Medicine Insights

Review

Research Progress on the Diagnosis and Treatment of Perianal Eczema with Traditional Chinese Medicine

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Abstract: Perianal eczema is a highly prevalent skin disorder that can affect individuals of all ages. Its core characteristics include persistent perianal skin itching, patchy erythema, papular lesions, and moist and exudative lesions. Clinically, antihistamines and glucocorticoid preparations are mainly used for treatment, but long-term use can lead to various side effects. This article systematically reviews recent clinical research related to perianal eczema, aiming to provide a theoretical basis for individualized and diversified clinical diagnosis and treatment plans, and effectively alleviate patients' pain and distress.

Keywords: perianal eczema; traditional Chinese medicine; herbal fumigation and washing; external treatment; syndrome differentiation and treatment

1. Introduction

Perianal eczema is a chronic inflammatory dermatosis predominantly affecting the perianal skin, with potential extension to adjacent anatomical regions including the perineum, gluteal cleft, and sacrococcygeal area in advanced or inadequately managed cases [1]. The anatomical location—characterized by high moisture retention, frequent mechanical friction, and exposure to fecal microflora—creates a unique microenvironment that contributes to disease persistence and symptom exacerbation [2]. Due to the sensitive and private nature of the affected region, many individuals experience psychological barriers such as embarrassment or stigma, which often delay clinical consultation and result in prolonged self-management using non-evidence-based interventions. This delay frequently leads to progressive skin changes, including lichenification, excoriation, and secondary infection, thereby significantly impairing quality of life, sleep continuity, and occupational performance. Epidemiological observations indicate a rising prevalence across diverse age groups, suggesting multifactorial etiological drivers—including shifts in dietary patterns characterized by increased intake of processed foods and spices, sedentary behavior, prolonged sitting, inadequate perianal hygiene practices, and environmental factors such as high humidity and temperature fluctuations. From a pathophysiological perspective, the condition shares fundamental mechanisms with other forms of eczematous dermatitis, particularly involving dysregulated cutaneous immune responses, aberrant expression profiles of pro-inflammatory cytokines such as interleukin-4, interleukin-13, and tumor necrosis factor-alpha, alterations in the local microbial composition, and compromised epidermal barrier integrity manifested by reduced filaggrin expression and impaired stratum corneum cohesion.

Contemporary clinical management primarily relies on topical glucocorticosteroids due to their potent anti-inflammatory and immunosuppressive properties; however, extended or inappropriate use carries well-documented cutaneous adverse effects, including epidermal thinning, dermal atrophy, cutaneous telangiectasia, striae formation,

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and rebound flares following treatment cessation—factors that collectively contribute to suboptimal long-term outcomes and elevated recurrence rates [3]. In response to these limitations, integrative therapeutic strategies have gained increasing recognition within evidence-informed dermatological practice. Traditional Chinese medicine offers a complementary framework grounded in holistic assessment, pattern identification based on syndrome differentiation, and multimodal intervention encompassing oral herbal formulations, topical herbal washes or ointments, acupuncture, and lifestyle guidance. This approach emphasizes restoration of physiological balance—particularly between yin and yang, qi and blood—and supports cutaneous homeostasis through modulation of inflammatory pathways, enhancement of microcirculation, regulation of sebaceous and sweat gland activity, and reinforcement of the skin's natural defense mechanisms. Clinical experience and emerging observational data suggest that TCM-based regimens may improve symptom control, reduce relapse frequency, and enhance patient-reported satisfaction when applied as part of a coordinated, individualized care plan.

2. Traditional Chinese Medicine's Understanding of Perianal Eczema

Traditional Chinese medicine does not designate a single classical disease name that corresponds precisely to perianal eczema as defined in modern dermatology. Instead, clinical manifestations—including pruritus, erythema, exudation, crusting, and lichenification localized around the anal orifice—are interpreted through the lens of syndrome differentiation based on location, symptomatology, and progression pattern. Historically, such presentations have been grouped under descriptive categories such as 'Jinyi Chuang' (soaking sore), 'Shi Chuang' (damp sore), 'Fengshi Chuang' (wind-damp sore), and 'Xuefeng Chuang' (blood-wind sore). Classical texts describe 'Jinyi Chuang' as arising from external invasion by wind-heat pathogens, manifesting with acute onset, intense itching, and superficial vesicular eruptions. Later formulations emphasize multifactorial pathogenesis: wind-heat combined with damp-heat and blood-heat generates persistent inflammation, leading to oozing of greasy fluid, progressive skin involvement, and chronicity [4]. Further developments in medical thought recognize internal constitutional factors—particularly dysfunction of the spleen and stomach—as pivotal contributors. When the spleen's transportation and transformation functions are impaired, water-damp accumulates internally; this pathological dampness may transform into damp-heat over time and descend along the meridian pathways to the lower jiao, especially affecting the anal region. Clinical descriptions from historical sources note characteristic features including fine papular eruptions resembling millet grains, diffuse erythema, serous exudation that macerates surrounding skin, and protracted disease duration—all consistent with the TCM conceptualization of wind-damp-heat intermingling at the cutaneous level.

From a systematic TCM perspective, perianal eczema is understood as a dynamic process involving multiple interrelated syndromes, each reflecting distinct stages and underlying imbalances. The Damp-Heat Descending Syndrome typically represents the acute phase and is frequently associated with dietary indiscretions—such as excessive consumption of spicy, fried, or alcoholic substances—that impair the spleen and stomach's ability to regulate fluid metabolism. This impairment results in retention of dampness, which subsequently undergoes heat transformation; the resulting damp-heat then flows downward via the meridians to accumulate in the perianal area. Alternatively, external exposure to environmental damp-heat—especially in humid climates or occupational settings—may directly invade the skin and channels, precipitating similar symptoms. The Spleen Deficiency and Dampness Retention Syndrome characterizes recurrent or subacute cases where constitutional weakness predominates; diminished spleen qi fails to properly transform and transport fluids, allowing dampness to overflow onto the skin surface, producing chronic exudation, pallor, fatigue, poor appetite, and a tendency toward relapse [5]. The Blood Deficiency and Wind-Dryness Syndrome emerges in prolonged or refractory cases, wherein persistent damp-heat gradually consumes yin and blood, depriving the skin of nourishment and leading to dryness, scaling, fissuring,

and lichenified plaques. Modern clinical observation has further identified blood stasis as a significant secondary pathological factor, particularly in patients with long-standing disease, habitual scratching, or hypertrophic lesions—evidenced by darkened skin tone, localized induration, and sluggish healing. Thus, contemporary TCM theory integrates wind, dampness, heat, and blood stasis as core intertwined pathogenic elements. Therapeutic strategy follows stage-specific principles: during the acute phase, treatment prioritizes clearing heat and draining dampness, dispelling wind, and alleviating pruritus; in the subacute phase, emphasis shifts to strengthening spleen qi, resolving residual dampness, calming wind, and supporting righteous qi to restore physiological balance; in the chronic phase, therapy focuses on nourishing blood and yin, moistening dryness, promoting blood circulation to resolve stasis, and gently clearing any lingering heat without further depleting vital substances. This phased, syndrome-based approach reflects the holistic and individualized nature of TCM clinical reasoning.

3. Research Progress on Internal Treatment Methods in Traditional Chinese Medicine

Traditional Chinese medicine constitutes a comprehensive medical system rooted in millennia of clinical practice and theoretical refinement, emphasizing dynamic balance among physiological functions, environmental influences, and constitutional predispositions. Its internal treatment modalities are guided by foundational principles including yin-yang theory, the five phases (wuxing), zang-fu organ relationships, and qi-blood-fluid dynamics. These frameworks collectively inform diagnostic reasoning and therapeutic strategy, distinguishing TCM from reductionist biomedical paradigms.

The core of internal treatment in traditional Chinese medicine lies in the holistic concept and the theory of syndrome differentiation and treatment. It posits that perianal eczema is not merely a localized dermatological condition but an external manifestation reflecting underlying imbalances in visceral function, qi movement, blood circulation, and fluid metabolism [6, 7]. Therapeutic formulations are therefore tailored to the specific pattern presentation—damp-heat downward flow, spleen deficiency with damp accumulation, or blood deficiency with wind-dryness—ensuring individualized clinical management grounded in classical diagnostic criteria. For the damp-heat downward flow pattern, clinical studies have demonstrated favorable outcomes using modified herbal formulas designed to clear heat, drain dampness, and regulate lower-jiao function; symptom resolution—including perianal pruritus, burning sensation, erythema, and serous exudation—has been consistently observed alongside measurable improvements in patients' daily functioning and psychological well-being. In cases characterized by spleen deficiency and damp accumulation, therapeutic approaches prioritizing spleen qi tonification and dampness transformation have yielded high rates of clinical response, supporting the view that strengthening digestive and transport functions enhances systemic resilience and cutaneous homeostasis. Similarly, for blood deficiency and wind-dryness patterns, nourishing blood, moistening dryness, and calming wind have proven effective in alleviating chronic pruritus, reducing lesion extent, and mitigating skin atrophy or lichenification, with sustained benefits and minimal recurrence reported in longitudinal follow-up. Furthermore, advances in pharmaceutical standardization have facilitated the widespread adoption of granulated herbal preparations, which offer precise dosing, improved stability, enhanced patient adherence, and logistical advantages in outpatient and community-based care settings. These developments reflect ongoing integration of classical theory with modern quality control standards, reinforcing evidence-informed application while preserving the integrity of pattern-based diagnosis and treatment.

4. Research Progress on External Treatment Methods of Traditional Chinese Medicine

Traditional Chinese medicine constitutes a comprehensive medical system with a long historical lineage and rich clinical experience, grounded in theoretical frameworks such as yin-yang, the five phases, zang-fu organ theory, and meridian doctrine. Its

therapeutic modalities emphasize holistic regulation, individualized pattern differentiation, and synergistic integration of multiple interventions. External treatment methods, in particular, represent a distinctive and clinically significant branch that leverages transdermal absorption, local stimulation, and neurohumoral modulation to achieve therapeutic effects without systemic drug administration. These approaches are especially valued for their safety profile, minimal invasiveness, and suitability for chronic, recurrent, or sensitive-area conditions.

External treatment is the most widely used and extensively researched characteristic component of traditional Chinese medicine for perianal eczema, owing to its direct action on affected tissues, favorable tolerability, and compatibility with concurrent internal regulation. Core modalities include herbal fumigation combined with sitz bath—where medicated steam penetrates perianal microvasculature and skin appendages while warm water enhances circulation and epithelial hydration; external application of herbal ointments or pastes—formulated with anti-inflammatory, antipruritic, and tissue-repairing herbs such as Sophora flavescens, Phellodendron chinense, and Calendula officinalis, often compounded in lipid-based carriers to optimize dermal retention; and acupuncture-moxibustion therapy—which modulates local immune responses via meridian-specific points (e.g., Chengshan BL57, Changqiang GV1), regulates autonomic nervous system activity, and promotes microcirculatory normalization. Clinical evidence consistently supports their efficacy in reducing erythema, scaling, excoriation, and pruritus, while improving quality-of-life metrics and decreasing relapse frequency over extended follow-up periods.

4.1. Herbal Fumigation and Washing

The characteristic of traditional Chinese medicine fumigation and sitz bath therapy lies in local drug administration, which allows the effective components of the medication to penetrate the perianal skin through heat, directly acting on the lesion, stimulating the perianal meridians, accelerating blood circulation, rapidly alleviating itching and exudation, promoting skin barrier repair, and achieving significant therapeutic effects. In clinical treatment, herbs such as sophora flavescens, fructus kochia, and cortex phellodendri chinensis are commonly used as the main ingredients for treatment with modifications, and have achieved remarkable efficacy. Researchers have utilized a four-yellow vinegar sitz bath protocol to intervene in perianal eczema, demonstrating that this protocol can significantly inhibit the proliferation of pathogenic microorganisms such as bacteria and fungi, soften the thickening of keratin and lichenoid lesions caused by long-term scratching, and accelerate the repair and healing of damaged skin. Studies have concluded that by expanding superficial capillaries, promoting local microcirculation, optimizing local blood oxygen supply, accelerating skin metabolism, various clinical discomfort symptoms can be alleviated, and patients' quality of life can be improved. Some scholars have also made great progress in improving perianal eczema by using sophora flavescens decoction for fumigation and sitz bath and bitter yellow liquid for fumigation. Special research on modern pharmacological mechanisms has shown that traditional Chinese medicine sitz baths can regulate the secretion levels of immune factors in the body, inhibit the excessive release of pro-inflammatory factors such as TNF-α and IL-6, reduce local persistent inflammatory reactions, balance the local immune status of the skin, and achieve rapid symptom control and reduced recurrence. Furthermore, the thermal effect generated during the fumigation process enhances the permeability of the stratum corneum, facilitating deeper absorption of active pharmaceutical ingredients into the affected tissue layers. This combined approach of thermal therapy and herbal medicine creates a synergistic effect that addresses both symptomatic relief and underlying pathological mechanisms [8, 9]. The treatment methodology also demonstrates favorable safety profiles with minimal adverse reactions, making it suitable for long-term management of chronic perianal conditions. Clinical observations indicate that patients receiving this integrative therapeutic approach experience faster resolution of symptoms compared to conventional topical treatments alone, with sustained

improvements in skin integrity and reduced frequency of disease exacerbation over extended follow-up periods.

4.2. Chinese Medicinal Ointment and Preparation

Chinese herbal ointments represent a well-established modality within traditional Chinese medicine for the external management of dermatological conditions, leveraging transdermal absorption to deliver bioactive constituents directly to affected skin tissues. These formulations are custom-tailored based on syndrome differentiation, a core diagnostic principle in traditional Chinese medicine that classifies cutaneous manifestations according to underlying pathomechanisms such as damp-heat accumulation or blood deficiency with stasis. In cases presenting with acute inflammatory features—including pronounced erythema, papular eruptions, and serous exudation—the ointment base is augmented with herbs possessing marked heat-clearing and damp-drying properties, such as Phellodendron chinensis (Huang Bai) and Artemisia capillaris (Yin Chen), which collectively mitigate local inflammation, suppress exudative processes, and restore dermal homeostasis. Conversely, for chronic presentations characterized by xerosis, fissuring, scaling, and lichenified plaques—indicative of blood deficiency and impaired circulation—tonic and blood-activating herbs including Angelica sinensis (Dang Gui), Prunus persica (Tao Ren), and Carthamus tinctorius (Hong Hua) are incorporated to nourish yin and blood, soften hardened epidermis, and enhance microcirculatory perfusion. Clinical application of such syndrome-specific ointments has demonstrated consistent efficacy in alleviating pruritus, reducing lesion burden, accelerating epithelial repair, and improving functional and aesthetic outcomes. Furthermore, the external route circumvents first-pass hepatic metabolism, minimizes systemic exposure, and lowers the risk of gastrointestinal adverse effects commonly associated with oral herbal preparations.

4.3. Acupuncture and Moxibustion Therapy

Acupuncture and moxibustion constitute a distinctive therapeutic modality within the framework of traditional Chinese medicine, grounded in classical theories of meridian circulation, qi-blood regulation, and yin-yang balance. Clinically, these interventions are applied to alleviate the multifactorial pathophysiology of perianal eczema—including pruritus, epidermal desquamation, fissuring, and localized inflammatory infiltration—through precise cutaneous stimulation at designated acupoints. Such stimulation facilitates the unblocking of obstructed collaterals, harmonizes the flow of nutritive and defensive qi, resolves stasis in the blood vessels, and restores cutaneous moisture and barrier integrity. A representative integrative protocol involves the sequential application of fine-needle puncture from the peripheral margins toward the central lesion area, combined with controlled suction cupping at key back-shu points such as Dazhui and Feishu, which are anatomically associated with immune modulation and dermatological homeostasis. This synergistic approach enhances local microcirculation, reduces neurogenic inflammation, and downregulates pruritogenic mediators including substance P and histamine. Clinical observations indicate consistent improvement across subjective symptom scores and objective dermatological assessments, particularly in patients exhibiting chronic, refractory presentations unresponsive to conventional topical corticosteroids or calcineurin inhibitors [2, 10]. Furthermore, the treatment demonstrates favorable safety profiles with minimal adverse events, supporting its role as a complementary or alternative strategy within an evidence-informed, patient-centered management paradigm.

5. Medical Record Analysis

The patient, Mr. Zhu, is a 17-year-old male presenting with persistent perianal dampness and pruritus lasting more than one month [11, 12]. Initial self-management involved external washing of the perianal region with a diluted potassium permanganate solution, administered daily for several consecutive days. However, this intervention failed to produce sustained clinical improvement; instead, symptoms exhibited fluctuating intensity—periods of mild relief were followed by recurrence or exacerbation.

The protracted course reflects the inherent tenacity of damp-heat pathologies in traditional Chinese medicine (TCM) theory, particularly when underlying constitutional and lifestyle factors remain unaddressed. Clinical aggravation was consistently observed following physical fatigue and dietary indiscretion, especially excessive intake of pungent, spicy, and stimulating foods known in TCM to generate internal heat and impair spleen-stomach transformation functions. A subsequent trial of topical zinc oxide ointment yielded only partial symptomatic relief—itching diminished but residual dampness, erythema, and epidermal disruption persisted. Physical examination revealed objective signs including localized perianal moisture, diffuse erythema concentrated within the anal groove, and progressive eczematous transformation characterized by lichenification, superficial fissuring, and excoriations secondary to chronic scratching. These dermatological changes indicate a transition from acute inflammatory response to subacute and early chronic involvement of the skin barrier. Four diagnostic methods were systematically applied: tongue inspection showed a reddish tongue body with a thick, greasy, yellow coating—indicative of accumulated damp-heat; pulse diagnosis identified a slippery and rapid pulse, corroborating the presence of both excess dampness and internal heat. Syndrome differentiation confirmed damp-heat downward flow as the primary pattern, with disease location situated in the lower jiao and superficial layers of the skin. The pathomechanism involves dual pathology—damp-heat accumulation obstructing the lower jiao's regulatory function, and wind-damp invasion disrupting cutaneous integrity. Due to the adhesive and heavy nature of dampness, the condition manifests as recurrent, stubborn, and slow to resolve. The therapeutic strategy therefore prioritizes clearing heat, draining dampness, dispelling wind, and alleviating pruritus. The selected herbal formula integrates sophora flavescens (Ku Shen) for its potent heat-clearing and damp-drying properties, fructus cnidii (She Chuang Zi) for wind-dispelling and itch-relieving action, fructus kochia (Di Fu Zi) for its ability to clear damp-heat from the lower body and relieve itching, and cortex phellodendri (Huang Bai) for its strong downward-directed heat-clearing and damp-draining effect. These herbs were decocted into a warm medicinal solution used exclusively for fumigation and sitz bath therapy, administered once daily. After completion of three full treatment courses—each spanning seven consecutive days—the patient achieved near-complete resolution of all subjective and objective symptoms, with restoration of normal skin texture, absence of exudation or fissuring, and no reported pruritus.

Pathogenesis analysis reveals a multifactorial etiology rooted in constitutional predisposition and modifiable lifestyle determinants. The patient presents with mild obesity, a clinical sign often associated in TCM with impaired spleen qi function—specifically, diminished capacity for transforming and transporting fluids and nutrients. This functional insufficiency creates a fertile ground for pathological dampness formation. Concurrently, habitual consumption of spicy, greasy, and heavily processed foods further burdens the middle jiao, disrupting normal digestive metabolism and promoting endogenous damp-heat generation. Dampness, by nature, is turbid, heavy, and adhesive; it tends to descend and accumulate in dependent anatomical regions such as the perianal area, gluteal folds, and inguinal creases—regions where moisture retention and friction are physiologically pronounced. Once established, dampness impedes normal qi and blood circulation, leading to local stagnation. Heat generated from metabolic dysfunction or dietary excess then steams the affected tissues, while wind-pathogens—either externally contracted or internally generated through liver yang agitation—penetrate the weakened defensive layer of the skin. This triad of dampness, heat, and wind synergistically damages the skin's protective barrier, manifesting clinically as persistent dampness, inflammatory erythema, vesicular microlesions, and intense pruritus. Dietary triggers act as accelerants: spicy foods directly stimulate yang ascent and heat production, while fatigue depletes spleen qi, reducing the organ's capacity to govern fluid metabolism and transport dampness outward [13–15]. Prolonged damp-heat exposure consumes yin fluids, resulting in cutaneous xerosis, loss of elasticity, and eventual fissure formation due to inadequate nourishment of the epidermis. Furthermore, repeated scratching induces

microtrauma, disrupts stratum corneum integrity, and perpetuates an itch-scratch cycle that impedes natural healing. From a systems perspective, this case exemplifies the interplay between visceral dysfunction (spleen-stomach), environmental influences (diet, activity level), and cutaneous manifestation—a hallmark of TCM's holistic diagnostic framework. Therefore, effective management necessitates not only symptomatic intervention but also concurrent regulation of internal organ function, dietary counseling, and lifestyle modification to prevent relapse and consolidate therapeutic gains. Emphasis is placed on restoring spleen qi strength, regulating damp metabolism, clearing heat at its source, and reinforcing the skin's defensive capacity against external pathogenic factors.

6. Summary

In summary, perianal eczema represents a prevalent, chronically relapsing dermatological condition characterized by pruritus, erythema, lichenification, and variable degrees of exudation or crusting in the perianal region. Its pathogenesis is multifactorial, involving cutaneous barrier dysfunction, immune dysregulation, microbial imbalance, local irritation, and psychosomatic influences—factors that collectively complicate both diagnosis and long-term management. Within the framework of traditional Chinese medicine, this condition is typically conceptualized as arising from internal imbalances such as damp-heat accumulation in the lower jiao, spleen deficiency with dampness retention, or blood deficiency with wind-dryness, necessitating individualized syndrome differentiation as the cornerstone of therapeutic planning. Clinical practice increasingly emphasizes integrative strategies that combine internal herbal formulations with targeted external interventions. Among these, herbal fumigation and medicated sitz baths have emerged as widely utilized modalities, supported by extensive clinical experience demonstrating consistent improvements in symptom severity—particularly pruritus relief, reduction of serous exudation, and acceleration of epidermal repair. While oral herbal prescriptions and acupuncture-moxibustion are grounded in coherent theoretical constructs and centuries of empirical application, their evidence base remains largely derived from small-scale observational studies and case series; robust validation through methodologically rigorous, multicenter, large-sample randomized controlled trials is still notably limited. Future research priorities must therefore include standardized outcome measurement, protocol harmonization across TCM diagnostic subtypes, long-term safety monitoring, and comparative effectiveness analyses against conventional dermatological regimens. Ultimately, advancing the scientific rigor and reproducibility of traditional Chinese medicine approaches will strengthen their integration into evidence-informed, patient-centered care pathways for perianal eczema.

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