

ECZEMA

Eczema is a general term encompassing various inflamed skin conditions. One of the most common forms of eczema is atopic dermatitis (or "atopic eczema"). Approximately 10-20% of the world populations are affected by this chronic, relapsing, and very itchy rash at some point during childhood. Fortunately, many children with eczema find that the disease clears and often disappears with age.

In general, atopic dermatitis will come and go, often based on external factors. Although its cause is unknown, the condition appears to be an abnormal response of the body's immune system. Holistic medicine offers some theories on the cause of eczema. Most causes of chronic eczema are caused by a defective conversion of linoleic acid to anti-inflammatory prostaglandins. A diet rich in saturated fats from meat, especially pork and trans-fatty acids from margarine and standard vegetable oils, interferes with the use of essential fatty acids. Bottle-feeding can trigger eczema, since mother's milk is rich in essential fatty acids and regular cow's milk contains none. Emotional stress often stimulates eczema. Eczema is more common in families with a history of allergies and asthma. Substances that are likely to irritate the skin are wool and soaps, which remove the skin's protective oils, as well as insufficient stomach acid.

Allergies often trigger episodes of eczema, either as a result of direct skin contact with an allergen, or from ingesting a food or medication. Common sources of skin allergies are metal jewellery, dyes and cosmetics, or chemicals repeatedly used in the household and workplace. Many people develop allergies to antibiotics, antihistamines and antiseptics. Skin contact with an irritating substance, such as poison ivy, or an abrasive acidic or alkaline chemical may also cause eczema, as might the effects of the sun, wind or extremes in temperature.

Chlorinated tap water is a definite skin irritant and can be associated with many different types of rashes, including eczema. Chlorinated water can destroy polyunsaturated fatty acids and vitamin E, and generate toxins capable of free-radical damage. This might explain why supplementation of the diet with essential fatty acids like flax seed oil, evening primrose oil, borage oil and antioxidants like vitamin E and selenium, helps so many cases of eczema.

Although eczema may look different from person to person, it is most often characterized by dry, red, extremely itchy patches on the skin. Eczema is sometimes referred to as the "itch that rashes", since the itch, when scratched, results in the appearance of the rash.

Eczema can occur on just about any part of the body; however, in infants, eczema typically occurs on the forehead, cheeks, forearms, legs, scalp, and neck. In children and adults, eczema typically occurs on the face, neck, and the insides of the elbows, knees, and ankles. In some people, eczema may "bubble up" and ooze. In others, the condition may appear more scaly, dry, and red. Chronic scratching causes the skin to take on a leathery texture because the skin has thickened (lichenification).

Many substances have been identified as itch "triggers" in patients with eczema, and triggers are not the same for every person. Many times it is difficult to identify the exact trigger that causes a flare-up. For some, it seems that rough or coarse materials coming into contact with the skin causes itchiness. For others, feeling too

hot and/or sweating will cause an outbreak. Other people find that certain soaps, detergents, disinfectants, contact with juices from fresh fruits and meats, dust mites, and animal saliva and danders may trigger itching. Upper respiratory infections may also be triggers.

The National Institutes of Health estimates that 15 million people in the United States have some form of eczema. About 10-20% of all infants have eczema; however, in nearly half of these children, the disease will improve greatly by the time they are between five and fifteen years of age. Others will have some form of the disease throughout their lives.

One of the most important components of eczema treatment routine is to prevent scratching. Because eczema is usually dry and itchy, the most common treatment is the application of lotions or creams to keep the skin as moist as possible. These treatments are generally most effective when applied directly after bathing, so that the moisture from the bath is "locked in." Cold compresses applied directly to itchy skin can also help relieve itching. If the condition persists, worsens, or does not improve satisfactorily, another treatment is the application of **non-prescription corticosteroid creams** and ointments to reduce inflammations.

Alternatives to non-prescription corticosteroids include more potent **prescription corticosteroid creams** and ointments, which are effective, but which may have some side effects. To prevent side effects such as skin thinning, the doctor may limit the length of treatment time and locations where you apply the treatment. For severe flare-ups, the doctor may prescribe **oral corticosteroids**, but side effects including new flare-ups can develop when treatment is discontinued. Skin affected by eczema may frequently become infected. If this happens the doctor may prescribe topical or oral antibiotics to kill the bacteria causing the infection. For severe itching, **sedative antihistamines** are sometimes used to reduce the itch and are available in both prescription and over-the-counter varieties. Because drowsiness is a common side effect, antihistamines are often used in the evening to help a person restless from eczema get to sleep.

Tar treatments and **phototherapy** are also used and can have positive effects; however, tar can be messy. Phototherapy requires special equipment. Finally, in cases where eczema is resistant to therapy, the doctor may prescribe the drug cyclosporine A, which modifies immune response, however, this is used in extreme cases because of its association with serious side effects.

Topical Immunomodulators (TIMs) is a new class of drugs for the treatment of eczema. TIMs are topical drugs that modulate the immune response (alter the reactivity of cell-surface immunologic responsiveness). Studies have shown that this class of drugs will improve or completely clear eczema in more than 80% of treated patients, with a side effect profile comparable with topical steroids.

MANAGEMENT PLAN

Dietary plan

Adding unrefined, cold-pressed flaxseed oil to the daily diet will usually help eczema. Use it on salads, baked potatoes, and in dishes, which do not require heating. Flaxseed oil contains the omega-6 essential fatty acid linoleic acid and is the best

dietary source of the omega-3 essential fatty acid alpha-linolenic acid. These fats are converted by the body to gamma-linolenic acid (GLA) and eicosapentanoic acid (EPA) respectively, and then to hormone-like substances called prostaglandins, which are needed for healthy skin. Fatty fish like salmon, herring and mackerel also contain EPA.

Avoid the saturated fat of meat, especially pork, and the hardened fats like trans-fatty acids. These fats interfere with essential fatty acid metabolism and clog the liver, exacerbating eczema. Eat pumpkinseeds or sunflower seeds daily for zinc. Zinc and vitamin B6 are needed to metabolize essential fatty acids. These are dependent enzymes often missing in eczema patients.

Mangos and apricots are good healing fruits for skin problems, as they are rich in beta-carotenes, which are essential for healthy skin. Other good beta-carotene sources are carrots, yams, spinach and blueberries.

External/Physical Therapies

- An oatmeal bath is very soothing. Place 1 cup of oatmeal in a cotton bag or nylon stocking and hang under faucet. Rub the bag over the affected area.
- Regular exercise in fresh air will greatly relieve this condition by helping to detoxify the body and relieve stress.
- Moderate morning sunbathing is beneficial.