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Happy feet

Atopic dermatitis is a common chronic dry skin condition.

In mild cases, the skin is scaly, red and itchy. If it is severe, the skin can weep, crust, blister or bleed.

Sufferers may be unable to resist the urge to scratch, which causes the skin to split and bleed, leaving it open to infection.

IT STARTED WITH A MOSQUITO BITE

Jon (not his real name), 12, was healthy with no signs of illness. His family also did not have a history of atopic disease.

Three years ago, his calf was bitten by mosquitoes, leaving red patches the size of five-cent coins. Severe itching followed, and pimples and blisters appeared on his arms and legs.

He applied a steroid ointment and even took oral medication (Prednisone) for five days.

But when his oral corticosteroid dosage was gradually stopped, his itchy skin condition rebounded.



Jon underwent 22 months of treatment at Tangs Clinical Centre. Photo: Tangs Clinical Centre

This time, he began using topical potent corticosteroids to keep the itching caused by the pimples and blisters on his arms and legs at bay (Figure 1).

IT COMES IN WAVES

Two years ago, Jon's family took him to Tangs Clinical Centre.

As Dr Tang's treatment is contrary to traditional immunosuppressive therapy, patients who previously took immu-

nosuppressive drugs, such as corticosteroids, experience withdrawal symptoms a month after treatment.

The atopic dermatitis will be aggravated and the surface area of the rash will grow. After the skin peels off, the rash will wear thin (Figure 2 to Figure 4).

The recovery process of atopic dermatitis appears as a wave-like regression.

When it rebounds the second time, there is severe withdrawal symptoms. Even if the itchy skin on the legs

subside, those on the feet will worsen (Figure 6 to Figure 10).

After continuous therapy, the symptoms gradually subsided, dander of skin lesions gradually falls off, and the itching eases.

Figure 2 to Figure 11 shows the process through 22 months of treatment.

Now, Jon's feet are smooth and have completely returned to their normal pigmentation.

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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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