Teaching Round

Acupuncture Treatment of Chloasma

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CASE HISTORY

A female patient, 42 years old, an official in Hong Kong, paid her first visit on November 11, 2007, with the chief complaint of facial chloasma for 6 months. The patient got darkish complexion in early May of 2007, which might be due to sun-burn. The patient reminded that she had had this black complexion in her pregnancy period, which was not treated and was naturally recovered 2 months later. So this time at the beginning, she didn’t care much about that. However, she began to worry 6 months later when the chloasma still remained. The patient stated that she was openhearted and quick at work, but she was sometimes impatient, and got unhappy with her colleagues at work. Each time off work, she would feel lassitude. Her appetite was fairly good, but she often had muscular aching pain in the nape and both shoulder parts, which might be related with working at the computer in the office.

Physical examination at the moment showed that the patient was slightly slim, open-hearted, optimistic, clear and quick minded. Her blood pressure was 116/78 mmHg, and the heart rate was 72 beats/min. No abnormal signs were found in the heart and lungs. Slight tenderness was found in the nape part, especially on the left side.

The TCM examination found that the patient was in good spiritual state, with slightly dim complexion. There was a chloasma of 3 × 4 cm on the right and left cheek respectively. The patient was a bit quick tempered. She had sometimes abdominal distention and loose stool, with two or three bowel movements daily. Her urine was normal. She also presented with a red tongue with white coating, and deep-weak pulse.

DISCUSSION

Prof. Hu: Would you please differentiate her case based on the clinical manifestations?

Dr. Wang: I think this is a case of chloasma due to dysfunction of the liver and spleen. The diseased site is in the spleen and the liver. The patient seemed to get unhappy with her colleagues at work, which, in prolonged cases, would affect the function of the liver in governing smooth flow of qi, and further affect the function of the spleen, leading to dysfunction of the spleen, hence the symptoms of quick temper, lassitude, abdominal distention, and loose stool.

Dr. Zhang: I agree to Dr. Wang’s analyses. This is a chloasma case due to the liver disorder leading to spleen dysfunction. The diseased location is in the liver and spleen. According to the nature-differentiation, heat prevails. The clinical symptoms of the patient, such as quick temper and red tongue are all heat signs. Based on the excess-deficiency analysis, the patient had a mixture of deficiency and excess. I wonder whether my supplement is correct.

Dr. Li: I agree with the above two doctors. But I have a question to ask. What’s the TCM knowledge about chloasma? Prof. Hu, would you explain it to us?

Prof. Hu: First of all, I’d like to say that Dr. Wang and Dr. Zhang’s analyses are very good. They could analyze the process of the illness, and also made quite accurate differentiation on the clinical manifestations of the patient by using the basic TCM knowledge they’ve learned, which made the analysis more comprehensive. The question Dr. Li raised is also very good.
Chloasma is a hyperpigmented skin disease in the facial area, characterized by butterfly-like light brownish or brownish plaque appearing symmetrically or locally on the facial part. It corresponds to the TCM ‘liver plaque’, which is mostly seen in middle-aged women. The commonly-seen chloasma types are as follows.

**Liver-qi stagnation**
This type of chloasma is mainly caused by dysfunction of the liver, characterized by low emotion, depression and vexation, overabundant liver-fire, and stagnation of qi. The chloasma tends to be brownish or red-brownish in color. The accompanying symptoms are usually distending and painful sensation in the chest and hypochondrium, and irregular menstruation, with the plaque becoming darker before the menstruation. The patient would have white tongue coating, and bitter taste in the mouth. The principle of treatment for this type should be mainly regulating the qi flow, and promoting blood circulation to remove blood stasis.

**Spleen-deficiency**
This type of chloasma is mainly due to overwork and irregular food intake leading to deficiency of the spleen and interior retention of water-damp, resulting in obstructed qi flow by dampness, with failure of clear qi in ascending and turbid qi in descending, which goes upward to form the plaque. Usually, this type of chloasma is in a yellow-brownish color, mostly appearing in the zygomatic and forehead areas. The main symptoms would be poor appetite, general weakness, light-colored menses in the late stage of the period, pale tongue with white or sticky coating, and deep-weak pulse. The principle of treatment for this type should be mainly regulating the qi flow, and promoting blood circulation to remove blood stasis.

**Kidney-yin-deficiency**
The causative factors for this type of chloasma are mainly overwork, which affects the kidney; or indulgence in sexual activity, which makes consumption of the essential-qi, leading to loss of kidney-yin and upward rising of deficient fire to damage the skin and form chloasma. Usually, this type of chloasma would have the plaque in strong brownish or dark brownish color, and in butterfly-like shape, thus, is also called butterfly plaque. The patient would often feel soreness and weakness of the waist and knee joints, dizziness and blurred vision, tinnitus and dry eyes, and vexation and dry hotness. Female patients of this type would have preceded menstrual cycle, with dull-red menses; and red tongue with little coating. The principle of treatment for this type should be nourishing yin and lowering down fire, and removing blood stasis to eliminate plaque.

**Kidney-yang-insufficiency**
The main causative factor of this type is frequent sexual activity, which injures the kidney, or prolonged illness lack of nourishment and care, which causes consumption and weakness of yang-qi and interior formation of cold qi, which fails to warm qi and blood resulting in blood stasis and facial pigmentation. This kind of chloasma is often marked by grey-black color, butterfly or map-like pigmentation in the zygomatic or cheek areas. It is often accompanied with soreness and pain in the waist and knee joints; cold hands and feet; profuse clear urine; delayed menstrual cycle, with dark menses and clots; pale tongue with white coating; and deep-slow pulse. The treating principle for this type should be warming yang to tonify the kidney.

For this patient, the chloasma was mainly due to liver stagnation and spleen-deficiency. The liver stagnation caused unsmooth circulation of qi and blood, and the spleen-deficiency caused water-damp not being transported but flowing into the facial part to form chloasma. Her main problem was dysfunction of the liver and spleen, which was manifested by the symptoms of quick temper, abdominal distention and loose stool.

I wonder whether my answer can satisfy you or not? If you don’t have any other questions, please tell me your TCM principle of treatment and point selection.

Dr. Zhang: Based on the differentiation of dysfunction of the liver and spleen, I think the principle of treatment should be soothing the liver and strengthening the spleen, and promoting the
circulation of qi and blood.

The prescription: Neiguan (PC 6), Shenmen (HT 7), Hegu (LI 4), Xuehai (SP 10), Zusanli (ST 36), Sanyinjiao (SP 6), and Taichong (LR 3).

The analysis: Neiguan (PC 6) can soothe the heart and calm the mind, and when combined with Shenmen (HT 7), it can enhance the function of tranquilization. Hegu (LI 4) has the effect of regulating qi and blood, and when combined with Taichong (LR 3), it can regulate the liver-qi and balance yin and yang. Xuehai (SP10) can activate qi flow and promote circulation of blood to remove blood stasis. Zusanli (ST 36) can regulate and tonify the spleen and stomach, and strengthen vital-qi, and when combined with Sanyinjiao (SP 6), it can enhance the function of strengthening the spleen and regulating qi flow. This combination of points may pacify the liver and strengthen the spleen, and regulate qi and blood circulation.

Dr. Li: I suggest that auricular points can be added to improve the therapeutic effect. The points can be Liver, Spleen, Kidney, Ear-Shenmen, Subcortex, Endocrine, and Cheek.

Dr. Wang: May I ask you Prof. Hu whether we can select facial points for treating chloasma?

Prof. Hu: Based on the principle and methods of treatment you give, I’d like to state my views. Dr. Zhang has put forward very good treating principle and point prescription. The auriculo-acupuncture treatment Dr. Li added can enhance the therapeutic effect. I suggest that the auricular point Lung be added to the auricular prescription since the lung dominates the skin and hair. Chloasma is a pathogenic change of the skin, to which the auricular point Lung is indicated.

Dr. Wang’s question is very good, which is about how to deal with the local area of chloasma. For this patient, local points on the face can be selected, such as Sibai (ST 2), Quanliao (SI 18), Dicang (ST 4) and Jiache (ST 6).

Method of treatment: The transverse penetrating method is used. The filiform needle is used to puncture, with the needle tip and skin surface forming an angle of 15°, along the four margins of the chloasma toward the center of the affected area.

TREATMENT AND RESULTS

The patient received both body and auricular acupuncture with the above-mentioned method of treatment. For auricular points, they were punctured first, and then embedded with ear seeds. For body acupuncture, the needles were retained for 30 min. But for the first 5 treatments, the patient had not obtained obvious effects. Afterwards, Feishu (BL 13), Geshu (BL 17), Ganshu (BL 18), Pishu (BL 20) and Shenshu (BL 23) were added for regulating functions of the internal organs. At the same time, the patient was asked to pay attention to rest, avoid intake of greasy and cold food, and keep in a good mental state. After 10 treatments (one treatment course), the color of the facial chloasma became partially lighter. She had two more courses, and the chloasma disappeared by 50%. After another two courses of the treatment, the chloasma disappeared. The follow-up survey 3 months later reported everything right.

(Translated by WANG Xin-zhong 王新中)