

ADVERTISING FEATURE

Seeking relief from symptoms of Eczema with TCM

The herbal treatment therapy that 20-year-old Toby (not his real name) received from Tangs Clinical Centre TCM has provided him some relief from the symptoms of his eczema condition.

Those who suffer from chronic eczema have dry, itchy skin that causes them to rub and scratch the affected areas frequently.

Often, they show such symptoms at a very young age and have a family history of inflammatory skin conditions, inflammation of the nasal passages and asthma as well.

Toby's case is typical of eczema patients. When he was eight, Toby was diagnosed with eczema when he found scaly red rashes on his two elbows and neck. His father has eczema too.

A few years ago, Toby was also

diagnosed with allergic rhinitis, where his nasal airways were inflamed.

Over the past 12 years, Toby was treated with Western medication that included steroids and antibiotics as well as traditional Chinese medicine (TCM). Unfortunately, there were side effects causing discomfort to his skin.

With the Tangs herbal treatment therapy, Toby experienced less dryness and itchiness of his skin and relief from other related discomfort in affected areas of his body.

After 55 months of treatment therapy by the Tang's Clinical Center, Toby's problematic skin symptoms improved.

With his improved skin condition, Toby is even able to eat seafood and is looking forward to a more comfortable recovery from his health problems.



PHOTO: Tangs Clinical Centre TCM

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Summary of Therapies for Chronic Eczema

Immunosuppressive drugs are the mainstay conventional therapy for eczema. Topically applied corticosteroids have been the first-line treatment since the late 1950s. While providing excellent short-term relief, prolonged usage of corticosteroid may have adverse side effects, including thinning of the skin, worsening of a pre-existing skin infection, changes in skin colour, acne and rosacea. Two recently approved TCI creams (topical calcineurin inhibitors) contain immunosuppressant agents which may result in side effects such as a burning sensation on the skin. Antibiotics are prescribed should there be bacterial infection. Systemic immunosuppressants, like phototherapy (PUBA, UVB), prednisolone, MTX, ciclosporin and azathioprine are used to improve treatment efficacy. However, it may also cause kidney and liver toxicity to develop. TCM formulas to suppress the immune system to manage symptoms of eczema commonly include herbs such as honeysuckle (金银花) [Lonicera], licorice (甘草) [Glycyrrhiza], threewingnut (雷公藤) [Triperygium], dittany bark (白鲜皮) [Dictamnus],

light yellow sophora root (苦参) [Sophora], cicada slough (蝉蜕) [Cryptotympana], selfheal (夏枯草) [Prunella] etc.

Dr. Tony Tang and his TCM clinic are currently applying a counter reversal application towards the cousins of the two conventional western and eastern immunosuppressive treatment. The clinic uses herbal ingredients such as Astragalus, Paeonia, Codonopsis, Saposhnikova etc. to help maintain the immune system at a balanced, normal and healthy stage. Although Eczema is not a life threatening disease, the symptoms associated with the condition require some time to manage. The right choice of treatment therapy is integral and a doctor should be consulted. In any recommended treatment, the patient's safety should be the top priority.

Clinical Research Publication:

1. Review of Treatment for Psoriasis, a Botanical Formula. Journal of Dermatology. 2005; 32(12): 940-945
2. A herbal medicine for psoriasis. European Journal of Dermatology. 2008; 18(3): 352-353
3. Atopic Dermatitis. Complementary Therapy. 2009;2(5):58-62
4. A 14-year-old girl with multiple, firm, dome-shaped eroded nodules and itching on the limbs. Dermatologic Therapy. 2010; 23(3): 299-301
5. A Nonimmunosuppressant Approach on Asia Psoriasis Subjects: 5-Year Followup and 11-Year Data Analysis. Dermatology Research and Practice. vol. 2012, Article ID 304172, 11 pages, 2012. doi: 10.1155/2012/304172
6. Review of the regulations for clinical research in herbal medicines in USA. Chin J Integr Med. 2014 Dec; 20(12): 883-93



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