

# The Clinical Use of Dr. Li Ke's *Wu She Rong Pi Tang*: Case Histories and Thoughts

## Abstract

In this article the author, a dermatologist at the Guangdong Provincial Hospital of TCM, recounts his experience of using Dr. Li Ke's *wu she rong pi tang* (Zaocys Skin-Enhancing Decoction) in the treatment of a wide range of dermatological diseases including chronic eczema, pityriasis rosea and allergic dermatitis. Nine different case histories are presented, with detailed analysis of the underlying pathology from the perspective of Chinese medicine.

My teacher Dr. Li Ke has spent decades treating acute and life-threatening internal medicine diseases and has gained much recognition for the excellent results obtained with his rule-breaking usage of high doses of *Fu Zi* (Aconiti Radix lateralalis). In addition to this, Dr. Li has considerable experience treating challenging and stubborn skin conditions and drew from this experience to create *wu she rong pi tang* (Zaocys Skin-Enhancing Decoction). The use of this formula in the treatment of 15 different dermatological diseases is detailed in his book *Li Ke Lao Zhong Yi Ji Wei Zhong Zheng Yi Nan Bing Jing Yan Zhan Ji* (Collection of Dr. Li Ke's Experience with Acute, Critical, Severe, and Challenging Diseases). Besides these 15 diseases, I have used this 'experience formula' to treat a number of difficult and serious dermatological diseases, and have found that the formula also has a mysterious efficacy in treating severe drug-induced rash, pityriasis rosea, severe erythema nodosum, Behcet's syndrome, erythrodermic psoriasis and various types of dermatitis. This article consists of a series of brief case histories illustrating the use of *wu she rong pi tang*, followed by comments on its clinical application in each case. These examples represent one individual's experience and understanding, and the comments of fellow clinicians are welcomed.

The components of *wu she rong pi tang* (Zaocys Skin-Enhancing Decoction) are as follows:

- *Sheng Di Huang* (Rehmanniae Radix) (steeped in alcohol), *Dang Gui* (Angelicae Sinensis Radix), *Bai Xian Pi* (Dictamni Cortex), *Wu She* (Zaocys), *Sheng He Shou Wu* (Polygoni multiflori Radix), *Bai Ji Li* (Tribuli Fructus) 30g each.
- *Gui Zhi* (Cinnamomi Ramulus) 10g.
- *Chuan Xiong* (Chuanxiong Rhizoma), *Tao Ren* (Persicae Semen), *Hong Hua* (Carthami Flos), *Zhi Gan Cao* (Glycyrrhizae Radix preparata), *Sheng Jiang* (Zingiberis Rhizoma recens) 10g each.

- *Chi Shao* (Paeoniae Radix rubra), *Mu Dan Pi* (Moutan Cortex), *Zi Cao* (Arnebiae/Lithospermum Radix) 15g each.
- *Da Zao* (Jujubae Fructus) 10 pieces.

The above dosages comprise one day's medicine, which is normally decocted and taken twice, once in the morning and once in the evening.

## 1. Chronic eczema of the hands (stubborn goose-foot wind)

Li XX, Female, 23. Initial consultation: July 8<sup>th</sup> 2004. The patient had had 'goose-foot wind' eczema on both hands for two years. Examination showed erythema, peeling skin, keratinisation, hypertrophy and severe itching on both hands. Chapping and pain were present during the dry winter season. A potassium hydroxide (KOH) test of the skin lesions carried out at another clinic to check for the presence of fungal infection was negative. The patient had already been prescribed several Chinese herbal formulas but these had had no effect on her condition. Her tongue was pale red and slightly dark with a thin coating; the pulse was fine (xi). She was prescribed four doses of the formula *wu she rong pi tang* with the addition of 10g each of *Zao Jiao Ci* (Gleditsiae Spina), *Pao Shan Jia* (Manitis Squama) and *Jing Jie* (Shizonepetae Herba), to be taken internally. No external ointments were used. When she attended for her follow-up appointment, the improvement was remarkable: the itching had ceased, there was less peeling and the skin on her palms appeared moist. Such a rapid effect defied all expectations.

**Discussion:** In the case of long-term scabs (jiè), lichen (xiān) and damp sores (shī chuāng), damp heat will accumulate internally, obstructing constructive and defensive qi. The four limbs lack luxuriance and the skin becomes fat, thick and coarse like the bark

By: Dr Ouyang  
Weiquan;  
translated  
by Henry A.  
Buchtel

Keywords:  
Dr. Li Ke, *wu she rong pi tang*, Zaocys Skin-Enhancing Decoction, dermatology, eczema, dermatitis.

of a tree, developing into 'goose-foot wind'. *Wu she rong pi tang* nourishes the blood, moistens dryness, quickens the blood, transforms stasis and regulates constructive and defensive qi. When qi and blood are plentiful the four limbs become luxuriant and excellent results can be obtained. I have used this formula to treat many stubborn cases of 'goose-foot wind' and in all cases the efficacy was very good. However, when used in the treatment of similar conditions on the lower limbs (e.g. hypertrophic rashes such as neurodermatitis, chronic eczema, tinea/eczema-like conditions, etc.) its effectiveness was less than desired. In my experience, the results obtained when using this formula to treat 'goose-foot wind' on the hands are superior to those obtained when treating similar conditions on the feet.

## 2. Stubborn pityriasis rosea

Li XX, Female, 32. Initial consultation: August 12<sup>th</sup> 2004. The patient was suffering from pityriasis rosea and had already received medical treatment for three months without effect. She had also received treatment in the gynaecological department for chronic pelvic inflammatory disease and breast fibroadenoma and hyperplasia without effect. At the time of examination there were oval-shaped erythema of varying sizes scattered over her torso, accompanied by scaling and intense itching. The patient stated that her periods tended to be painful and scanty with dark blood and many clots, accompanied by breast distension and pain, lower back ache, exhaustion and a dry mouth; she added that her period was due soon. Her tongue was pale and slightly purple and her pulse was fine and weak. On the basis of these signs and symptoms, four packets of *wu she rong pi tang* were prescribed with the addition of Dang Shen (Codonopsis Radix) 20g, Bai Zhu (Atractylodis macrocephalae Rhizoma) 15g, Fu Ling (Poria) 15g and Huang Qi (Astragalus Radix) 30g to supplement the Spleen and boost qi, and 30g each of the 'four agents of the Kidney', i.e. Gou Qi Zi (Lycii Fructus), Tu Si Zi (Cuscutae Semen), Bu Gu Zhi (Psoraleae Fructus) and Xian Ling Pi (Epimedii Herba), to reinforce the Kidney. After taking the prescription the itching stopped and the rashes basically disappeared. Furthermore, the discomfort associated with her period improved as well.

**Discussion:** From the tongue and pulse and the presenting symptoms it was obvious that the patient had qi vacuity and blood stasis. The previous doctor, assuming that the red erythema belonged to heat, prescribed wind-coursing heat-clearing herbs. Cold and cool medicinals attack right qi, so good results were not achieved. The Classics state: 'the treatment of disease must involve the root.' Involving the root requires observing the entirety and regulating the fundamentals. If one sees only erythema and proceeds to clear heat and cool blood, or sees only itching and proceeds to course wind and stop itching, then it will be

difficult to cure the disease. For this reason, Dr. Li advised that when treating skin diseases one should start with holistic observation and one's treatment should begin by regulating the five viscera (zàng), the qi and the blood. If one limits one's observations and treatment to the skin only, one has no hope of ever achieving recovery.

## 3. Chronic widespread eczema

Lin XX, Male, 78. Initial consultation: August 27<sup>th</sup> 2004. The patient had suffered from chronic widespread eczema for more than three years and had been receiving treatment for a long time without improvement. The eczema was better in the winter and worse in the summer, and had come and gone repeatedly. During the course of this current outbreak, the patient had taken both Chinese and Western medication for a week without any effect. At the time of examination, the patient's torso and limbs displayed widespread erythema and papules with intense itching day and night. The patient's mouth was not dry, his bowel movements and urination were normal, his tongue was dark red with stasis macules and no coating, and his pulse was stringlike (xián) and a little fast. Three packets of *wu she rong pi tang* with the addition of 60g of Huang Qi (Astragalus Radix), 10g of Zao Jiao Ci (Gleditsiae Spina), 10g of Jing Jie (Shizonepetae Herba) and 12g of Niu Bang Zi (Arctii Fructus) were prescribed. No external medicines were used. At the next consultation, the itching was basically gone and the lesions were gradually disappearing from the whole body. The formula was repeated, with the exception of Niu Bang Zi (Arctii Fructus) and four packets were prescribed to consolidate the cure.

**Discussion:** Firstly, *wu she rong pi tang* is highly effective in the treatment of generalised pruritus in the elderly, including both winter-season dry eczema and relapses of chronic eczema. During pattern determination, what the eyes fix upon is the dryness of the skin. Because qi and blood is depleted in the elderly, the blood does not bring luxuriance to the skin, internal dryness transforms to wind and the skin is often dry and itchy. The choice of *wu she rong pi tang* will quickly resolve this issue. Secondly on a more general note, it is common for elderly patients to present with dark red and shiny tongues without coating and a surface that is either dry or glossy. As Dr. Li said, based on clinical pattern determination, this 'lack of luxuriance' in the tongue is not due to yin vacuity; rather it is associated with cold, yang vacuity or blood stasis. In cases like these, one should be confident and treat by warming yang and/or activating blood.

## 4. Sub-acute eruption of chronic eczema

Chen XX, Male, 49. Initial consultation: May 9<sup>th</sup> 2006. For the past three years the patient had suffered from eczema that usually erupted during hot summer weather and disappeared when it was cold. At the time of examination,

it had flared up one month previously. The patient's torso and limbs displayed widespread large bright-red erythema and papules with severe itching. The rashes were most prevalent on the abdomen and the insides of both elbows and there was slight exudation of fluids. The patient expressed an aversion to warmth and sweated excessively. His tongue was pale-red and slightly dark with a moist coating and his pulse was thin and slippery. *Wu she rong pi tang* with 10g of Du Huo (Angelicae pubescens Radix), 10g of Zhi Ke (Aurantii Fructus) and 15g of Fu Ling (Poria) was prescribed. For external application, he was also prescribed Shen-Bo wash formula (a common patent medicine) and San-Huang wash formula (manufactured by my hospital) to bathe the lesions. After four packets of the above formula there was a clear improvement in the itching and the rashes had lessened slightly. After another five packets the rashes had receded significantly and the itching was gone, but the skin was dry and peeling quite a bit. The prescription was changed to *shi wei bai du san* (Ten Ingredient Toxin-Vanishing Powder) consisting of 10g of Jing Jie (Shizonepetae Herba), 10g of Fang Feng (Saposhnikoviae Radix), 10g of Chai Hu (Bupleuri Radix), 10g of Du Huo (Angelicae pubescens Radix), 10g of Chuan Xiong (Chuanxiong Rhizoma), 15g of Fu Ling (Poria), 30g of Bai Xian Pi (Dictamni Cortex), 10g of Jie Geng (Platycodi Radix), 10g of Sheng Jiang (Zingiberis Rhizoma recens), 6g of Gan Cao (Glycyrrhizae Radix) plus 15g of Lian Qiao (Forsythiae Fructus) and 30g of Yi Yi Ren (Coicis Semen). After five packets of this formula, the patient was cured.

**Discussion:** Dr. Li's *wu she rong pi tang* is efficacious for a wide range of conditions and it can be used in cases of blood vacuity, blood stasis, blood heat, damp heat, disharmony of constructive and defensive qi and wind dryness etc. The key point is the appropriate addition and subtraction of extra ingredients. According to Dr. Li's experience, if exudation of fluids and swelling is severe, heavily use Tu Fu Ling (Smilacis Glabrae Rhizoma) to disinhibit dampness and resolve toxins; if itching is severe, heavily use Bai Xian Pi (Dictamni Cortex) to disinhibit dampness and stop itching; if the rashes are bright red and tend to spread rapidly, heavily use Jin Yin Hua (Lonicerae Flos) and Lian Qiao (Forsythiae Fructus) to clear heat and resolve toxins; in order to clear and penetrate to the blood level use Jing Jie Sui (Shizonepetae Spica) and Zao Jiao Ci (Gleditsiae Spina); to open blockage of the exterior use Ma Huang (Ephedrae Herba); for stubborn inflammation use Lang Du (Stellerae seu Euphorbiae Radix); use Wu Gong (Scolopendra) and Quan Xie (Scorpio) to free the network vessels; if the main pattern is accompanied by wind, use Jing Jie (Schizonepetae Herba) and Chan Tui (Cicadae Periostracum); if there is generalised swelling of the lymph nodes use Mu Bie Zi (Momordicae Semen); Sheng Di Huang (Rehmanniae Radix) is for blood heat; Dang Gui

(Angelicae sinensis Radix) is for blood depletion, Huang Qi (Astragali Radix) is for qi vacuity; the 'four agents of the Kidney' i.e. Gou Qi Zi (Lycii Fructus), Tu Si Zi (Cuscutae Semen), Bu Gu Zhi (Psoraleae Fructus) and Xian Ling Pi (Epimedii Herba), are for Kidney vacuity. In most cases, adding and subtracting based on the symptoms will enable a favourable response.

### 5. Sudden eruption of allergic dermatitis after surgery for endometrial hyperplasia

Xie XX, Female, 30. Initial consultation: August 30<sup>th</sup> 2004. Two months previously the patient had sought treatment from a gynaecologist for functional uterine bleeding. After a curettage examination she was diagnosed with endometrial hyperplasia. After undergoing a surgical operation and drug treatment for this condition, however, the patient's face suddenly erupted with widespread erythema and papules accompanied by itching. The gynaecologist then prescribed menstruation-regulating and anti-allergic Chinese and Western drugs. After taking them for more than a month the duration of her period had reduced to six days, but the rash on her face had become more severe, to the extent that it covered her whole face and disfigured her appearance.

During the clinical examination the patient was quite disheartened, weeping and repeatedly asking 'Can my face be saved?'. Examination showed that the patient's face was covered with erythema, papules and maculopapules, and was a little dry with no exudation. The rashes on either cheek were slightly darker red. The patient felt exhausted most of the time and was averse to cold. She had cold hands and feet, sweated readily and her mouth was dry with a bitter taste; she also reported thirst for warm water, a reduced appetite and poor sleep. Her menstrual blood tended to be dark with many clots and she sometimes suffered severe period pain. Five packets of *wu she rong pi tang* with 20g of Dang Shen (Codonopsis Radix), 15g of Fu Ling (Poria) and 3g of Rou Gui (Cinnamomi Cortex) were prescribed. When she attended for her follow-up appointment the patient was very happy as the rash on her face had unexpectedly been reduced by about 70 to 80 per cent; brown macules could already be seen on her cheeks - a sign that the inflammation was receding. Furthermore, there had been an obvious improvement in all her other symptoms (exhaustion, dry mouth with bitter taste, cold hands and feet etc.). The prescription was adjusted and taken for over one month, until the rashes completely disappeared and the patient was cured.

**Discussion:** For female patients presenting with dry-type erythematous skin eruptions accompanied by menstrual signs of blood stasis, a common (and correct) prescription is *gui zhi fu ling wan jia yi mi* (Cinnamon Twig and Poria Pill Plus Coix). This formula is appropriate for patients whose constitution tends towards repletion rather than

vacuity, and is an appropriate choice in cases of chronic blood stasis (e.g. females with signs of blood stasis in the pelvis or irregular periods with dark blood with clots and tenderness in the lower abdomen, or somewhat dark and withered skin). In this case, however, the patient was fatigued, weak, averse to cold, sweated readily and had cold hands and feet, all symptoms indicating insufficiency of *qi* and blood. *Wu she rong pi tang* with Huang *Qi* (Astragalus Radix), Dang *Shen* (Codonopsis Radix), Fu *Ling* (Poria) and Rou *Gui* (Cinnamomi Cortex) is appropriate for vacuity constitutions as it boosts *qi* and nourishes blood to supplement vacuity. This is how to distinguish between these two formula patterns.

## 6. Facial allergic dermatitis

Gan XX, Female, middle-aged. Initial consultation: March 31<sup>st</sup> 2007. The patient presented with facial erythema which had arisen two weeks previously; it was accompanied by localised swelling, dryness and a sensation of burning and itching. The patient stated that she was usually averse to cold and had cold feet. Her mouth was not dry but she had a bitter taste. Her tongue was slightly purple with a white coating and her pulse was deep and thin. She had not had a period for two months. Three packets of *wu she rong pi tang* with 10g of Jing *Jie* (Shizonepetae Herba) and 30g of Lian *Qiao* (Forsythiae Fructus) were prescribed. After taking the herbs the erythema and swelling reduced significantly. The itching had also been reduced, but was still present at night. Her period had still not come. The previous prescription was repeated with Jing *Jie* (Shizonepetae Herba) and Lian *Qiao* (Forsythiae Fructus) replaced with 15g of Ji *Nei Jin* (Galli Gigeriae Endothelium Corneum) to free menstruation and 30g of Yi *Yi Ren* (Coicis Semen) for the facial swelling. After three packets of this revised formula the patient was cured and her period came.

**Discussion:** In cases of dry erythema, *wen qing yin* (Warm Clearing Beverage) is a common (and correct) prescription. *Wen qing yin* is a combination of two formulas: *huanglian jie du tang* (Coptis Decoction to Resolve Toxicity) and *si wu tang* (Four-Substance Decoction). Its usage was first recorded in the Ming dynasty by Gong Tingxian in the Flooding chapter of his *Wan Bing Hui Chun* (Return-of-Spring for All Diseases): Flooding patients can be divided into new, old, vacuous and replete. In the initial stages, patients with a pattern of heat repletion should be prescribed *huanglian jie du tang*. For later stages with vacuous heat, one must both warm, supplement and nourish blood while at the same time clearing and resolving fire and heat, so *wen qing yin* is used. This formula is not only used in the treatment of flooding and various bleeding diseases, however, but is also very common in dermatology. It is very effective in treating various chronic dermatological diseases that involve heat toxin burning and damaging yin-blood

and skin which lacks lubrication, for example chronic stubborn eczema and dermatitis, urticaria and pruritus. In these cases there is a combination of blood vacuity and heat toxin and the patient's constitution tends towards repletion rather than vacuity. This is the key point of the pattern differentiation: that the patient's constitution tends towards repletion, not vacuity, and the skin dryness is due to the depletion of yin-blood by fire and heat. In this case *huanglian jie du tang* is used to clear fire and heat evil, while *si wu tang* supplements the skin's depleted yin-blood; the two formulas work together without counteracting each other.

*Wu she rong pi tang*, on the other hand, is appropriate for patients with a vacuous constitution, as the ingredients all treat the underlying vacuity: *tao hong si wu tang* (Four-Substance Decoction with Safflower and Peach Pit) nourishes blood and moistens dryness, *gui zhi tang* (Cinnamon Twig Decoction) harmonises construction and defence and *ding feng dan* (Wind-Stabilising Elixir) [Shou *Wu* (Polygoni multiflori Radix) and Bai *Ji Li* (Tribuli Fructus)] nourishes blood and dispels wind. This is the pattern differentiation for these two formulas.

## 7. Severe erythema nodosum

Ye XX, Female, over 50. Prior to the initial consultation the patient had had erythema nodosum on both legs for more than two years. She had received treatment at many hospitals, including the in-patient dermatology ward of our hospital. Treatment included Chinese and Western anti-inflammatory, anti-allergic, analgesic and blood-quickening drugs, as well as intermittent hormone treatment, but the effect was not satisfactory. The patient came to me requesting treatment on June 17<sup>th</sup> 2006. Clusters of hundreds of bright-red (and some dark-red) erythema nodosum were distributed over both of her legs from the soles of her feet up to her thighs. She reported pressure pain, localised areas of high temperature and difficulty in walking accompanied by migrating pain in her elbow and knee joints. The patient's mouth was slightly dry, her bowel movements and urination were normal, her tongue was slightly dark red with a hint of purple and a thin coating and her pulse was deep and fine. She was prescribed *wu she rong pi tang* with the addition of 80g of Huang *Qi* (Astragalus Radix), 10g of Cang *Zhu* (Atractylodis Rhizoma), 30g of Yi *Yi Ren* (Coicis Semen), 15g of Chuan *Bi Xie* (Dioscoreae hypoglauciae Rhizoma), 15g of Chuan *Niu Xi* (Cyathulae Radix), two Wu *Gong* (Scolopendra) and 6g of Quan *Xie* (Scorpio). With modifications this formula was continued for more than two months, by which time the dark red erythema nodosum of the lower limbs had basically disappeared, although hyper-pigmentation remained.

**Discussion:** Clinical experience has shown that *wu she rong pi tang* has a very good effect on vascular dermatological

disease. Examples include allergic cutaneous vasculitis, erythema nodosum and allergic purpura. In vascular dermatological diseases, symptoms indicating static blood are quite common. *Wu she rong pi tang* contains *tao hong si wu tang* (Four-Substance Decoction with Safflower and Peach Pit) as well as *Gui Zhi* (Cinnamomi Ramulus) to warm and open blood vessels, so its power to activate blood, transform stasis and open vessels is very strong, making it highly effective when there is static blood. However, its effectiveness is not limited to this context alone. For example, in the past I treated a female patient with erythema nodosum and at first I prescribed *gui zhi fu ling wan* (Cinnamon Twig and Poria Pill) and *si miao wan* (Mysterious Four Pill) with modifications for more than two months. Although good results were achieved it was difficult to effect a complete cure because a few (one to three) small nodules kept reappearing. I subsequently changed the formula to *wu she rong pi tang* with *Chuan Niu Xi* (Cyathulae Radix) and *Yi Yi Ren* (Coicis Semen). This had a very rapid effect and there was no relapse. We can see that even though both prescriptions are for activating blood and transforming stasis, in this case *wu she rong pi tang* was more appropriate, a phenomenon which calls for more research and exploration.

## 8. Severe allergic purpura

Lu XX, Female, 57. Initial consultation: May 22<sup>nd</sup> 2006. The patient presented with macules all over her body and ecchymosis on her lower limbs; these symptoms had arisen one week before she attended the clinic. Examination revealed widespread dense erythro-macules over her entire body, with relatively dense petechiae on both lower limbs, accompanied by severe itching. Prior to the outbreak of these symptoms, she had not taken any medicines nor could any other obvious cause be identified. The patient had been diagnosed with allergic purpura at another hospital, and had been given 5 to 10mg of dexamethasone by intravenous drip for six days, as well as other anti-allergic drugs. This had no effect and the rashes got progressively worse. Two days prior to her initial consultation, the patient had had a fever of 41 degrees Celsius. With the continued use of dexamethasone and antibiotics the fever had reduced, but the rashes showed no improvement.

At the time of examination the patient had general widespread dense bright-red erythro-macules, high skin temperature and experienced severe itching. On the lower limbs there were dense dark-red petechiae of various sizes, in some places merging together into ecchymosis. No blisters, nodules or ulceration were seen. The rashes were itchy but not painful. The patient had no fever, a slight aversion to cold, dry pale mouth and lips, weakness and a poor appetite. Her tongue was pale red and slightly dark with a thin coating, and her pulse was deep and moderate. A routine blood test detected a raised white

blood count (WBC  $12.7 \times 10^9/L$ ) and a routine urine test showed white blood cells in the urine (WBC 2-7/HP); a routine faeces test was normal. Two packets of *wu she rong pi tang* were prescribed with the addition of 30g of *Huang Qi* (Astragali Radix), 15g of *Jin Yin Hua* (Lonicerae Flos), 15g of *Lian Qiao* (Forsythiae Fructus), 10g of *Jing Jie* (Shizonepetae Herba), 10g of *Niu Bang Zi* (Arctii Fructus), 10g of *Cang Zhu* (Atractylodis Rhizoma) and 15g of *Fu Ling* (Poria).

At her next appointment the redness of the macules on her body and the petechiae on her lower limbs had clearly faded. The patient was in better spirits and her appetite had slightly improved, but her skin was still quite itchy. A follow-up blood test showed that her white blood count had normalised (WBC  $9.7 \times 10^9/L$ ). *Jin Yin Hua* (Lonicerae Flos), *Lian Qiao* (Forsythiae Fructus), *Niu Bang Zi* (Arctii Fructus), *Cang Zhu* (Atractylodis Rhizoma) and *Fu Ling* (Poria) were removed from the previous formula and 10g of *Zao Jiao Ci* (Gleditsiae Spina) and 15g of *Di Fu Zi* (Kochiae Fructus) were added. Three packets were prescribed. An external wash and a cream with anti-inflammatory/anti-itching properties were also prescribed (both patent medicines manufactured by the Guangdong Provincial Hospital of TCM).

At her third consultation, the rash had completely disappeared from her face, as had the majority of the lesions on her torso and limbs, but the itching was still severe and several areas had scratch marks. The patient still had a slight aversion to cold and was not sweating. She had a pale red and slightly dark tongue with no tongue fur and a deep and thin pulse. The formula was changed to *jing fang bai du san* (Schizonepeta and Saposhnikovia Powder to Overcome Pathogenic Influences) with modifications and after four packets of this formula the patient was cured.

**Discussion:** The patient had fever, dense ecchymosis and petechiae on the lower limbs, and signs of blood heat and stasis were obvious. However, other signs and symptoms - her pale mouth, weakness, poor appetite, and the deep and moderate pulse - indicated that it was not a blood heat and blood stasis repletion pattern, so it could not be treated by using either *xi jiao di huang tang* (Rhinoceros Horn and Rehmannia Decoction) or *tao hong si wu tang* (Four-Substance Decoction with Safflower and Peach Pit) alone. The treatment should combine both formulas, with *Mu Dan Pi* (Moutan Cortex) and *Zi Cao* (Arnebiae/Lithospermi Radix) replacing *Xi Jiao* to cool blood, transform stasis and nourish and activate the blood. A large amount of *Huang Qi* (Astragali Radix) was added to boost the Lung and supplement the Spleen, *gui zhi tang* (Cinnamon Twig Decoction) worked to harmonise construction and defense and *ding feng dan* (Wind-Stabilising Elixir) nourished blood and dispelled wind, thus treating both vacuity and repletion to cure the disease.

## 9. Diprospan allergy resulting in drug-induced dermatitis

Deng XX, Female, 57. Initial consultation: March 2<sup>nd</sup> 2006. Prior to the consultation the patient had had rashes and itching all over her body for over two months. The first outbreak of erythematous lesions had occurred in January and she was diagnosed with allergic dermatitis at another hospital. After receiving an intramuscular injection of diprospan, the rash became much more severe and spread over her whole body. She was then prescribed prednisone and treated with both Chinese and Western medicine for one month which resulted in a slight improvement in her condition. However, the patient then went to another hospital where the doctor failed to check her medical history carefully; she was given diprospan again and consequently the rashes once more became severe. Her condition failed to improve, despite a return to her previous treatment regime and on February 25<sup>th</sup> the use of prednisone was stopped.

At her initial consultation there were dense dark red erythema all over her torso and limbs, her skin temperature was high and this was accompanied by scaling, severe itching which intensified at night and a subjective sensation of dry heat. The patient had a 'full moon face' (a round and swollen face resembling a full moon, a common side-effect of long term steroid use); her mouth was not dry, her bowel movements and urination were normal, she was averse to cold and she had a pale-red and slightly dark tongue with a white coating, and a fine and slippery pulse. Two packets of *wu she rong pi tang* were prescribed with the addition of 60g of Huang Qi (Astragalus Radix), 10g of Zao Jiao Ci (Gleditsiae Spina), 10g of Jing Jie (Shizonepetae Herba), 30g of Lian Qiao (Forsythiae Fructus) and 30g of Yi Yi Ren (Coicis Semen). The patient was instructed to boil up each packet of herbs twice a day and drink the resulting medicine (as is standard practice), then to decoct the herbs a third time for external application, mixing the liquid with a patent anti-inflammatory/anti-itching wash and bathing her lesions with it. An anti-inflammatory/anti-itching cream was also prescribed.

The second consultation took place on March 4<sup>th</sup> and by this time the colour of the rashes had decreased slightly but the itching was still relatively intense. The previous formula was modified to include 10g of Cang Zhu (Atractylodis Rhizoma) and a further four packets were prescribed. The prescription for external application was repeated.

By the third consultation on March 8<sup>th</sup> there had been a significant improvement and the patient was extremely happy. Most of the lesions on her body had disappeared; those on her torso were basically gone and only the lesions on her thighs were still relatively numerous. The itching had lessened markedly and the patient's spirits had improved. Examination showed her tongue was pale red

and slightly dark with a thin coating and her pulse was fine and slippery. The previous formula was modified by removing Lian Qiao (Forsythiae Fructus) and adding 10g of Fang Feng (Saposhnikoviae Radix); after five packets of this formula the patient was cured.

**Discussion:** The most outstanding aspect of this patient's condition was dryness. The lesions were dry, the skin was dry, the patient felt dry, the itching was severe and the patient was vexed and agitated. One cause of this dryness was heat, so the symptom of dry hot skin was seen. It was also caused by stasis, so the rashes were dry and stasis-dark. When heat and stasis combine for a long time the disease state will shift from repletion to vacuity, which is exactly the pattern to which *wu she rong pi tang* corresponds. In the experience of the author many generalised widespread skin diseases begin with intense blood heat smoking and scorching the skin. Over time, heat damages yin and blood, creating dryness from within. The skin lacks luxuriance so the skin is stasis-dark, dry and withered, with ceaseless itching due to wind. This situation is an opportunity to use *wu she rong pi tang* to regulate and cure the disease. ■

---

**Dr. Ouyang Weiquan**, 39, has been practising and teaching TCM for 15 years, and has studied with the nationally recognised masters Prof. Li Zhen Hua and Dr. Li Ke, amongst others. In the clinic Dr. Ouyang devotes himself to the use and research of the classical formulas of *On Cold Damage (Shang Han Lun)* and the six-channel diagnostic method. He excels in the use of classical formulas in dermatology, as well as in treating challenging diseases from other departments such as heat effusion, wheezing and cough, gastroenterological disease and impediment patterns. Dr. Ouyang has published 11 academic articles, taken part in the editing of five medical texts and participated in five scientific research projects.

---

**Henry A. Buchtel** is a professional translator specialising in the field of Chinese Medicine. He is currently studying his Masters degree at the Hunan University of TCM in Changsha, China. Past translations include the textbooks *Gynecology of TCM* (PMPH, 2007), *Illustrated Chinese Tuina - Techniques and Methods* (PMM, 2009) and the DVD *Tuina Techniques Demonstrated* (PMM, 2009).