Treating Childhood Eczema With Acupuncture and Chinese Herbs

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Eczema is a general term for an itchy, red rash. It can range in size, from affecting a small area that looks like a little patch of dry skin, to the entire surface of the body, becoming an unbearable source of distraction and misery for the child and his or her parents.

In the acute phase, the skin blisters, weeps and oozes serum. In its chronic phase (which is not necessarily a development of the acute) it is dry, thick and scaly. In both stages, itching is present. The itching can be so severe that the child will scratch until the skin bleeds.

Eczema is an atopic dermatitis. By definition, dermatitis is an inflammation of the skin resulting from contact with a specific irritant. However, eczema occurs without contact and has more to do with internal factors than external factors.

According to May Loo, eczema is by far the most chronic skin condition in children. Its prevalence is increasing in industrialised countries and tends to persist into adulthood. Eczema can affect children of any age, starting at birth, or in the weeks following birth. In Chinese medicine, this time of life corresponds to the Water element and the kidney zang. The very source of life begins in the kidney jing, and takes 14 years for the full maturation of kidney qi. Therefore, when eczema begins in the first few months of life, treatment of the kidney is always indicated. Often the trigger seems to coincide with the first vaccination or the introduction of cow’s milk into the diet. The former introduces heat toxins in the system; the latter contributes to the accumulation of phlegm.

Chinese medicine recognizes the spleen zang as another major factor in the pathology of eczema. A child’s digestive system is immature and can easily be overwhelmed. Heat toxins can block the flow of liver qi, which is a factor in heat and phlegm stagnation. Cow’s milk, in addition to being damp and phlegm-producing, is difficult to digest because of the pasteurization process. Unless it’s organic, it is laden with antibiotics, hormones and many types of additives.

In Asia, eczema is called "skin asthma." This is an astute observation because so many infants and children with eczema have, or will develop, asthma at some later time. According to Stephen Gascoigne, more than 50 percent of eczema cases develop asthma, and are often plagued with hay fever, postnasal drip, sinus
infections and food sensitivities. In Chinese medicine, the skin belongs to the lung zang. The strong incidence of eczema accompanied by respiratory ailments confirm this connection. A well-known Chinese dictum states, "The Spleen is the producer of phlegm, the Lungs are the container." Phlegm can both impede the clear flow of breath in the lungs and the clear flow of blood to the skin. In Chinese medicine, the spleen belongs to the Earth element, the lungs to the Metal element. We can use the spleen to strengthen the lungs because it is the mother, according to the generating cycle. The kidney zang can also be strengthened through the Earth element. The spleen produces blood, which is often deficient in eczema. Hence, the spleen has a major role in the treatment of children with eczema.

The primary conventional treatment for eczema is corticosteroid ointments applied topically. In severe cases, oral steroids may be given. However, as a long-term therapy, steroids have a suppressive effect and do not cure. They deplete the energy of the kidney and, when applied liberally on the skin they may push damp, phlegm and heat pathogens back to the lungs. Therefore, attempting to eliminate the rash at all costs and as fast as possible is not the best strategy for the long-term health of the child. Though uncomfortable and potentially embarrassing, eczema is neither contagious nor life-threatening. It is advisable to keep steroids handy in case of crisis, but they are best avoided if possible.

Before presenting the various treatment options from the perspective of Chinese medicine, I will discuss a variety of simple things parents can do to alleviate the irritation of the rash and to lessen aggravating factors.

Identify potential allergens or triggers and try to keep the child away from them. These can range from cold, grass, pollen, dust, pets, chemical agents, air pollution, perfumes, drugs, and insect bites to certain foods.

Frequent, soothing baths are beneficial, especially for the dry, scaly type of eczema. However, soap should be avoided if possible.

Allergen-free moisturizing lotions can be used to keep the skin hydrated, but avoid lanolin or petroleum based products.

Soft cotton clothes that let the skin breathe are preferable to synthetics.

Dietary changes are crucial to implement. Breast milk is the best possible food for an infant. If a child with eczema is exclusively breast-feeding, the mother’s diet should be checked. Dairy products and food additives, which in Chinese medical terms create phlegm and toxicity, are obvious irritants and should be the first on the list to eliminate. Many infant formulas are based on cow’s milk and laden with additives.
Two possible replacements are soy or goat’s milk. Most children will react favorably to one or the other. According to Paul Pitchford, organic goat’s milk is more digestible, enriches the intestinal flora, and is a source of fluorine. Soy milk can be gas-producing and difficult to digest, but for some children, goat’s milk is not an option. For older children with severe sinus or nasal congestion, constant runny nose or thick phlegm expectoration from the lungs, milk should be avoided completely. Rice or almond milk can provide that essential complement for a cereal dish. For children with very dry skin or constipation, butter or ghee is a beneficial dairy product. I also recommend supplementing the diet of constipated children with an oil rich in omega-3 fatty acids and possibly probiotics. I’m always amazed at the high percentage of constipation in children with eczema or asthma. In Chinese medicine, the lungs and large intestine are two yin/yang paired organs. Deficiency in the lungs’ function can affect the movement of the large intestine. The lack of elimination of waste from the large intestine can produce toxicity which, in turn, affects the blood and the flow of qi.

Fried, greasy foods and sweets are also damp and phlegm-producing. Fruit juices, even freshly squeezed, are high in fructose and too concentrated for small children. They should be extremely diluted or avoided altogether. Getting children used to drinking water from an early age is an excellent lifelong habit.

The following foods should also be closely monitored and avoided if reactive: glutinous wheat, corn, eggs, shellfish (shrimp, crab, lobster, etc.), orange juice, bananas (especially with constipation), peanuts and peanut butter, spicy, fermented or pickled foods, coffee, and chocolate.

If you are unsure whether a food is reactive, remove it from the diet for at least one week to 10 days. Then reintroduce it and watch for any reactions in the skin, digestion, mood or elimination for the next 24 hours. This is often more telling and reliable than allergy testing.

Foods rich in vitamin A and beta carotene, such as carrots, squash and pumpkin, as well as leafy greens, can be beneficially added to the diet. Greens and seaweeds purify the blood of toxins. Mung and aduki beans are rich in protein, yet cooling, and are easier to digest than other beans. All of these items can be pureed to make them more palatable to children.

Many children with eczema and food sensitivities tend to be picky and finicky about foods. Their typical cravings are bread, pizza, macaroni and cheese, sweets and ice cream. If the parents can be firm and set a good example with their own diet, it is my experience that the child will make the right changes, even when they are exposed to school friends with none of these restrictions.
From the Chinese medical viewpoint, the root problem of allergies originates in the digestive system. The Chinese refer to it as the middle jiao or the spleen/stomach zang-fu. The process of converting food into qi, or in lay terms, the digestion, assimilation and absorption of nutrients into usable energy, takes place in the middle jiao. In Western physiology, this corresponds to the liver, stomach, pancreas and small intestine. Throughout our life, but especially in childhood, the nourishment we get from food, or gu qi, is the essential component of the strength of our zheng qi or righteous qi. Zheng qi is that which sustains the body’s internal functioning and protects it against external harm. A weak zheng qi provides a weak immunity. Allergies are an immune incompetence, and both eczema and asthma are subcategories of allergies. Asthma gets triggered by the same stimuli that cause other allergic reactions. Eczema is an allergic reaction which manifests at the level of the skin and is triggered by an accumulation of damp, phlegm and heat toxins in the system.

The digestive system of a child is still undeveloped, hence it is more delicate. To cultivate and keep a strong zheng qi, good dietary and lifestyle habits are essential.

**Etiology**

We mentioned earlier that three organ systems are all responsible in the pathogenesis of eczema: the lungs, spleen and kidneys. In younger children, when asthma starts simultaneously with eczema or shortly after, we always think of weakness in kidney qi. If it appears when the child is older than seven, emotional problems are often the trigger, and the liver would need to be treated.

Heredity plays a major role. Eczema, asthma or hay fever are commonly found in one’s family history. Frequent or long-term exposure to damp environments, such as living in a basement, in a damp, moldy room or in a high-humidity climate, can all be factors in eczema outbreaks.

To recapitulate, the following are the different pathogenic factors we are likely to encounter in eczema:

- A vacuity in lung, spleen or kidney qi.
- Fetal toxicity and an accumulation of damp and phlegm.
- Damp and phlegm prevent good circulation of blood to the skin, which can result in all possible types of blood pathology. So, we also have deficiency, stagnation and/or heat in the blood.
- External wind is present in the form of itching of the skin and in the attacks of asthma or hay fever.
- If the child has had reactions to vaccinations, or has already been on suppressive therapy for awhile, we are likely to see a lingering pathogenic factor, but this is a vast subject I will not address here.
Treatment

Treating eczema with acupuncture and herbs can be very effective. I have seen cases in which the itching diminished by 50 percent after just one treatment, and the skin was back to normal after one to two months. The treatment modality I use most when working with children is *sho-ni-shin*, a Japanese acupuncture system that stimulates the meridians and acupoints with the use of little metal tools without puncturing the skin. However, with eczema, I do not recommend using any modality that stimulates the skin. Thin acupuncture needles work very well. They need not be retained for children up to 10 years of age. Do make sure, of course, that you have "*de qi*." It is best to see the child twice a week for the first two to three weeks. A weekly treatment will usually suffice later on or for milder cases. The duration of the treatment can last anywhere from a few weeks to three months, depending on if the eczema has recently appeared or if it’s been there longer. The strength of the child’s *qi* and the presence of aggravating factors also need to be considered.

As mentioned earlier, we see two main manifestations of eczema, the acute and the chronic stage.

**Acute Eczema**

Patterns and Symptoms

- tends to appear abruptly
- can affect any place on the body
- red skin rash and severe itching
- tends to scab, suppurate, blister and ooze serum
- border of affected area is indistinct

Treatment Plan: clear heat, eliminate damp, dispel wind

**Acupuncture Prescription**

- SP 6 (or 9) and ST 40: resolve damp
- SP 10, LI 11 and UB 40: remove toxicity and heat in blood; also major points for calming itching
- DU 14, GB 20 and UB 12: local points for lesions on head and face
**Herbal Prescription**

*Bei Xie Shen Shi Tang* (from *Handbook of Chinese Dermatology* by Blue Poppy Press): consists of *yi yi ren* (coix seed); *hua shi* (talcum); *bei xie* (hypoglauca yam); *fu ling* (poria); *huang bai* (phellodendron); *mu danpi* (moutan bark); *ze xie* (alisma); and *tong cao* (tetrapanx papyriferus).

**Modifications**

- For lesions on upper body only: remove *huang bai* and *fu ling*; add *sang ye* (morus leaf), *ju hua* (chrysanthemum flower) and *chan tui* (cryptolympana)
- For lesions on lower limbs only: add *huai niu xi* (achyranthes root) and *che qian zi* (plantago seed)
- For lesions on abdominal regions: add *huang lian* (coptis) and *huang qin* (scutellaria)
- With constipation: add *da huang* (rhubarb)

**Topical Application**

A cold compress can be made from a decoction of *ku shen* (sophora), *huang bai*, *bai xian pi* (dittany), *cang zhu* (attractylodes) and *gan cao* (glycyrrhiza)

**Chronic Eczema**

**Patterns and Symptoms**

- develops gradually from acute or by itself
- can affect any part of the body
- dry, rough, thick, scaly skin
- severe itching
- pigment sedimentation with distinct border

Treatment Plan: dispel wind, nourish blood, stop itch, tonify *qi*

**Acupuncture Prescription**

- UB 17, SP 6: to nourish and regulate blood
- SP 10, LI 11, UB 40: to stop itch, clear heat and toxicity in blood
- ST 36 and Ren 12: to tonify middle *jiao*
Herbal Prescription

Xiao Feng San (from The Chinese Herbalist’s Handbook by Dagmar Ehling): consists of jing jie (schizonopeta); fang feng (siler); chan tui; ku shen; cang zhu; niu bang zi (arctium); zhi mu (anemarrhena); shi gao (gypsum); dang gui (angelica); sheng di huang (raw rehmannia); mu tong (akebia); and gan cao.

Modifications

For less heat and more severe blood deficiency (when the rash is very dry and pale red): Si Wu Xiao Feng San, consisting of sheng di huang; dang gui; chi shao yao (red peony); chuan xiong (ligusticum); jing jie; fang feng; bai xian pi; bo he (mentha); chai hu (bupleurum); du huo (du huo angelica); chan tui; and da zao (zizyphus).

Topical Application

I have discovered an ointment called Antifungal Ointment that works wonders for the dry type of eczema. The ingredients include gypsum, talcum, indigo and phellodendron, in vegetable oil and beeswax.

The above acupuncture and herbal prescriptions deal specifically with the skin pattern. When eczema is complicated with asthma, a few additions are necessary. In younger children, or if you are treating an older child whose asthma developed early in life, it is important to tonify the lungs and kidney. If the child’s asthma is under control with medication (which is the most likely encountered scenario), one can use the back shu points to stimulate lungs and kidney: UB 13 and UB 23. I also add two herbs to the appropriate eczema herbal formula: ren shen (panax ginseng) and ge jie (gecko) in equal parts.

If the child is having an acute episode of asthma, make sure to discontinue the eczema herbs and replace with the appropriate acute asthma formula for the specific pattern the child is going through. The acupuncture prescription also needs to be tailored with points such as ding chuan, LU 1, LU 5, LU 10, PC 6, ST 41, UB 60 or KD 3 and Ren 17 or 22. For more heat, stimulate DU 14 and LI 11. For profuse phlegm expectoration, stimulate ST 40 and SP 9.

When asthma starts in older children, the kidney is less likely to be deficient. Rather, we’ll see more patterns of liver qi stagnation and emotions frequently precipitate an asthma attack. LV 3 and LV 13 can be added as well as a harmonizing formula between the liver and the spleen.
Although I strongly recommend avoiding the use of corticosteroid ointments, it is wise to advise the parents to have some handy if the itch is extremely severe. In the same way, beta-agonists and steroids should remain handy in case of an acute attack of bronchial asthma. The need for those will keep decreasing to eventually stopping use of them altogether as your treatment progresses.

Bibliography

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