà zhuī*) for 15 minutes.

4th to 8th visits: The patient had not had any new skin lesions. Pigmentation from the old lesions were gradually disappearing. The old lesions were dry and itchy with pain. The patient had mild distension in the hands, feet, and lower legs. He was easily fatigued, and does not sweat much. His mouth was dry, tongue was red with a thick, slightly greasy coat. His pulse was deep and slippery.

Point Selection: In and out needling of DU-14. Needle: LU-5, SP-9, SP-3, KI-7 (*fù liū*), KI-3 (*tài xī*).

Results: The patient received one treatment per week over a period of three months. After three treatments, the patient's skin lesions and distention in the limbs showed significant reduction. With an additional 15 treatments, abnormal pigmentation from the old lesions gradually dispersed.

Analysis: This case is typical of a *tài yīn* eczema case, as it includes distention in the limbs with fatigue, dry mouth and unquenchable thirst. Upon channel examination, changes (or lumps) were palpated below LU 5 and between SP 6 to SP 9.

Chief points for treatment were LU-5 and SP-9, which are both the he-sea points of the *tài yīn*. Together they have the functions of regulating the qi mechanism of the *tài yīn*, with the ability to transform dampness and move qi. SP-3 was added to strengthen the spleen and benefit the lungs. As the *tài yīn* channel recovered its ability to transform dampness, eruption of skin lesions was inhibited. By the fourth treatment, the patient complained of lacking the ability to sweat since suffering from eczema. DU-14 was added to the point prescription to re-balance the nutritive and protective qi. The patient recovered the ability to sweat normally, and pigmentation from the old skin lesions began to gradually disappear. By the end of the treatments his skin returned to a normal complexion.

Case 2: Mr. Yang, aged 59

Chief Complaint: Papules over the entire body, with itchiness for 2 years.

Medical History: Two years ago, as a result of stress at work and exposure to wind, papules began to appear on the patient's lower legs. The papules were hive-like patches that were red and elevated, with clear borders and excessive itchiness. Scratching would make the lesions spread into larger patches.

Over time, the papules repeatedly flared-up, and gradually spread throughout the body to the trunk, neck, head, and arms. His symptoms worsened when nervous, under stress, and after taking hot showers. A local dermatologist diagnosed him with eczema. For 3 weeks leading up to the treatment the patient was under a lot of work-stress, which made his symptoms more severe.

Current symptoms: The lesions are red, elevated, and itchy papules, with redness in the surrounding skin. They are most prominently located on the lumbar, upper

back, and hypochondriac regions. Between 1-3am (liver time), the itchiness increases, which impacts his sleep. He is easily agitated, and has a dry mouth with a desire to drink fluids. He has a puffy and dusky tongue, with a thin, white, and dry coat. His pulse is wiry, thin, and slippery.

Drug History: The patient has taken Chinese herbs, and applies a topical corticosteroid cream (sicorten).

Channel Examination: Hand and foot *tài yīn*, foot *jué yīn*, hand and foot *yáng míng*, hand *tài yáng* and foot *shào yáng* channels are abnormal.

Channel Differentiation: *Tài yīn* and *jué yīn* channels.

Channel Selection: *Tài yīn* and *shào yáng* channels.

Point Selection: LU-5 (*chǐ zé*), SP-9 (*yīn líng quán*), SJ-6 (*zhī gōu*), GB-34 (*yáng líng quán*).

2nd Visit: After the treatment the lesions decreased, particularly in the hypochondriac region. Itchiness also decreased in severity, but the patient continued to wake up between 1-3am from itchiness. Papules were still present on the limbs, however, they were reduced in number. The patient's irritability also decreased. His tongue was puffy and dusky, with a thin and slightly yellow coating. He had a wiry and thin pulse.

Point Selection: PC-7 (*dà líng*), LR-2 (*xíng jiān*), LU-5, SP-9 and SP-6.

3rd Visit: Decrease in the number of papules on the upper and lower limbs. The patient feels calmer and less agitated. His tongue is puffy and dusky, with white-thin coat. He has a wiry and thin pulse.

Point Selection: In and out needling of DU-14, with moxa for 20 minutes. Needle: LU-5, SP-9, PC-3 (*qū zé*) and LR-8 (*qū quán*).

Herbs:

Chan Tui 6g
Jiang Can 6g
She Tui 6g
Chi Shao 12g
Mu Dan Pi 6g
Xia Ku Cao 6g
Yi Mu Cao 10g
Tu Fu Ling 15g
Jing Jie Sui 6g
Sheng Gan Cao 6g
7 bags.

4th - 6th Visits: *Tài yīn* channel as the main channel of treatment.

continued on page 17

Treatment of Eczema continued from page 15

Results: After three treatments the patient's eczema showed significant improvement. The area of lesions, and itchiness were reduced, while emotionally he also felt calmer. After the sixth treatment the patient continued to receive acupuncture treatments as maintenance to stabilize his condition.

Analysis: Channel examination found the *tài yīn*, *jué yīn*, and *shào yáng* channels were abnormal, with the *tài yīn* changes more significant. Changes on the *tài yīn* and *jué yīn* channel were physically palpable, those on the shao yang were visible in the form of red papules and patches. Focus of the treatment was on regulation of the *tài yīn* channel, with a secondary focus placed on regulating the *jué yīn*. As the *tài yīn's* ability to transform dampness was impaired, the distribution of nutritional products throughout the body was also inhibited, which, in turn, prevented the nutrition to the *jué yīn*. As such, the action of the *jué yīn* to foster yin-blood was also impaired, such as its functions of purifying and maintaining the quality of blood.

The patient had symptoms related to both the *tài yīn* and *jué yīn* channels. Symptoms directly related to eczema including skin lesions, puffy tongue, and wiry-slippery pulse were rooted in the *tài yīn*, however, symptoms such as irritability and waking up at 1-3am from itchiness were related to the *jué yīn*. Itchiness was exacerbated by the *jué yīn's* inability to foster blood.

For the first treatment, LU-5 and SP-9 were selected to transform dampness. Since the eczema was prominent on the *shào yáng* pathways along the hypochondriac region, including the lateral part of the thigh, SJ-6 and GB-34 were used to dredge the *shào yáng*. It must be noted that the *shào yáng* is the interior-exterior paired channel of the *jué yīn*. After the first treatment, as the hypochondriac lesions disappeared, focus shifted to regulating the *tài yīn* and *jué yīn* channels, with LU-5, SP-9, PC-3 and LR-8 as the chief points to transform dampness and foster yin-blood. Over the course of the treatments, the symptoms linked to the *jué yīn*, such as the agitation, irritability and poor sleep, exhibited substantial relief, which suggested that the *jué yīn's* qi transformation had recovered. For the last phase, treatment concentrated on regulating the *tài yīn*.

Though the patient would have occasional eruptions of papules, they were mild and less severe.

Case Study 3: Ms. Yang, aged 39

Chief Complaint: Eczema on the face, elbow, armpits (axillary), groin, and lateral side of the lower legs for over twenty years.

Medical History: Since the patient was 18 she has suffered from eczema throughout the body, but particularly located on the medial side of the limbs, on the neck, and face. The lesions are itchy, flaky, feel clammy, and the skin in the affected regions are thickened. When the patient is nervous, sleeps poorly, eats high-protein food, and in the fall/spring the eczema flares up. Twenty years ago the patient was prescribed topical corticosteroid medication, which made the eczema on her face worse. In the past year, the patient has been taking Chinese herbs and undergoing acupuncture treatments at another local hospital in Beijing.

Current Symptoms: In addition to the eczema, the joints on the limbs feel clammy. She has difficulty falling asleep, with many dreams, and wakes up early. She has scanty menstrual blood, with dark menses and clots. The patient also has strong pre-menstrual emotional changes, typically feeling sad. Her tongue is dusky and red, while her coating is white-thin. Her pulse is thin.

Channel Examination: Hand and foot *tài yīn*, hand and foot *jué yīn*, hand and foot *yáng míng*, and hand and foot *shào yáng* channels are abnormal.

Channel Differentiation: The illness is located in the *tài yīn* and *jué yīn* channels.

Channel Selection: *Jué yīn* channels.

Point Selection: PC-3 (*qū zé*), LR-8 (*qū quán*), PC-7 (*dà líng*) and LR-3 (*tài chōng*)

2nd Visit: After the treatment, the patient's quality of sleep showed significant improvement. She was able to sleep longer for the first three days after the treatment, but during the final three days her sleep was poor again. The skin lesions were reduced in severity. She had constipation, with stools that fluctuated between dry and loose. Her tongue was dusky and red, with a thin-white coat. Her pulse was thin. Point Selection: PC-3, PC-7, LU-5, SP-9 and ST-37 (*shàng jù xū*).

3rd to 7th Visits: Sleep was significantly improved and her stools were normal. The patient still had no change to the itchiness, which was more severe during the day,

and decreased in the night before falling asleep. Her armpits and groin region were still clammy. After eating she would belch a number of times in succession. She also felt a surge of heat after eating (like a hot flash), which made the itchiness worse. Her tongue was no longer dusky but pale, with a white-thin coat. Her pulse was thin.

Point Selection: PC-3, PC-7, LR-8, ST-37, LI-10 (*shǒu sān lǐ*), and ST-36 (*zú sān lǐ*).

8th Visit: The itchiness decreased, and the complexion in her face was less dark and purple. Later treatments focused on regulating the *yáng míng* channel.

Point Selection: LI-4 (*hé gǔ*), LI-11 (*qū chí*) and ST-36.

Results: Over a course of 13 treatments the patient's eczema, flaky and thickened skin, and abnormal pigmentation significantly reduced. Other related symptoms, such as irritability, poor sleep, constipation, and fluctuating dry/loose stools all showed marked improvement.

Analysis: Channel examination found changes to the *tài yīn*, *jué yīn*, *yáng míng* and *shào yáng* channels. The *tài yīn's* ability to transform dampness is impaired, which can lead to less nutrients to the *jué yīn*. As the *jué yīn's* ability to purify and maintain the quality of blood is impaired, it leads to blood-dryness, which can enhance symptoms like itchiness. The patient also had symptom patterns related to the *jué yīn* yin-blood deficiency, such as poor sleep, scanty menses, irritability and nervousness. Whenever she was agitated or nervous the eczema worsened. For the first treatment, the objective was to first regulate the *jué yīn*. In order to foster yin and calm the spirit, the source and he-sea points of this channel were selected, PC-3, PC-7, LR-3 and LR-8. Paired together these points can regulate the qi mechanism and warm-replenish the *jué yīn*.

Over the course of the treatments, as the patient's emotions became calmer and her sleep improved, her eczema also showed improved, including the abnormal pigmentation and itchiness reduced. Focus then shifted to regulating the *yáng míng* channel.

The *yáng míng* was selected as the eczema was most prominent on the face, especially on the cheeks where there was itchiness, dark-purplish, thickened and flaky skin. The facial region is also mainly related to the *yáng míng* channel pathways. In addition, the patient had *yáng míng*

symptoms, such as constipation, and stools that fluctuated between dry and loose. There was a direct relationship between the eczema symptoms and the *yáng míng* as the itchiness worsened after ingesting food.

Although the root of the illness was in the inability of the *tài yīn* to properly transform dampness, her symptoms were primarily related to its interior-exterior paired *yáng míng* channel. According to the six levels theory, the *yáng míng* is the most interior of the three yang channels. It has the functions of digesting food, transporting fecal matter, fostering stomach qi and warming the skin.

In relation to the external environment, the *yáng míng* receives and resolves dry qi. The *tài yīn* channel receives and resolves external dampness, while it transforms internal dampness. The *tài yīn* and *yáng míng* work in tandem to maintain the balance between dryness and dampness. They have another normal physiological relationship: clear qi from the *tài yīn* generally rises, while turbid qi from the *yáng míng* descends. For this patient, there was an imbalance between rising clear qi and descending turbid qi, which was exhibited by her constipation. As turbid qi was not descending, the *yáng míng* heat accumulated in the middle jiao, and percolated upwards to the face, manifested by the symptoms of increased itchiness after eating food, burping and eczema on the face. Points were selected to regulate the *yáng míng* channel so that it could recover its normal state, with points such as LI-11, LI4, ST-36 and ST-37. While the *yáng míng* was being treated, her symptoms, such as itchiness, dark-purple facial complexion, dry-flaky-thick skin, constipation and irregular stools all showing remarkable improvement. By the end of the treatments her skin was a normal, healthy complexion.

Discussion:

As mentioned in the introduction, the root cause of eczema is often related to the *tài yīn*. However, the presentation of eczema in a clinical setting is not always so clear-cut, which shows the importance of using channel examination to guide the practitioner's diagnosis. One must not make the assumption that only the *tài yīn* channel should be treated for all eczema patients. There is always the potential that other channels are involved and, at times, these channels have to be regulated first or in tandem with the *tài yīn* (if the *tài yīn* is found to be abnormal). However,

this does not mean to suggest that all abnormal channels should be treated. Only the channels that are directly related to the chief complaint and associated symptoms should be selected.

As an example, for case 1, palpation found that the patient had *tài yīn* channel changes, and also *tài yīn* channel symptom patterns, such as skin lesions from eczema, distension in the limbs and fatigue. The *tài yīn* channel was then selected for treatment. For case 2, though the patient had *tài yīn* channel changes, palpation also found abnormalities on the *jué yīn* channels. The patient had symptoms directly linked to the skin disorder and both the *tài yīn* and *jué yīn* channels, such as irritability that worsened his itchiness. In the first phase of the treatment, the *tài yīn* and *jué yīn* channels were the regulated together. Once the patient's *jué yīn* symptoms were under control, the *tài yīn* was the main channel selected for the last phase of the treatment.

For case 3, *tài yīn* and *jué yīn* channels were found to be abnormal, including their interior-exterior paired channels, the *yáng míng* and *shào yáng*. Although the root of the illness was in the *tài yīn*, the *jué yīn* was first selected to foster yin-blood and calm the spirit. Once her *jué yīn* symptoms of irritability and sleep improved, the patient's skin also showed significant improvement. However, for the next step, the *tài yīn*'s paired *yáng míng* channel was selected for treatment. *Yáng míng* channel symptoms were also related to the skin disorder, while palpable changes were also found on the *yáng míng*. After regulating this channel, the patient's symptoms related to eczema significantly reduced.

These three cases emphasize that channel examination is important to attaining a clear diagnosis. However, another essential aspect is the matching of symptoms to the abnormal channels, to discover which channel or channels are primarily involved with the chief complaint. When these connections are accurately made, the diagnosis is precise and results effective.

Conclusion:

These three eczema cases emphasize the approach practitioners of Applied Channel Theory must follow, namely making links between the symptom patterns and the channel changes.



Dr. Wang in his office in Beijing

There are two important steps to follow:

1. Through the patient intake, isolate the chief complaint, and symptoms directly related to the chief complaint. The patient might also present other symptoms, which can be separated into other categories, but they are separate from the chief complaint. For example, a person can suffer from eczema as the chief symptom, but might also have shoulder pain or suffer from the common cold.
2. After making a detailed intake of the patient's symptoms, the patient's channel must be carefully examined. Through channel examination, in particular by palpating the channel spaces, discover which channels have irregular changes. Links have to be established between the symptoms and abnormal channel changes. Once these links are made, it helps to clarify which channel or channels are primarily involved with the chief symptom.

From a broader perspective, the application of channel examination to one's practice also emphasizes its importance to understanding Chinese medical principles. For example, for these eczema cases channel examination provides evidence for the TCM concept of 同病异治 (*tóng bìng yì zhì*), which simply means "same illness, different treatment." In the Chinese

Medical Dictionary it defines the term as meaning that “a specific disorder must be treated according to the unique conditions that are presented, as such, treatment methods applied will differ for each individual. Factors that can influence the expression of an illness are multi-faceted, such as seasonal and regional variances, including the unique state of each person’s constitution. A patient can also be in different stages of a particular disorder, and even medication or other treatments can affect the person’s symptoms, and, as such, determine the treatment method adopted.”⁸ One additional comment should be added to the end of this definition, through channel examination the practitioner is able to find objective, and palpable evidence for the distinct physiological and pathological constitutions each patient presents. Channel examination provides the TCM practitioner with a precise diagnosis and more effective treatment approach. It allows for a myriad of possibilities when treating patients. At the same time, it focuses the treatment and makes it more tailored to each individual’s condition. One

can easily disregard point protocols the moment channel examination is applied in the clinic.

References

1. For more information on Applied Channel Theory, please read *Applied Channel Theory in Chinese Medicine*, by Wang Ju-Yi and Jason Robertson. Eastland Press, 2008.
2. There are five methods of channel examination, which are observation (审), feeling temperature and moisture (扪), pressing (按), palpation of pulses (切), and palpation of channels (循) For more information on channel examination, please see *Applied Channel Theory in Chinese Medicine*, by Wang Ju-Yi and Jason Robertson. Eastland Press, 2008, and Dr. Wang’s article, On the Nature of Channels, translated by Jason Roberston, The Lantern, Vol 7-3.
3. The full name of the hospital is the Huguosi TCM Hospital affiliated with the Beijing University of Chinese Medicine (北京中医药大学附属护国寺中医医院).
4. TCM Dermatology, China Press of TCM, 2009. (《中医皮肤病学》, 中国中医药出版社, 2009)。
5. TCM Dermatology, China Press of TCM, 2009. (《中医皮肤病学》, 中国中医药出版社, 2009)。
6. 《医宗金鉴·外科心法要诀》：“浸淫疮，此证初生如疥，痒痒无时，蔓延不止，抓津黄水，浸淫成片，由心火、脾湿受风而成。”
7. For the following cases, channel abnormalities refers mainly to changes determined by the method of observation of the channel pathways (and appearance of eczema), and from channel palpation. Channel palpation involves palpating along the channel spaces of the 12 main channels, and also the ren and du vessels. Palpable findings can include nodules, lumps, graininess, and stick-like changes. For more detailed information please read Mei Li’s article, *The Clinical Significance of Palpable Channel Changes*, Journal of Chinese Medicine, June 2012.

8. 同病异治：同一病证，可因人、因时、因地的不同，或由于病情的发展，病型的各异，病机的变化，以及用药过程中正邪消长等差异，治疗上应根据不同的情况，采取不同的治法（《中医大词典》，人民卫生出版社，2005）。

Jonathan Chang (张侨文) is a graduate of the Beijing University of Chinese Medicine (2012). He has studied with Wang Ju-yi in Beijing since 2008, and was recognized as an official apprentice in 2013. Along with Mei Li, he helped compile and analyze over 100 of Dr. Wang’s clinical case studies, which was published as Wang Ju-yi’s Case Studies in Applied Channel Theory (China Press of TCM, 2014). He is currently translating this book into English with Mei Li. Originally, from Canada; Jonathan is based in Beijing where he works as an instructor and translator at the Wang Ju-yi Applied Channel Theory Research Center. Currently, he is assisting Wang Ju-Yi along with a team of other students in writing a Chinese book on Applied Channel Theory, which will be published later this year by the China Press of TCM.