

CASE REPORT OLGU SUNUMU

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# Psoriasis Treatment with Acupuncture

## Psöriaziste Akupunkturun Tedavi Etkinliği

<sup>1</sup> Lokman Aziz TAŞDEMİR<sup>a</sup>, <sup>2</sup> Aziz KARACA<sup>b</sup>, <sup>3</sup> Yusuf İslam EREN<sup>c</sup>, <sup>4</sup> Mehmet Tuğrul CABIOĞLU<sup>d</sup>

<sup>a</sup>Private Pyhsician, Mersin, Türkiye

<sup>b</sup>Recep Tayyip Erdoğan University Faculty of Medicine, Department of Physiology, Rize, Türkiye

<sup>c</sup>Recep Tayyip Erdoğan University Faculty of Medicine, Department of Dermatology, Rize, Türkiye

<sup>d</sup>Department of Physiology, Faculty of Medicine, Medipol University, Ankara, Türkiye

**ABSTRACT** Psoriasis is a chronic, inflammatory skin disease that significantly impairs quality of life. In patients unresponsive to conventional treatments, complementary approaches such as acupuncture have garnered attention. This case report presents the treatment of a 56-year-old female patient with chronic, treatment-resistant psoriasis using acupuncture. The patient presented with erythematous, scaly plaques and painful fissures on the palms and soles. Based on Traditional Chinese Medicine syndrome analysis, diagnoses of Spleen Qi Deficiency, Liver Blood Deficiency, and Kidney Yin Deficiency were made. Acupuncture was administered twice weekly for 12 sessions. Significant improvement in lesions was observed by the 9<sup>th</sup> session, with complete resolution by the 12<sup>th</sup> session. At 10-month follow-up, only mild scaling was noted, without fissures, pain, or inflammatory flare-ups. This case illustrates the potential effectiveness of acupuncture as a long-term complementary therapy for psoriasis.

**Keywords:** Acupuncture; complementary therapy; psoriasis; traditional Chinese medicine

**ÖZET** Psöriazis, kronik, inflamatuvar bir cilt hastalığı olup, yaşam kalitesini ciddi şekilde olumsuz etkiler. Geleneksel tedavilere yanıt vermeyen hastalarda tamamlayıcı yöntemler, özellikle akupunktur ilgi çekmektedir. Bu olgu sunumunda, 56 yaşındaki kadın hastanın 5 yıldır devam eden, modern tıbbi tedavilere dirençli psöriazisinin akupunktur ile tedavisi sunulmaktadır. Hasta, ayak tabanları ve avuç içlerinde eritemli, skuamlı plaklar ve ağrılı fissürlerle başvurmuş; Geleneksel Çin Tıbbı sendrom analiziyle Dalak Qi Eksikliği, Karaciğer Kan Eksikliği ve Böbrek Yin Eksikliği tanıları konmuştur. Haftada 2 seans, toplam 12 seans akupunktur tedavisi uygulanmıştır. Tedavi sürecinde, 9. seansa kadar lezyonlarda belirgin azalma gözlenmiş, kısa süreli bir alevlenme sonrası 12. seansta tüm lezyonlar tamamen kaybolmuştur. On aylık takipte, yalnızca hafif pullanma gözlenmiş, fissür, ağrı veya inflamatuvar atak görülmemiştir. Bu olgu, akupunkturun psöriazis tedavisinde etkili ve uzun vadeli bir tamamlayıcı yöntem olabileceğini göstermektedir.

**Anahtar Kelimeler:** Akupunktur; tamamlayıcı tıp; psöriazis; Geleneksel Çin Tıbbı

Psoriasis is a chronic, relapsing, inflammatory dermatological condition affecting millions globally. Characterized by sharply demarcated, erythematous, scaly plaques, it negatively impacts physical, psychological, and social well-being.<sup>1</sup> While conventional treatments such as topical agents, phototherapy, systemic drugs, and biologics are commonly used, their limitations in efficacy, side effects, and cost have increased interest in complementary and integrative therapies.<sup>1,2</sup>

Acupuncture, a millennia-old practice within Traditional Chinese Medicine (TCM), involves inserting fine needles into specific body points to achieve therapeutic effects. Recent comprehensive reviews have identified acupuncture among complementary therapies with emerging evidence for psoriasis treatment.<sup>2</sup> The growing body of evidence suggests acupuncture may offer a valuable adjunctive treatment option for patients with treatment-resistant psoriasis.

**Correspondence:** Aziz KARACA

Recep Tayyip Erdoğan University Faculty of Medicine, Department of Physiology, Rize, Türkiye

**E-mail:** drazizkaraca@gmail.com

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This case report aims to assess the therapeutic effect of individualized acupuncture treatment in a patient with chronic, treatment-resistant psoriasis, contributing to the limited but growing literature on complementary approaches in dermatological conditions.

## CASE REPORT

Written informed consent was obtained from the patient for publication of this case report and accompanying images. The patient provided explicit consent for the use of clinical data and photographs for academic and educational purposes.

A 56-year-old female first presented in 2019 with erythematous, scaly lesions on the scalp. These gradually spread to the extremities and torso, eventually persisting on the plantar surfaces. She had used various topical treatments, including calcipotriol/betamethasone and mometasone furoate/salicylic acid ointments, for approximately 5 years. Due to widespread involvement, systemic therapy was initiated but discontinued owing to side effects such as hair and eyebrow loss. Histopathology confirmed psoriasis vulgaris.

### TCM SYNDROME ANALYSIS AND DIAGNOSIS<sup>3</sup>

In TCM theory, psoriasis is understood as a manifestation of internal organ dysfunction and imbalanced energy flow. The TCM syndrome analysis in this case identified 3 primary patterns:

Spleen Qi Deficiency impairs the generation of Qi and Blood, resulting in insufficient nourishment of the skin. This manifests as dryness, dullness, and impaired regenerative capacity. Additionally, weakened fluid transformation leads to the accumulation of Dampness and Phlegm, contributing to thick, exudative, and pruritic lesions. A deficiency in Wei Qi compromises the skin's defense against external pathogens, thereby supporting the chronic and treatment-resistant nature of psoriasis.

Liver Blood Deficiency hinders the moisturizing of the skin, hair, and nails, leading to dryness, fine scaling, and pale or brittle nails. Inadequate nourishment of the nervous system promotes the generation of internal Wind, a key factor in pruritus. Over time, Liver Qi stagnation and Liver Yang rising may occur,

resulting in inflammation and discoloration. This deficiency underlies the fluctuating and chronic course of psoriasis.

Kidney Yin Deficiency generates internal Deficiency Heat, manifesting as erythema, warmth, and inflammation in psoriatic lesions. Profound systemic dryness contributes to persistent scaling, fissuring, and decreased skin elasticity. The depletion of Yin and Essence compromises tissue regeneration, commonly seen in chronic, refractory cases of psoriasis.

Based on these TCM diagnoses, acupuncture treatment points were selected according to traditional principles:

- Spleen Qi deficiency: SP2, SP3, SP6, BL20, BL21
- Liver Blood deficiency: LIV3, BL17, BL18, SP10, PC6, SP4
- Kidney Yin deficiency: KID3, KID6, BL23, DU4
- General points (selected to support overall well-being and enhance the effects of specific syndrome points): LI4, LI11, ST36, LIV3, LU7, LU9

### TREATMENT PROTOCOL AND OUTCOMES

Treatment was administered twice weekly for 12 sessions, with each session lasting 30 minutes. Lesions were photographed before each session to document progress. Topical medication was used only as needed for symptomatic relief. The initial Psoriasis Area and Severity Index (PASI) score was 3.2, categorizing the condition as mild psoriasis.

Progressive improvement was observed by the ninth session. A brief flare occurred thereafter, with mild lesion worsening and fissure formation on the sole of the foot. This flare was managed through continued acupuncture treatment without additional interventions, as it was considered a temporary adjustment reaction commonly observed in TCM treatment protocols. The patient was reassured about the temporary nature of the exacerbation, and close monitoring was maintained during this period.

Marked resolution was noted after the tenth session, and by the twelfth session, all psoriatic lesions had resolved completely (Figure 1). The PASI score



**FIGURE 1:** Photographs documenting treatment progression: (A) before treatment; (B and C) approximately every 3 sessions; (D) 3 days after the 12<sup>th</sup> session

improved significantly to 1.2, representing a 62.5% reduction. At 10-month follow-up, only minor, self-resolving scaling was observed, without pain, fissures, or inflammatory symptoms. No adverse effects were reported during or after treatment.

## DISCUSSION

This case report demonstrates sustained improvement in a patient with treatment-resistant psoriasis following individualized acupuncture therapy. The lesions resolution achieved by the 12<sup>th</sup> session and maintained at 6-month follow-up aligns with emerging evidence supporting acupuncture-related techniques in psoriasis management.

Recent systematic evidence strongly supports acupuncture for psoriasis treatment. A 2025 meta-analysis of oral TCM with fire needling, reviewing 15 RCTs, showed a 3.49-fold increase in response rates and significant PASI score reductions.<sup>4</sup> A 2024 meta-analysis on fire needle with TCM confirmed notable PASI score decreases and lower recurrence rates.<sup>5</sup> A 2021 quantitative synthesis established fire needle therapy's efficacy in psoriasis, with improved

treatment outcomes and reduced recurrence compared to conventional therapies.<sup>6</sup>

Large-scale evidence from integrative medicine approaches has further supported these findings. A 2023 meta-analysis encompassing 126 RCTs with 11,139 patients demonstrated that East Asian herbal medicine combined with conventional treatments significantly improved PASI 60 outcomes and overall PASI scores.<sup>7</sup> This substantial evidence base represents a marked evolution from earlier, smaller studies.

Recent clinical trials have provided additional validation for specific acupuncture modalities. A 2023 randomized controlled trial of governor vessel moxibustion therapy in mild to moderate psoriasis showed significant improvements in both PASI scores and dermatological quality of life indices.<sup>8</sup> A 2022 multicenter trial of Zhuang medicine medicated thread moxibustion demonstrated superior PASI response rates, with 81.4% achieving PASI 50 and 43.2% achieving PASI 75, compared to 41.5% and 11.0% in controls, respectively.<sup>9</sup>

A comprehensive 2024 analysis of acupuncture treatment patterns in psoriasis over the past 2 decades identified key trends in clinical practice. The analysis of 26 clinical studies revealed that acupuncture combined with moxibustion and fire needle combined with Western medicines were the most frequently used approaches, with effectiveness rates ranging from 40% to 100%. The study identified optimal point selection patterns, with Ashi points (skin lesion regions), BL17, BL13, BL18, and LI11 being most frequently utilized.<sup>10</sup>

However, important limitations persist in the current evidence base. A recent 2024 systematic review noted that while preliminary results for acupuncture showed positive clinical effects, additional well-designed randomized trials remain necessary to confirm potential beneficial effects and establish safety profiles.<sup>2</sup> The quality of clinical trial design and pharmaceutical quality control data in many studies remains suboptimal, necessitating more rigorous methodology in future research.<sup>7</sup>

Regarding safety considerations, recent evidence suggests acupuncture is generally well-tolerated in

psoriasis patients. The 2025 meta-analysis found no significant differences in adverse events between fire needle treatments and control groups.<sup>4</sup> Common reported side effects remain minimal, typically including mild local reactions such as slight soreness or temporary marking at needle sites.

## MECHANISMS AND CLINICAL IMPLICATIONS

In our case, the personalized treatment approach based on TCM syndrome differentiation may have optimized therapeutic outcomes. Recent network pharmacology analyses suggest that the anti-inflammatory effects of acupuncture-related techniques operate through multiple pathways, including inhibition of pathological keratinocyte proliferation and immune-mediated inflammation.<sup>7</sup> The absence of adverse effects in our patient aligns with recent safety data indicating excellent tolerability profiles for acupuncture interventions in psoriasis.

## LIMITATIONS AND FUTURE DIRECTIONS

This single-case report has limitations, including no control group, possible placebo effects, and inability to prove causation. The brief disease flare during treatment questions treatment consistency and unevaluated triggers. The mild initial PASI score (3.2) may limit applicability to severe cases. Future research should focus on rigorous RCTs with standardized protocols, proper controls, and follow-up beyond 6 months. Studies should explore optimal treatment durations, point selection, and patient criteria to identify ideal candidates for acupuncture. Biomarker and mechanistic studies could clarify acupuncture's therapeutic mechanisms in psoriasis.

In conclusion, this case illustrates the potential of individualized acupuncture as a complementary therapy for treatment-resistant psoriasis, supported by emerging high-quality evidence from recent meta-

analyses. The sustained clinical improvement observed aligns with recent large-scale studies demonstrating significant efficacy of acupuncture-related techniques. However, while current evidence is increasingly robust, acupuncture should continue to be considered as adjunctive rather than primary therapy for psoriasis. Patients should be counseled about the evolving evidence base while clinical research continues to establish optimal treatment protocols and long-term outcomes.

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## Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

## Authorship Contributions

**Idea/Concept:** Lokman Aziz Taşdemir; Aziz Karaca; **Design:** Aziz Karaca, Lokman Aziz Taşdemir; **Control/Supervision:** Yusuf İslam Eren, Mehmet Tuğrul Cabioğlu; **Data Collection and/or Processing:** Lokman Aziz Taşdemir; **Analysis and/or Interpretation:** Lokman Aziz Taşdemir; Aziz Karaca, Yusuf İslam Eren, Mehmet Tuğrul Cabioğlu; **Literature Review:** Lokman Aziz Taşdemir; Aziz Karaca; **Writing the Article:** Aziz Karaca, Mehmet Tuğrul Cabioğlu, Yusuf İslam Eren; **Critical Review:** Yusuf İslam Eren, Mehmet Tuğrul Cabioğlu; **References and Fundings:** Lokman Aziz Taşdemir; **Materials:** Lokman Aziz Taşdemir.

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