



# Research on the Traditional Chinese Medicine Name, Etiology and Pathogenesis, and Syndromes of Lichen Sclerosus Based on Literature Retrieval

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## Abstract

**Objective:** To investigate and discuss the traditional Chinese medicine (TCM) disease names, etiology, pathogenesis, and distribution characteristics of syndrome types of lichen sclerosus. **Methods:** Literature on the diagnosis and treatment experience of lichen sclerosus published up to March 2023 was collected from CNKI, VIP Database, and Wanfang Data Knowledge Service Platform. The collected literature was screened, and the TCM disease names, etiology, pathogenesis, and syndrome types mentioned in the literature were statistically analyzed for frequency, with the syndrome types being further broken down into syndrome elements. **Results:** A total of 31 articles meeting the criteria were selected, involving 31 physicians; there were 14 different TCM disease names, with the more frequent ones being “vulvar itching” and “vulvar sores”; the internal causes of the disease mainly involve deficiencies in the vital energy of the liver, spleen, and kidneys, while external causes include the six pathogenic factors and environmental factors; the pathogenesis is characterized by a deficiency in the root and excess in the branches, with the deficiency being a deficiency of the liver, spleen, and kidneys, and the excess including damp-heat, dry-heat, qi stagnation, blood stasis, and damp-toxicity; the disease location is in the vulva, related to the liver, spleen, and kidneys; there are 7 types of excess syndrome elements and 5 types of deficiency syndrome elements, constituting 11 syndrome types, which are: 1) Single-factor syndromes: liver and kidney yin deficiency, liver and kidney essence deficiency, spleen deficiency with dampness excess, spleen and kidney yang deficiency, kidney deficiency with blood stasis; 2) Dual-factor syndromes: insufficient essence and blood, damp-heat descending, liver channel damp-heat, qi stagnation and blood stasis, liver depression and spleen deficiency; 3) Multi-factor syndromes: blood deficiency generating wind and drying. **Conclusion:** By analyzing and organizing the insights and treatment experiences of various physicians on lichen sclerosus, standardizing the TCM disease names, etiology, pathogenesis, and syndrome characteristics of this disease provides a reference for TCM diagnosis and treatment and has positive implications for the prevention and treatment of this disease with Chinese medicine.

## Keywords

Lichen sclerosus; Vulvar itching; Disease name; Pathogenesis; Symptoms

## 1. Introduction

Vulvar lichen sclerosis (VLS) is a common chronic inflammatory non-neoplastic skin lesion of the vulva. It was previously known as vulvar leukoplakia, vulvar dystrophy, vulvar white lesion, vulvar pigmentation degenerative disease, etc. The 2021 Expert Consensus on the Clinical Diagnosis and Treatment of Vulvar Lichen Sclerosis mentioned that in 1987, the International Society for the Study of Vulvovaginal Disease (ISSVD) officially named it vulvar lichen sclerosis, which has since been widely used in clinical practice<sup>[1]</sup>. The etiology of this disease is currently unclear, and epidemiology mostly suggests that its occurrence is related to factors such as local infection, genetics, neurovascular, and immunology. Western medicine currently treats it mainly with topical glucocorticoids, but the efficacy is poor, and it is prone to recurrence, which seriously affects patients' physical and mental health and quality of life. Traditional Chinese medicine has unique insights into vulvar lichen sclerosis, and Chinese herbal medicine has an advantage in treatment, producing significant clinical efficacy. However, the current treatment of this disease with Chinese herbal medicine is mostly based on the experience of individual doctors, and there is a lack of comprehensive diagnosis and treatment guidelines. This paper collects and organizes literature on the experience of diagnosing and treating this disease with Chinese herbal medicine from the above three databases, and analyzes and summarizes its traditional Chinese medicine disease names, etiology and pathogenesis, and syndrome types.

## 2. Literature

### 2.1. Literature source

Using “vulvar leukoplakia”, “vulvar lichen sclerosis”, “vulvar dystrophy”, “vulvar pigmentation degenerative disease”, “vulvar white lesion”, and “experience” as key combinations in sequence, a search was conducted on CNKI (<https://www.cnki.net/>), Wanfang Data Knowledge Service Platform (<https://www.wanfangdata.com.cn/>), and VIP Database (<http://www.cqvip.com/>). All the literature that could be retrieved from the three databases was initially selected, totaling 253 articles.

### 2.2. Inclusion criteria

The retrieved 253 articles were screened based on the following criteria: the experience must come from nationally recognized masters of traditional Chinese medicine, famous and experienced practitioners of traditional Chinese medicine at the national, provincial, or municipal levels, or mentors for the academic and experience inheritance of famous and experienced practitioners of traditional Chinese medicine. The articles should describe treatment experiences related to vulvar leukoplakia, vulvar sclerosing lichen, vulvar dystrophy, vulvar pigmentation degenerative diseases, or vulvar white lesions, and the treatment methods used must involve traditional Chinese medicine. The article content can include the practitioner's academic thoughts, experienced medication, medical cases, etc.

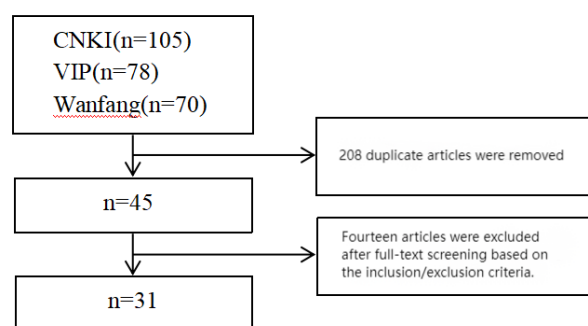
### 2.3. Exclusion criteria

Articles were excluded if the treatment described did not involve traditional Chinese medicine or if the content was clinical observation or experimentation. Additionally, review articles and duplicate publications were also excluded.

## 3. Methods

### 3.1. Literature screening

The selected articles that met the above criteria were imported into EndNote X9 for duplicate checking. Only one article was selected from duplicates. Queries were conducted on the involved practitioners, and experience articles that did not meet the requirements were excluded. The remaining articles were roughly browsed, and those with content that did not meet the inclusion criteria were excluded. After a second review, the experiences and thoughts described in different articles by different authors about the same practitioner were summarized and recorded under the practitioner's name, and were considered as one article. If the author and mentor in a dissertation overlapped with the author and practitioner in a journal article, the experience and thoughts were recorded in the journal article, and both were considered as one article. A total of 31 articles were included, including 30 journal articles, 1 conference paper, and 0 dissertations. The specific process is shown in **Figure 1**.



**Figure 1.** Literature screening process

### 3.2. Data statistics

In this article, the etiology and pathogenesis are elaborated based on the concepts included in the fourth edition of “Integrated Traditional Chinese and Western Medicine Obstetrics and Gynecology” edited by Du Huilan in the new century as a reference <sup>[1]</sup>; the syndrome types are based on the concepts in “Demonstration of Syndrome Elements and Syndrome Target Combination Syndrome Differentiation” for reference, the unified and overall syndrome types in the literature are disassembled and analyzed, and summarized into independent and simple single-factor syndrome concepts <sup>[2]</sup>. The summarized literature information is entered into an Excel spreadsheet, and frequency statistics are performed.

## 4. Results

### 4.1. Categories of medical practitioners in the literature

Among the 31 articles, the identified medical practitioners are Yang Jialin <sup>[3-4]</sup>, Wang Xiaoyun <sup>[5]</sup>, Cai Xiaorun <sup>[6]</sup>, Wang Xiuxia <sup>[7-9]</sup>, Jin Jiling <sup>[10]</sup>, Feng Zhirong <sup>[11]</sup>, Liu Wenqiong <sup>[12]</sup>, Han Yanhua <sup>[13, 14]</sup>, Liang Juner <sup>[15]</sup>, Guo Zhiqiang <sup>[16]</sup>, Wu Xinhua <sup>[17]</sup>, Wei Qinglin <sup>[18]</sup>, Yan Zhenghua <sup>[19]</sup>, Zhang Shufen <sup>[20]</sup>, Zhang Yufen <sup>[21]</sup>, Du Huilan <sup>[22]</sup>, Xie Ping <sup>[23-25]</sup>, Wang Qi <sup>[26]</sup>, Liu Chunfu <sup>[27]</sup>, Zhang Jinfeng <sup>[28]</sup>, Xuan Guowei <sup>[29]</sup>, Sha Mei <sup>[30]</sup>, Liu Jinxing <sup>[31-32]</sup>, Hu Xiaorong <sup>[33]</sup>, Yu Jibai <sup>[34]</sup>, Xia Yuqing <sup>[35]</sup>, Li Shuling <sup>[36]</sup>, Li Chaojing <sup>[37]</sup>, Wei Shaobin <sup>[38]</sup>, Hong Jiatie <sup>[39]</sup>, and Jin Zhe <sup>[40]</sup>, totaling 31 medical practitioners. Among them, there are 2 national medical masters, 7 nationally famous Chinese medicine practitioners, 14 provincially and municipally famous Chinese medicine practitioners, and 8 national or provincial famous old Chinese medicine academic experience

inheritance work instructors.

### 4.2. Statistics of disease name distribution

Among the 31 pieces of literature, 29 doctors mentioned the traditional Chinese medicine (TCM) disease names for vulvar sclerosing lichen, which are “Yin Yang” (itching of the vulva), “Yin Chuang” (vulvar sore), “Yin Shi” (vulvar ulceration), “Yin Tong” (vulvar pain), “Hu Huo” (a disease characterized by fox-like confusion), “Yin Zao” (vulvar dryness), “Yin Zhong” (vulvar swelling), “Yin Zhuo” (turbid discharge from the vulva), “Bai Xuan” (white lichen), “Yin Leng” (vulvar coldness), “Yin Yan” (vulvar occlusion), “Yin Zhu” (vulvar inflammation), “Yin Men Yang” (itching of the vulvar opening), and “Dai Xia Bing” (disease manifesting as abnormal vaginal discharge). There are 14 TCM disease names in total. Many doctors believe that vulvar sclerosing lichen can be classified under the TCM diseases of “Yin Yang”, “Yin Chuang”, and “Yin Shi”. The frequency statistics are shown in **Table 1**.

**Table 1.** Statistics of disease name distribution [ $n=29$ , frequency (%)]

Disease name	Number of physicians (%)
Pruritus Vulvae	29 (93.55)
Vulvar Sores	19 (61.29)
Vulvar Erosion	14 (45.16)
Vulvodynia	8 (25.80)
Fox-Fang Disease*	5 (16.13)
Vulvar Dryness	2 (6.45)
Vulvar Swelling	1 (3.23)
Vaginal Turbidity	1 (3.23)
White Tinea	1 (3.23)
Cold Vulva	1 (3.23)
Vulvar Occlusion	1 (3.23)
Vulvar Candle	1 (3.23)
Leukorrhea Disease	1 (3.23)
Itchy Vulva	1 (3.23)

### 4.3. Statistics of etiology distribution

Among the 31 pieces of literature, 8 doctors mentioned the TCM etiology of vulvar sclerosing lichen, which can be broadly divided into internal and external factors. Internal

factors include dysfunction of the viscera (mainly heart, liver, spleen, and kidney), constitutional factors, improper diet, excessive labor or leisure, and internal injuries caused by the seven emotions. External factors include the six exogenous pathogenic factors and environmental factors. The specific distribution is shown in **Table 2**.

**Table 2.** Statistics of etiology distribution [ $n=29$ , frequency (%)]

	<b>Etiology (Cause of disease)</b>	<b>Number of physicians (%)</b>
Internal causes	Dysfunction of Viscera (Zang-Fu Organs)	5 (62.50)
	Constitutional Factors	3 (37.50)
	Dietary Imbalance	2 (25.00)
	Overexertion or Lack of Exercise	1 (12.50)
	Internal Injury by Seven Emotions	1 (12.50)
External causes	Six Pathogenic Climatic Factors	4 (50.00)
	Environmental Factors	3 (37.50)

#### 4.4. Pathogenesis and syndrome elements

Among the 31 pieces of literature, 21 doctors believed that the pathogenesis of this disease is rooted in a deficiency of superficial excess. The deficiency is mainly manifested as qi, blood, yin, and yang deficiency of the liver, spleen, and kidney, while the excess includes dampness-heat, dryness-heat, qi stagnation, blood stasis, dampness toxin, heat toxin, and stasis toxin. In the experience of 27 doctors, syndromes were mentioned, involving 11 syndrome names. Single-factor syndromes include liver and kidney yin deficiency, liver and kidney jing (essence) deficiency, spleen deficiency with dampness excess, spleen and kidney yang deficiency, and kidney deficiency with blood stasis, totaling 5 types. Dual-factor syndromes include jing and blood deficiency, dampness-heat descending, liver channel dampness-heat, qi stagnation and blood stasis, liver qi stagnation and spleen deficiency, totaling 5 types. The multi-factor syndrome is blood deficiency leading to wind generation and dryness, which is 1 type. The syndrome targets are the liver, spleen, and kidney. The syndrome elements involved a total of 12 types, with solid elements including dampness, heat, internal wind, blood stasis, internal dryness, qi stagnation, and fire stagnation, totaling

7 elements. Deficiency elements include blood deficiency, jing deficiency, yin deficiency, qi deficiency, and yang deficiency, totaling 5 elements. The specific distribution is shown in **Table 3**.

**Table 3.** Statistics of syndrome element distribution [ $n=27$ , frequency (%)]

<b>Syndrome element</b>	<b>Number of physicians (%)</b>
Damp-Heat	22 (81.48)
Internal Wind	21 (77.78)
Blood Deficiency	17 (62.96)
Blood Stasis	16 (59.26)
Essence Deficiency	14 (51.85)
Yin Deficiency	14 (51.85)
Internal Dryness	13 (48.15)
Qi Deficiency	11 (40.74)
Qi Stagnation	4 (14.81)
Yang Deficiency	3 (11.11)
Fire Depression	2 (7.40)
(Unspecified)	1 (3.70)

#### 4.5. Statistics on the distribution of disease locations

Among 31 doctors, 28 provided information on the locations of the disease, including the vulva, liver, kidney, spleen, and Chong, Ren, Du, and Dai meridians. The most commonly mentioned locations were the “vulva”, “liver”, “spleen”, and “kidney”. **Table 4** shows the specific distribution.

**Table 4.** Statistics on the distribution of disease locations [ $n=28$ , frequency (%)]

<b>Location</b>	<b>Number of practitioners (%)</b>
Vulva	28 (100)
Liver	24 (85.71)
Kidney	22 (78.57)
Spleen	11 (39.29)
Conception Vessel	3 (10.71)
Governor Vessel	3 (10.71)
Thoroughfare Vessel	3 (10.71)
Belt Vessel	1 (3.57)
Liver Meridian	1 (3.57)

## 5. Discussion

Epidemiological studies have shown that the incidence of VLS varies widely, ranging from 1/70 to 1/1000<sup>[41]</sup>. Some patients may delay seeking medical attention due to inconspicuous symptoms, or the disease may be easily missed or misdiagnosed due to its initial presentation as vulvar itching. Therefore, the actual incidence is far underestimated. The most common symptom of this disease is persistent vulvar itching. If the lesion is not effectively treated, it can lead to abnormalities in the vulvar physiological structure, incomplete labia minora, and adhesion of the clitoral hood, severely affecting the patient's life<sup>[42]</sup>. The main treatments outlined in guidelines include medication, physical therapy, and surgical intervention<sup>[43]</sup>. Topical glucocorticoids can control itching to some extent, but lifelong maintenance is required, and recurrence is common after discontinuation<sup>[44-45]</sup>. Long-term use can also cause significant adverse skin reactions. Physical therapy only serves as an adjuvant treatment. Simple lesion resection cannot completely cure the disease, and postoperative collaborative treatment is necessary<sup>[46]</sup>.

The treatment of VLS in traditional Chinese medicine fully demonstrates the advantages of syndrome differentiation and holistic concepts. Multiple clinical observations have shown that under this approach, doctors establish treatment principles, select prescriptions accordingly, and administer treatment based on the prescriptions, effectively improving patients' clinical symptoms and reducing recurrence rates. Currently, research on the disease name, etiology, pathogenesis, syndromes, and treatment principles of vulvar sclerosing lichen in traditional Chinese medicine is scattered and lacking standardization, posing challenges for the diagnosis and treatment of this disease. Therefore, standardizing the disease name, etiology, pathogenesis, syndrome characteristics, and treatment principles in traditional Chinese medicine provides a reference for the research of traditional Chinese medicine and has positive significance for the prevention and treatment of this disease using traditional Chinese medicine.

There is no corresponding disease name for vulvar sclerosing lichen in ancient Chinese medicine texts, and it can only be classified as "itching of the vulva" or "vulvar ulcer" based on its symptoms. Chen Yan of the

Song Dynasty discussed in his book "Three Causes and One Syndrome, Diseases, and Formulas" that "there may be pain or itching, like insects crawling, with purulent discharge, and almost complete vulvar erosion..." Ge Hong, a famous doctor of the Eastern Jin Dynasty, first proposed the disease name "itching of the vulva" in his book "Emergency Prescriptions Kept Up One's Sleeve, Chapter 42: Prescriptions for Treating Sudden Swelling and Pain of the Genitalia and Atrophic Testes", stating that "for vulvar itching with discharge, chew raw yellow soybeans and apply the paste; it can also treat urinary tract ulcers." The results of this study show that among the medical experiences included in the survey, 93.55% and 61.29% of doctors define the disease in Chinese medicine as "itching of the vulva" and "vulvar ulcer", respectively, indicating high recognition. Regarding the etiology of this disease, doctors believe that internally, there is a deficiency and dysfunction of the liver, spleen, and kidney organs, while externally, there is exposure to pathogenic factors such as dampness and heat. The combination of internal and external pathogenic factors accumulates in the vulva, leading to vulvar itching. Environmental influences, excessive physical and mental exertion, emotional injuries, and improper diet can all exacerbate symptoms to some extent. This disease mostly occurs in postmenopausal women. As stated in the "Huangdi Neijing: Shanggu Tianzhen Lun" (Yellow Emperor's Inner Canon, Chapter on the Natural Innocence of Antiquity), "When a woman reaches the age of seven times seven, her Conception Vessel becomes deficient, her Great Rushing Vessel declines, her Tian Gui (heavenly essence) is exhausted, and her lower channels are blocked. Therefore, her physical form deteriorates and she becomes unable to conceive." This sentence is already in English, but it appears to be a detailed medical explanation, possibly from a traditional Chinese medicine (TCM) perspective.

During this period, women experience aging and physical weakness, leading to long-term liver and kidney deficiency, yin and blood deficiency, and kidney essence insufficiency. The scarcity of essence results in an inadequate transformation into blood, and prolonged blood deficiency generates wind, which eventually turns dryness. Wind-dryness obstructs the meridians, leading to stagnation over time. The deficiency of the three



organs (liver, spleen, and kidney) and the insufficiency of righteous qi make the genitals susceptible to damp-heat pathogens. Liver yin and blood deficiency can easily cause liver qi stagnation, which transforms into heat. This heat can easily overcome the spleen, leading to spleen deficiency and dampness excess. The combination of dampness and heat descends to the yin meridians. Liver qi stagnation, when not properly dispersed, obstructs the flow of qi and blood, resulting in stagnation. The disease location of vulvar sclerosing lichen is in the vulva, belonging to the liver, connected to the kidney, and associated with the spleen. Women's physiology is rooted in blood and prioritized by the liver, as the liver meridian encircles the genitals and the liver is responsible for storing blood. The kidney controls the two genitals and stores essence. As stated in "Various Diseases and Their Causes — Miscellaneous Diseases of Women", "The kidney nourishes the genitals. When kidney qi is deficient, it becomes invaded by wind pathogens. These pathogens lodge in the interstices, and when righteous qi fails to disperse them, the interaction of pathogenic and righteous factors causes itchiness in the skin." Liver and kidney yin deficiency leads to a lack of source for generating essence and blood. Blood deficiency generates wind and dryness, resulting in genital itchiness. The spleen is the foundation of postnatal life and the source of qi and blood generation. The spleen controls the muscles, and when spleen function is impaired, qi and blood generation become inadequate, leading to vulvar

atrophy due to a lack of nourishment. Additionally, this disease is also associated with the four meridians: Chong, Ren, Dai, and Du. According to "Su Wen — Chapter on Bone Cavities", "The Du meridian's collateral circulates the genitals, meeting at the perineum." "Su Wen- Great Treatise on the True Principles of Medicine" states, "When the Ren meridian is deficient, the genitals become withered." The Ren meridian nourishes the uterus and "follows the curved bone, ascending to the pubic region... and circulating the genitals." The Chong meridian is known as the "Sea of Blood" and originates from the uterus, along with the "Sea of Yang" Du meridian. They all descend to the perineum, forming the "One Source, Three Branches." In research findings, the main syndrome elements are dampness, heat, internal wind, blood deficiency, and blood stagnation. The syndrome targets are the liver, spleen, and kidney. The top three syndromes are blood deficiency generating wind and dryness, liver and kidney yin deficiency, and damp-heat descending. The pathogenesis is rooted in the deficiency of the liver, spleen, and kidney, with infection by damp-heat, damp-toxin, and heat-toxin as secondary factors. The variations in interpretations mainly arise from the subdivision of liver and kidney deficiency into yin deficiency and essence deficiency, as well as the differentiation of spleen and kidney yang deficiency, liver qi stagnation, and spleen deficiency syndromes. Additionally, damp-heat is further categorized into liver meridian damp-heat and damp-heat descending.

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The authors declare no conflict of interest.

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