



ECZEMA MADE EASY

DR. SIRIO'S GUIDE TO TREAT ECZEMA

Be Eczema-Free Forever



Sometimes the hardest thing about having chronic eczema is that I feel ugly. I mean, really really ugly. People will often stop me to ask me what is wrong, have I had an accident, was I burnt. I can tell people are trying to look at my eczema without making it obvious and the tone in their voices when they tell me my skin isn't looking too bad today is heavy with sympathy.

I struggle a lot with being so far from beautiful, healthy and normal that I need to check myself and realize that my skin is not who I am. What I look like has nothing to do with what I offer as a human and it definitely does not determine my self-worth...

MUAWIA ALOLIWI

11/04/1994

ECZEMA MADE EASY
Dr. SIRIO'S Guide to Treat Eczema
Be Eczema-Free Forever

MUAWIA ALOLIWI
Dr. SIRIO

ECZEMA MADE EASY
Dr. SIRIO'S Guide to Treat Eczema
Be Eczema-Free Forever

Copyright © Dr. SIRIO, 2022

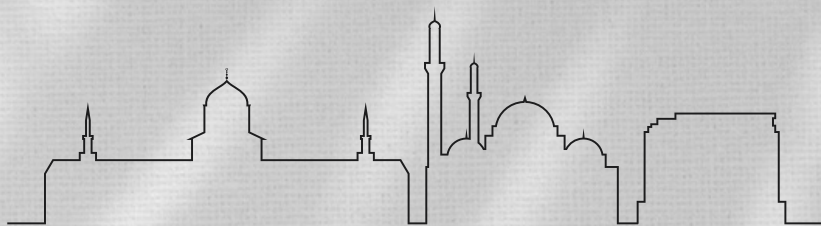
Published in 2022 by Dr. SIRIO

Dubai - United Arab Emirates

All rights unreserved. This book may be reproduced, distributed or transmitted in any form or by any means including photocopying, recording or other electronic or mechanical methods without the prior written permission of the publisher

www.drSirio.com

Dedication:



To My Syria With Love,

Dr. SIRIO

Dr. Muawia Al Olini

Dr. MUAWIA ALOLIWI
Consultant Pediatrician



PREFACE

Atopic dermatitis or Atopic eczema is one of the most common disorders of the skin in young around the world that can significantly impact the quality of life of affected individuals as well as their families. It is amongst the most challenging skin conditions, for patients, parents and doctors alike. Few diseases are discussed as heatedly. Atopic eczema seems to be in the midst of debates regarding scientific medicine versus complementary medicine, and caught up in the “battle” among disciplines such as dermatology, pediatrics, and allergology. In spite of the great progress in experimental allergology and dermatology, where atopic eczema is a paradigm of scientific progress, there is still a wide gap between the theoretical knowledge and the practical everyday management procedures in the physician’s office.

Successful management of the atopic dermatitis requires a multifaceted approach that involves education, optimal skin care practices, anti-inflammatory treatment with topical corticosteroids and/or topical calcineurin inhibitors, the management of pruritus, and the treatment of skin infections.

Dr. SIRIO'S GUIDE TO TREAT ECZEMA offering parents and physicians practical ways to design treatments in details.

My primary motivation in producing this book was, and remains, the wish to improve the lives of the many children suffering from eczema.



Dr. SIRIO
Dr. Massimo A. Olivi

TABLE OF CONTENTS

4	Dedication
6	Preface
8	Table of contents
10	What is eczema?
11	What is the cause of eczema?
15	Dose eczema run in families?
16	What are the symptoms of eczema?
18	Where do eczema rashes appear?
22	Eczema triggers
26	Is eczema contagious?
27	Is there a cure for eczema?
28	What are the types of eczema?
37	How is eczema diagnosed?
38	Eczema treatment
40	Bathing
43	Bleach treatment
46	Moisturising
47	Finding the right moisturizer

50	Reducing the itch
53	Dietary Treatment
55	Eczema medications
66	Complementary medicine
71	Is olive oil good for treating eczema?
73	Eczema prevention
74	Dust mites
78	Cold weather
82	Hot weather
84	Pet dander
86	Moulds
88	Pollens
90	Clothing
92	Improving sleep
99	Eczema myths
106	Eczema action plan
108	Resources
109	About the author

What is Eczema?

Eczema (eg-zuh-MUH) is the name for a group of conditions that cause the skin to become red, itchy and inflamed.

There are several types of eczema. Atopic dermatitis , contact dermatitis, dyshidrotic eczema and seborrheic dermatitis, also known as “cradle cap” in infants, are the most common types that affect children. Eczema, especially atopic dermatitis, can begin at any age – and it can range from mild to severe.

Eczema affects males and females equally and is more common in people who have a personal or family history of asthma, environmental allergies and/or food allergies. It's usually a long-term (chronic) condition, although it can improve significantly, or even clear completely, in some children as they get older.

At least one in 10 children have eczema!

What is the cause of eczema?

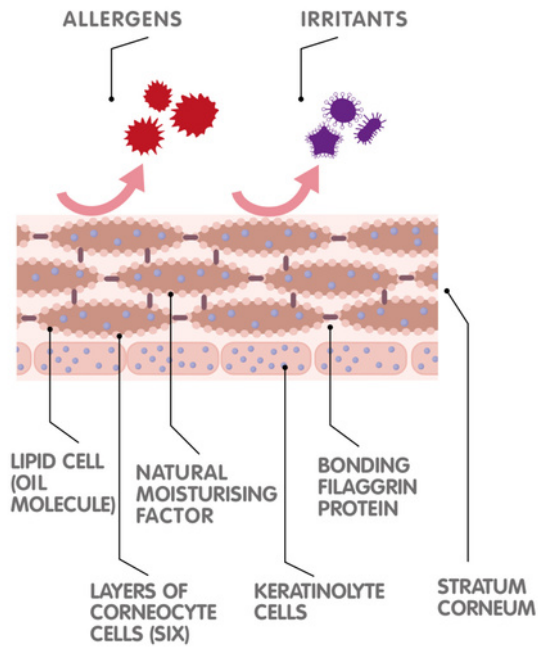
The exact cause of eczema is unknown. However, to understand what eczema is and what causes it, it helps to know something about the differences between healthy skin and skin affected by eczema.

Skin is made up of a thin, protective outer layer (the stratum corneum), a small layer containing skin cells (the epidermis), a middle layer (the dermis), and a fatty layer at the deepest level (the adipose tissue). Each layer contains skin cells, water and fats, all of which help to maintain and protect the condition of the skin.

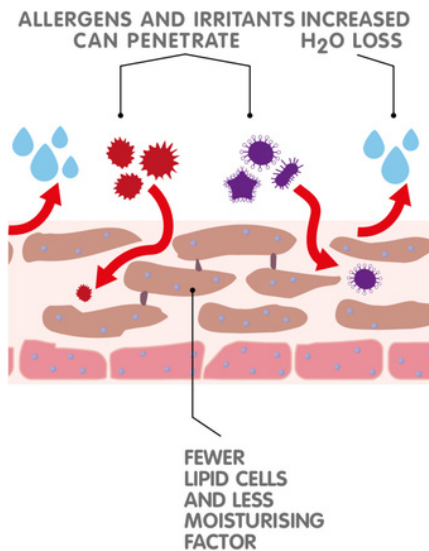
Healthy skin cells are plumped up with water, forming a protective barrier against damage and infection. Fats and oils in the skin help to retain moisture, maintain body temperature and prevent harmful substances or bacteria from entering our bodies. As we get older, the glands responsible for keeping our skin soft and supple become less efficient. One way of picturing how the skin works is by thinking of it as a brick wall.

The outer skin cells are like bricks, while fats and oils are like the mortar that keeps everything together and acts as a seal. The skin cells attract and keep water inside, and the fats and oils also help to keep the water in. In many people with eczema there are genetic reasons for the skin being so dry. Research has identified genetic mutations leading to a number of changes in the structure of the skin: first, eczematous skin does not produce as much fat and oil as normal skin and there is a lack of natural moisturising factors; second, there is often a deficiency of filaggrin, a structural protein which acts to tie skin cells together in the top layer of skin (the stratum corneum) – filaggrin deficiency has been found in 56% of people with moderate to severe eczema and in 15% of those with mild eczema; third, some skin cells (corneocytes) have an irregular shape. Together, these structural differences result in gaps opening up between the skin cells and an altered skin barrier, which then offers insufficient protection, allowing entry to bacteria, irritants and allergies and facilitating increased water loss.

NORMAL SKIN



ECZEMA SKIN



Some everyday substances contribute to further breaking down the skin. Soap, bubble bath and washing-up liquid, for example, have a high pH and will remove oil from anyone's skin. In people with eczema the skin is especially prone to drying out and will break down more easily than normal skin. This means it can quickly become cracked and inflamed on contact with substances that are known to irritate or cause an allergic reaction. If the skin is not moisturised, it can become flaky, itchy and sore. This is often most noticeable on exposed parts of the body, such as the face, hands and lower legs. It can be particularly problematic during the winter months as the skin becomes drier due to environmental triggers such as central heating, lack of humidity, wind and cold, and moving between different temperatures.

Does eczema run in families?

Eczema is a familial disease, though the exact way it passes from parents to children is unclear. If one parent has eczema, or any of the other atopic diseases (asthma, hay fever), the chances are 30-40% that the child will have one or more of the diseases. If both parents are atopic, chances are even greater that their child will have it 60- 70%. However, the connection is not an absolute one: As many as 30% of the affected patients have no family members with any of these allergic disorders.



What are the symptoms of eczema?

Symptoms of eczema are different for each child. They can range from mild, to moderate, to severe and cause itchy skin (especially at night), discomfort in areas with active rash, and difficulty sleeping. Older children also may have difficulty concentrating.

Common symptoms include:

- Rash (areas of red [inflamed], irritated skin).
- Dry, cracked, or scaly skin.
- Oozing, crusting (scabs), or pus-filled blisters (especially when there is secondary infection).

Inflamed skin can become red on lighter skin, and darker brown, purple or grey on darker skin. This can also be more difficult to see on darker skin.



Where do eczema rashes appear?

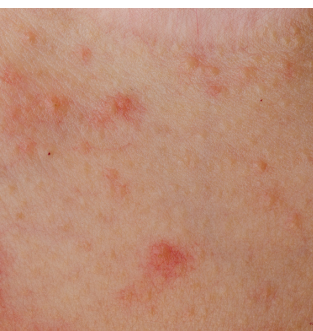
Eczema looks and acts differently in infants and toddlers than it does in older children and adolescents. The location and appearance of eczema changes as they grow, so it's important to know what to look for during every stage of your infant or toddler's life.

Infants

Eczema usually appears on the face, cheeks, chin, forehead and scalp. It can also spread to other areas of the body, but not usually in the diaper area, where moisture protects the skin. The skin at this stage also tends to look more red and “weepy.”

Babies

At this stage, eczema often appears on the face (cheeks, forehead, and around the mouth) and scalp. A rash also may appear on outer surfaces of the arms, legs, and trunk (torso). Sometimes the rash may appear on the hands and feet. Eczema usually does not develop in the diaper area. If the eczema rash becomes infected, it may form a yellow crust, or very small, “pus bumps” on the skin.



Toddlers

Around the age of two, your toddler's eczema is more likely to appear in the creases of the elbows and knees, or on their wrists, ankles and hands. It may also appear on the skin around your toddler's mouth and the eyelids. Your toddler's skin may start to look dry and scaly at this stage and become thick with deeper lines — this is called “lichenification.”

Children and Adolescents

Eczema usually appears in the folds of the elbows and/or knees. Sometimes, it's only on a child's hands — at least 70% of people have had hand eczema at some time in their life. Redness and itchy patches behind your child's ears, on their feet or scalp, may also be a sign of atopic dermatitis. But these could also be symptoms of another condition, like seborrheic dermatitis, which can exist with eczema.



Eczema triggers

Triggers are environmental factors that might cause a child's eczema to worsen or 'flare'. These vary from individual to individual and it can be difficult to identify them as they might not trigger an immediate or noticeable reaction.

Some of the most common triggers are:

Soap and water

Avoid normal soap, and also plain water, which can further damage the already defective skin barrier in people with eczema, causing the skin to become dry and irritated.

Fragrance

Watch out for fragrance, whether in the form of liquid, powder, paste or airborne.

Temperature

Being too hot or too cold or going from one temperature to another can trigger a bout of itching. Many children with eczema get hot quickly, so dressing in thin layers can help. Also try setting your central heating thermostat low at around 18°C. You may be surprised at the

difference this makes. Meanwhile, family members without eczema can always wear an extra layer!

Sweat

A side from avoiding becoming hot and sticky, cotton clothing can be helpful.

Wet and messy play

Some activities like playing in the sand, water, paint, clay, some foods and items on the nature or at school can trigger atopic dermatitis. Hands should be moisturised before these kinds of activities, then washed with a soap substitute and moisturised with emollients afterwards. PVC gloves with a cotton glove liner can help.

Clothing

Wool and synthetic materials can be particularly uncomfortable. 100% cotton, bamboo or silk garments worn under abrasive materials are best. Avoid garments with seams or labels that can chafe, or cut labels out.

Pollen

If your child's eczema is affected by pollen, it is advisable to keep the windows closed in the early mornings and evenings when pollen level

are highest. A liberal amount of emollient applied to the skin half an hour before your child goes out will help to provide a barrier against pollen when your child is outside, and washing afterwards will remove any pollen particles that have stuck to the skin or hair. Long sleeves and trousers, a hat and sunglasses, and avoiding bare feet and open-toe sandals will offer further protection. You can use a weather forecasting app to predict the likely pollen count.

House dust mites

House dust mites are present in all homes and it is impossible to eradicate them. They thrive in warm, moist environments, particularly mattresses. House dust mite droppings can exacerbate eczema and 80% of children with eczema skin prick test positive to them, so may be allergic to them. Washing clothing and bedding at 60°C kills them.

Animals

If you have pets, make sure they are kept away from your child's bedroom. Animal dander, saliva and fur can all be irritants, so make sure you clean rooms regularly and that your child

washes their hands after stroking or handling animals.

Food

A few children with eczema have food allergies, the most common being egg, nuts, sesame and cow's milk. Generally a food allergy is identified before a child is 2 years old. It is important for children to have a good, balanced diet. Children can also have an irritant reaction on their face to food, but this is not an allergy.

Damp and mould

Spores from rotting vegetation and mould in buildings can cause a reaction in some children with eczema.

Swimming pools

Chlorine and other chemicals added to swimming pool water can have an adverse effect on the skin, so always apply a protective layer of emollient about 30 minutes before getting into the water. Shower well and apply more emollient on leaving the pool.

Is eczema contagious?

This is a common preconception attached to the majority of skin diseases, but must absolutely be refuted in the case of eczema.

No, eczema is not contagious, nor is it due to a lack of hygiene. Eczema is not caused by a fungus, virus, or bacteria that can spread to others. This is true for all forms of the eczema. You can't catch eczema by shaking someone's hand or kissing them on the cheek. You also can't catch it by swimming in the same pool as someone with eczema or by using their towel.



Is there a cure for eczema?

Some children outgrow their eczema. Others continue to have eczema flares and remissions for life. The important thing to remember about eczema is that for many children eczema is a chronic (can be lifelong) problem. There is not an easy fix.

At this time, there is not a cure. Working together with your paediatrician/dermatologist is the way to go. Your paediatrician/dermatologist can help you really understand when to use what medication in treating the eczema and other ways to best help your child.

☒ **Prevent**

☐ **Cure**

What are the types of eczema?

There are seven different types of eczema:

- **Atopic dermatitis.**
- **Contact dermatitis.**
- **Neurodermatitis.**
- **Dyshidrotic eczema.**
- **Nummular eczema.**
- **Seborrheic dermatitis.**
- **Stasis dermatitis.**

It is possible to have more than one type of eczema on your body at the same time. Each form of eczema has its own set of triggers and treatment requirements, which is why it's so important to consult with a dermatologist or pediatrician who specializes in treating eczema. The most common form of eczema is atopic eczema. Other common types of eczema include irritant contact dermatitis and seborrheic dermatitis.

1) Atopic Dermatitis

Atopic dermatitis typically begins in childhood, usually in the first six months of a baby's life. Even though it's a common form of eczema, it's also severe and long-lasting. When you or your child have atopic dermatitis, it may improve at times; but at other times, it may get worse. In some children, symptoms may taper off as they grow up, while other children will have atopic dermatitis flares into adulthood.

'Atopic' is a term used to describe a tendency to develop eczema, asthma or hay fever. Atopic dermatitis exists with two other allergic conditions: asthma and hay fever (allergic rhinitis). People who have asthma and/or hay fever or who have family members who do, are more likely to develop AD.

Atopic eczema is multifactorial with a genetic and environmental component. The genetic component in eczema affects the epidermal barrier and its ability to bind water within it. Filaggrin deficiency occurs in the majority of people with atopic eczema.

2) Contact Dermatitis

Contact dermatitis is caused by substances coming into contact with the skin. Many different substances can cause contact dermatitis, including common things in the home or work environment.

Contact dermatitis can be divided into two types:

Irritant contact dermatitis is very common, accounting for over three- quarters of cases of contact dermatitis. It occurs from exposure to an acute toxic insult (e.g. exposure to acids) or by cumulative damage from irritants (e.g. water, soaps, detergents, solvents and diluted acids or alkalis). These substances irritate the skin. Examples include excessive hand-washing, dribble rashes and nappy rash. Irritant contact dermatitis often occurs under rings. Patch testing will confirm whether a rash is irritant or caused by allergy.



Allergic contact dermatitis is a type IV (cell-mediated or delayed) hypersensitivity. This means that the first contact with a substance causes no immediate problems. Over a period of time, however, the allergen entering the skin sets up an immune response, with further subsequent exposures resulting in an inflammatory eczematous reaction. Common sensitisers (allergens) are nickel, chromate, rubber and fragrances. Allergic contact dermatitis accounts for the majority of occupational skin disease.

3) Neurodermatitis

Neurodermatitis is a localised area of eczema caused by repeated rubbing or scratching. The trigger to scratch may be an existing skin condition such as atopic eczema or psoriasis, or a compressed nerve leading to the skin (neuropathic itch or pruritus), or scratching may occur at times of stress and worry. Neurodermatitis tends to be very persistent and recurring. Unlike atopic dermatitis, which can be widespread, neurodermatitis is usually confined to one or two patches of skin.

It rarely goes away without treatment, and continued scratching can irritate nerve endings in skin, intensifying both itching and scratching. Over time, chronic scratching causes itchy patches of skin to become dry, leathery and thickened. This is called lichenification, and neurodermatitis is also known as lichen simplex chronicus.



4) Dyshidrotic Eczema

Dyshidrotic eczema causes small, intensely itchy blisters on the palms of hands, soles of feet and edges of the fingers and toes. While the actual cause of dyshidrotic eczema isn't known, it is more common in people who have another form of eczema and tends to run in families, suggesting a genetic component.

This common form of eczema, also called pompholyx (which means “bubble” in ancient Greek), foot-and-hand eczema, palmoplantar eczema and vesicular eczema, is found more frequently in females than in males.

Metals, particularly nickel, are a common trigger. Stress can also cause a flare. The condition is also linked to seasonal allergies like hay fever, and to hot, humid weather. Sweaty palms can trigger the rash, as can doing a job such as hairstyling or healthcare that entails frequently getting the hands wet.

5) Nummular Eczema

Nummular eczema, also known as discoid eczema and nummular dermatitis, features scattered circular, often itchy and sometimes oozing patches. The word “nummular” comes from the Latin word for “coin,” as the spots can look coin-shaped on the skin. Nummular eczema can occur at any age, and males tend to develop it more often than females. Its causes aren’t clear, but triggers can include very dry or sensitive skin and trauma to the skin from insect bites, scrapes or chemical burns.

Nummular eczema may also develop as a reaction to some other types of eczema and their triggers, such as contact dermatitis and nickel. When it appears on the legs, it can be linked to poor blood flow in the lower body and the stasis dermatitis those circulation problems can cause.



6) Seborrheic Dermatitis

Seborrheic dermatitis is a common, harmless, scaly rash affecting the face, scalp and other areas. There are two types: infantile and adult. Seborrheic dermatitis in infants usually presents as cradle cap or napkin dermatitis and is due to developing sebum glands.



Adult seborrhoeic dermatitis is believed to be an inflammatory reaction related to a proliferation of normal skin inhabitants – species of *Malassezia* yeasts. The yeasts are part of the normal skin flora but for an unknown reason they trigger seborrhoeic dermatitis in certain individuals.

Seborrheic dermatitis is not contagious or related to diet, but it may be aggravated by illness, psychological stress, fatigue, change of season and a general deterioration of health. It may or may not be itchy and can vary from day to day.



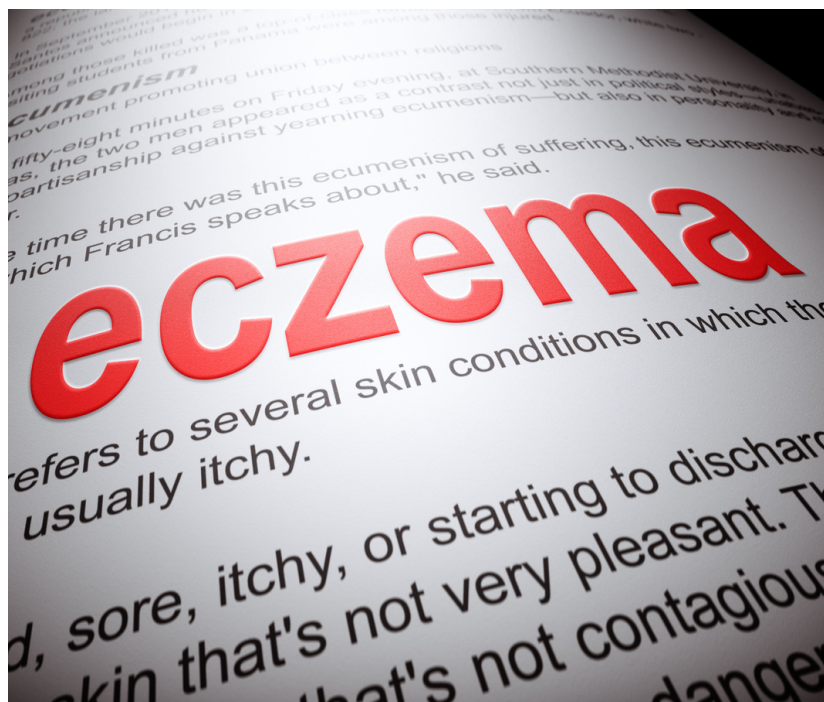
7) Stasis Dermatitis

Stasis dermatitis, also called gravitational dermatitis, venous eczema, and venous stasis dermatitis, happens when there is venous insufficiency, or poor circulation in the lower legs. Venous insufficiency happens when the valves in leg veins that help push blood back to the heart weaken and leak fluid. This allows water and blood cells to pool in the lower legs. Venous insufficiency can be caused by aging, but it can also signal a serious underlying medical condition, such as heart or kidney disease.

How is eczema diagnosed?

There is no single test to diagnose eczema. Your pediatrician or dermatologist will likely make a diagnosis by examining the skin and reviewing the medical history. He or she may also use patch testing or other tests to rule out other skin diseases or identify conditions that accompany your eczema.

If you suspect a certain food caused your child's rash, tell the doctor and ask about identifying potential food allergies.





ECZEMA TREATMENT



Keeping your child's skin healthy is an important part of keeping eczema symptoms under control. Eczema treatments usually focus on treating 4 main problems: **dry skin, itchy skin, irritated and inflamed skin, and skin infections.**

1. Repairing the dry skin

For People with eczema tend to have very dry skin in general. This is because the disease causes defects in the stratum corneum, or the skin barrier. The skin barrier is the outermost layer of the skin that serves a dual purpose: it protects irritants, bacteria, viruses and allergens from getting into our bodies and it keeps moisture from getting out. Genes, skin trauma — such as from scratching or rubbing — and inflammation caused by the immune system can all contribute to this defective or “leaky” skin barrier in people with eczema.

The most effective way to treat dry skin is to give it the moisture it needs and help it to retain it.

Proper **bathing** and **moisturizing** are important for this reason — especially if you have eczema.

BATHING

Although there have not been comparative studies to pinpoint the best frequency or duration of bathing, the “Soak and Seal” method of treating eczema is recommended by many healthcare providers to combat dry skin and reduce flares.



Tips when bathing

- Bathe or shower in lukewarm (not hot) water for a short period of time (about 5-10 minutes) at least once per day.
- Avoid scrubbing your skin with a washcloth or loofah.
- Use a gentle cleanser (not soap) that is unscented, fragrance-free and dye-free.
- Don't use bubble bath in the bath water.
- Lightly pat dry with a towel leaving the skin damp. Do not rub the skin.
- Apply prescription topical medication to the affected areas of skin as directed (BEFORE applying any moisturizers).
- Liberally apply a high-oil content moisturizer all over the body to seal in moisture (Try to do this within 3 minutes to limit the amount of moisture lost from the skin).
- Let the moisturizer absorb into the skin for a few minutes before dressing or applying wet wraps.

Bathing Treatments (Ask Your Doctor

First!) There are also specific bath treatments that can relieve eczema symptoms such as:

Bath Oil

Using gentle oils in your bathwater can help keep you moisturized. Be sure to use oils that do not contain fragrances.

Baking Soda

Adding a quarter-cup of baking soda to your bath, or applying it to the skin directly in the form of a paste, is a common treatment used to help relieve itching.

Oatmeal

Adding colloidal oatmeal to your bath, or applying it to the skin directly in the form of a paste, is also a common treatment used to help relieve itching.

Salt

If you're experiencing a severe flare, bathing may cause your skin to sting. Adding one cup of table salt to your bath water can help ease this symptom.

Apple Cider Vinegar

Add between one cup and one pint of vinegar

to the bath. This also can be used as a wet dressing, as the vinegar is believed to have antimicrobial effects.

Bleach

Data suggests mild bleach and water solution can decrease inflammation, itching and potentially the amount of *Staphylococcus aureus* bacteria on the skin, which can lead to skin infections in eczema.

Soaking in a tub with a small amount of bleach added to the water 2-3 times per week can help prevent infections. Bleach baths, which are similar to swimming in a chlorinated pool, are easy to do at home:

- Add 1/2 cup of plain household bleach (sodium hypochlorite) OR 1/3 cup of concentrated household bleach to a full tub of lukewarm bathwater and stir the water to dilute the bleach. Make sure you use PLAIN bleach; splash-free or scented bleach products are not effective and could lead to more irritation.
- If using an infant tub, use 2 tablespoons of bleach to a full tub of water.

- Have your child soak in the bath for 10-15 minutes. Try to soak the entire body. Since the bath is like a swimming pool, it is safe to get your child's face and scalp wet as well.
- Rinse the dilute bleach water off at the end of the bath. Then, after pat-drying the skin, apply eczema medicine to areas of rash and a moisturizer all over.

Children with bleach sensitivities or allergic asthma that might be aggravated by chlorine fumes should consult with their pediatrician before starting bleach bath therapy.



Bleach Bath Recipe Card

Taking bleach baths two to three times per week is thought to reduce inflammation and the risk of developing staph infections by safely decreasing bacteria on the skin. This bleach bath recipe has the same level of chlorine in your average swimming pool.

INGREDIENTS



Bathtub



Water



Regular or
“unconcentrated”
household bleach
(5.25% sodium hypochlorite)



Measuring cups/
spoons

DIRECTIONS

- 1 Fill bath tub with lukewarm water
- 2 Add 1/2 cup bleach for a full standard-size bathtub of water (approx. 40 gallons); 1/4 cup for a half bathtub of water (approx. 20 gallons); 1 tablespoons for a baby bathtub (approx. 4 gallons)
- 3 Get in and soak for 10 minutes
- 4 Rinse off completely with warm tap water
- 5 Proceed with daily skin care routine

Things to Remember

- ✓ DO NOT use excessively hot or cold water
- ✓ DO NOT add any other products or ingredients to the bath
- ✓ DO NOT soak for longer than 15 minutes
- ✓ DO NOT submerge your head or face under the water
- ✓ DO consult with your health care provider first before trying a bleach bath or giving one to your child for the first time

MOISTURISING

Keeping your skin's moisture intact is one of the most important things you can do to help control eczema. It's important to understand how and when to properly moisturize and which products are best to use when your child have eczema.

Tips when moisturizing

- If you use a prescription topical medication, apply it as directed, before you moisturize.
- Apply a thick layer of moisturizer all over your skin within three minutes of bathing or showering to lock in moisture and protect the skin barrier.
- Moisturize your child's skin at least twice a day.
- Soften moisturizer by rubbing it between your hands and then apply it to your child's body using the palm of your hand.
- If the moisturizer feels tacky on your child's skin, don't remove the excess. It will be absorbed within a few minutes.

Finding the right moisturizer

Finding a moisturizer that works can be a challenge. What works for one child may not work for another and as the condition of his skin changes, so can the effectiveness of a product. A manufacturer may also change the formulation of a product periodically as well, so it's important that you find a moisturizer that works best for your child and one that your child likes to use.

Moisturizers are classified as ointments, creams, lotions or skin barrier repair creams based on the amount of oil and water they contain. The more oil in a moisturizer, the better it usually is at treating eczema.

Ointments

Ointments such as petroleum jelly and mineral oil are usually the first choice for eczema treatment as they have the highest oil content and are very good at sealing in moisture. If you don't like how ointments feel on your skin, the next best alternative is a cream.

Creams

Creams are second to ointments in the

amount of oil they contain and are also very good at sealing in moisture. Because they contain less oil, they are also less greasy to the touch. Be sure to read labels carefully — creams sometimes contain stabilizers or preservatives that can irritate your skin.

Lotions

Lotions contain the least amount of oil. Because they are primarily made of water, lotions evaporate quickly and may contain preservatives that burn when applied to skin that's scratched or broken. If the skin stings or burns after you apply a lotion, switching to a cream or ointment may help.

Skin Barrier Repair Creams

Skin barrier repair creams are infused with lipids and ceramides, which are naturally occurring substances found in healthy skin barriers that skin with eczema may lack. The lipids and ceramides found in skin barrier moisturizers form a protective layer on the skin to help lock in moisture while keeping out irritants. This allows eczema skin to heal and become more resistant to symptoms, including burning, dryness and itch.



Moisturizers with more oil are more effective at keeping moisture in and irritants out.

2. Reducing the itch

The first step to managing itchy skin is to reduce the risk of it happening in the first place. This can be done through a daily bathing and moisturizing routine and using prescription medications as prescribed.

Other ways to help reduce the itch:

- Prevent scratching

Try to stop your child from scratching as much as possible through:

Here's how:

- Remind your child not to scratch.
- Try a distraction, such as reading a story or doing a special activity.
- Teach your child to pinch and pat the itchy skin (rather than scratching).
- Keep your child's nails cut short.
- Wearing cotton gloves at night can also help.
- Apply a cold compress.
- Wearing soft, breathable, natural clothing next to your child's skin.
- Avoid sitting on grass, plastic chairs, or rough carpet and upholstery with bare legs.

- Do wet wrap therapy

Apply wet wraps AFTER bathing and applying topical medicines and moisturizers.

Here's how:

- Apply prescribed medicine to areas of rash and apply moisturizer to surrounding skin.
 - Soak a pair of pajamas or onesies in warm water.
 - Wring out the pajamas until they are damp and not dripping.
 - Put the damp pajamas on your child, with dry pajamas on top.
 - Make sure the room is warm or provide a warm blanket, so your child doesn't feel cold.
 - Keep the wet wraps on for at least a half an hour, or leave them on overnight.
 - After removing the wet wraps, reapply moisturizer.
- Antihistamine medicines may help your child feel drowsy so they fall asleep more easily instead of scratching their skin. Antihistamines do not usually take away the itch, though. Always follow directions about your child's age and weight.

3. Healing irritated skin

Topical medicine may be needed to heal skin that is irritated and inflamed.

For more information, see What types of medicines are used to treat eczema.

4. Managing & preventing skin infections

Children with eczema are more likely to get skin infections when their skin barrier is weakened. Infections may include:

- Staph. infection caused by *Staphylococcus aureus* bacteria.
- Herpes skin infection caused by herpes simplex virus (HSV) 1.
- Common viral skin infections such as molluscum contagiosum and warts.

Symptoms of bacterial infection (the most common type) may include oozing, crusting, pus bumps, blisters or a worsening rash that is not getting better with your usual treatments.

Be sure to talk to your pediatrician if you think your child's skin is infected. Infections may require antibiotic or antiviral medicines.

Dietary Treatment

Parents are often given confusing and conflicting information on the causes of eczema, and many are led to believe that food – especially cow's milk – is the cause. In fact, diet is only quite rarely a trigger – particularly in children over 2 years – and it is almost never the sole trigger. When a food allergy develops, it triggers an immune reaction on each exposure to the allergen. In general, food allergy presents from around 3 months old and below 2 years. There are two types of food allergy: Type 1 is IgE- mediated and produces an immediate reaction; Type 2 is mediated by cellular mechanisms, without the involvement of IgE, and occurs more than 2 hours after exposure. The vast majority of food allergy is caused by nine food groups: egg, peanut, milk, sesame, soya, wheat, tree nuts, shellfish and kiwi fruit. With the exception of nuts in particular, most children grow out of their food allergies.

It is good to listen to parents' concerns and advise that food allergy can certainly play a part in childhood atopic eczema. However, parents should be discouraged from manipulating a child's diet without proper supervision. If an elimination diet is medically indicated, it is generally dairy and egg products that are avoided. However, any dietary manipulation must only be undertaken with medical and dietetic support as there are also risks in eliminating main food groups.

The World Health Organization recommends exclusive breastfeeding for the first six months of life if this is possible. First foods that should be given are baby rice, puréed vegetables and fruits (not citrus). Eggs, wheat and dairy products should not be given until after the child's first birthday. Dietary advice should be obtained from the health visitor. If the parents feel the child's eczema has worsened since the introduction of solids, it is advisable to refer to a paediatric dermatologist/allergist.

ECZEMA

MEDICATIONS

- **Topical Steroids**

Topical steroids are the oldest and most widely used medicines for eczema and are effective and safe when used as directed, which can reduce inflammation and itching so that the skin can begin to heal. They are applied in a thin layer directly to the areas of rash, usually 2 times daily.

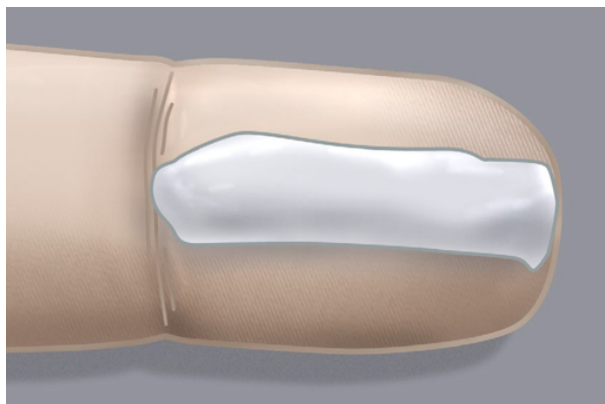
Topical steroids are classified by their strength (or potency), which ranges from “super potent” (Class 1), to “least potent” (Class 7). There are a number of different topical steroid types as well as different concentrations, and dosage forms (ointment, cream, lotion, spray). Only apply the steroid to eczema-affected areas of your skin at the frequency prescribed by your doctor. Moisturizers can be applied on top of steroids.

Certain areas or types of skin — the face, genitals, skin folds, raw or thin skin, and areas that rub together, such as beneath the breasts, or between the buttocks or thighs — absorb more medication and care must be taken when using steroids in these areas.

Uncommon side effects, including thinning of the skin, stretch marks, or acne, may occur if topical steroids are not used as directed, but these are very rare when they are used as directed.

How much should be used?

Calculate how much topical corticosteroid to prescribe and if possible, provide an indication of when a repeat prescription is likely to be required. Parents can use fingertip units (FTU) to guide the amount of topical corticosteroid to apply. A fingertip unit is the amount of product that covers the tip of an adult's index finger to the distal skin crease from a standard 5 mm tube. This is a sufficient quantity for an area of skin equal to the palms of two adult hands. One FTU is approximately 0.5 g.



The Fingertip Unit Method

	3 – 6 months	1 – 2 years	3 – 5 years	6 – 10 years	11 – 18 years
One entire arm and hand	1	1.5	2	2.5	4
One entire leg and foot	1.5	2	3	4.5	8
Torso (front)	1	2	3	3.5	7
Back and buttocks	1.5	3	3.5	5	7
Face and neck	1	1.5	1.5	2	2.5

For example, a child aged five years with eczema mainly affecting one arm and hand will require approximately four FTU of topical corticosteroid per application. If this is applied once daily during flares, and flares last approximately seven days in total during a month, this would equate to:

$$4 \times 0.5 \text{ g} \times \text{once daily} \times \text{seven days} = 14 \text{ g}$$

Usage may vary depending on the extent of flares, how quickly they resolve, whether topical corticosteroid use is tapered or stepped down, and whether patients are also using topical corticosteroids during “weekend treatment”.

- **Topical calcineurin inhibitors**

Topical calcineurin inhibitors (TCIs) are nonsteroidal medications that work by stopping certain cells of the immune system from “switching on,” preventing eczema symptoms such as redness and itch and inflammation.

There are 2 TCIs approved to treat eczema: tacrolimus ointment and pimecrolimus cream. Topical calcineurin inhibitors are not absorbed into deeper tissues and do not cause skin thinning or discoloration. They can be used safely on all areas of the body including the face and other delicate skin. The most common side effect is burning or stinging when first applied, especially with tacrolimus. However, this tends to lessen with continued use of the medicine. If you have any questions or concerns, contact your child’s pediatrician or dermatologist.



- **Topical PDE4 inhibitors**

Phosphodiesterase 4 (PDE4) is an enzyme that works inside cells in our immune system in the production of different inflammatory cytokines. Cytokines are proteins also produced by different immune system cells that contribute to a normal immune response. When cytokines are mistakenly triggered in the body, the resulting inflammation can contribute to the development of certain diseases, including atopic dermatitis. Blocking PDE-4 hinders the production of several cytokines that are involved in the inflammation of atopic dermatitis.

- **OTC Medicines**

Over-the-counter (OTC) eczema remedies are topical and oral medications you can buy without a prescription. You can find a range of OTC treatments that help with eczema symptoms such as itch, redness, irritation or rash. Other OTC treatments can help prevent flares and assist with sleep when night-time itch is keeping you awake.

Some common OTC treatments for eczema include:

Antihistamines

Atopic dermatitis (AD), the most common form of eczema is part of what's known as the atopic triad (eczema, allergies and asthma). In fact, people with AD have a greater chance of developing comorbidities or related health conditions, namely asthma, hay fever and food allergies.

To help combat itch and curb inflammation, your child's pediatrician may suggest the use of antihistamines. Some antihistamines also contain sedatives that can help people sleep.

Pain Relievers

To address common eczema symptoms such as burning, pain and inflammation, your pediatrician may suggest OTC pain relievers.

Topical Hydrocortisone

Topical OTC hydrocortisone is a low potency steroid and works on the skin by reducing irritation, itching and inflammation. OTC steroids come in many forms, including ointments, creams, lotions and gels.

They are used for the temporary relief of itching and rashes caused by most types of eczema. OTC hydrocortisone is usually applied one to four times a day for up to seven days. Follow the directions on the label carefully. Do not use OTC steroids more often or longer than recommended on the label.

Shampoos

Medicated OTC shampoos containing ingredients such as ketoconazole, selenium sulfide, coal tar and zinc pyrithione help with symptoms of seborrheic dermatitis on the scalp (also known as dandruff).

The active ingredients in OTC dandruff shampoos typically work by helping lift the seborrheic dermatitis scale from the scalp and/or provide an anti-fungal treatment to combat the overgrowth of a type of yeast called *Malassezia*. *Malassezia* is thought to contribute to the development of seborrheic dermatitis.



- **Immunosuppressants**

Immunosuppressants can help control or suppress the immune system to slow down the symptoms of severe types of eczema. Oral immunosuppressants may include azathioprine, cyclosporine, methotrexate, and mycophenolate mofetil.

- **Biologics**

A biologic is a medicine that interferes with a very specific part of the immune system. Medicine is injected in the body and works with the body's immune system to help reduce inflammation. Dupilumab is the first biologic approved to treat people

6 years and older with moderate-to-severe atopic dermatitis (eczema) that is not well controlled with prescription therapies used on the skin (topical) or who cannot use topical therapies. Most common side effects include conjunctivitis (pinkeye), injection site reactions, and cold sores on the mouth or lips.

- **Antibiotics**

Oral antibiotics may be prescribed if there is a secondary bacterial skin infection. Topical antibiotics are sometimes recommended for very localized infections. It's important to use the medicine as directed including finishing the medicine as prescribed.

- **Phototherapy**

Phototherapy, also called light therapy, means treatment with different wavelengths of ultraviolet (UV) light. It can be prescribed to treat many forms of eczema in adults and children and helps to reduce itch and inflammation.

Phototherapy is generally used for eczema that is all over the body (widespread) or for localized eczema (such as hands and feet) that has not improved with topical treatments. The most common type of phototherapy used to treat eczema is narrowband ultraviolet B (NB-UVB) light, although other options may be recommended, including those that use ultraviolet A (UVA) light.



Treatment with phototherapy uses a special machine to emit either UVB or UVA light.

Complementary Medicine



Many people with eczema use products and practices that are outside Western, or conventional, medicine to help manage their symptoms. If you use these natural therapies with doctor-prescribed medications, you are using a “complementary” method to manage your eczema. If you are using natural therapies in place of conventional medicine, you are using an “alternative” method.

Before you consider any kind of treatment, it's important to understand what triggers your eczema. Learning about the irritants in your everyday surroundings can help you better manage the condition whether you use traditional medications, alternative therapies or both.

The following complementary and alternative therapies have been studied and found to benefit certain symptoms of eczema in adults and children. Check with your dermatologist or Pediatrician if you are interested in trying alternative therapies on your child's eczema.

Sunflower oil

Sunflower oil boosts the skin's barrier function, helping it to retain moisture. It also has anti-inflammatory properties. Apply sunflower oil to adult skin twice a day, with one of those times being shortly after bathing while skin is still wet.

Avoid using sunflower oil, if you have a known allergy to sunflower seeds.

Coconut oil

Studies show that applying coconut oil topically reduces the amount of staph bacteria on the skin, which reduces the chance of infection.

Apply coconut oil once or twice a day to damp skin. Be sure to choose coconut oils that are “virgin” or “cold pressed.” This method of oil extraction does not use chemicals, which could further irritate skin.



Vitamins and Supplements

Individuals who are living with eczema or caring for loved ones with the disease sometimes turn to vitamins and nutritional supplements to try to help lower inflammation, boost the immune system or get a good night's sleep.

Here are some common vitamins and supplements people use to manage their eczema:

- Vitamin D
- Fish Oil
- Zinc
- Selenium
- Prebiotics and Probiotics
- Melatonin
- Turmeric
- Primrose oil



Traditional Chinese Medicine

Traditional Chinese Medicine (TCM) is the ancient wellness practice of bringing all aspects of human health into balance. Practitioners believe in a vital life force called Qi that surges through the body, and when Qi becomes imbalanced, it can lead to illness or disease.

TCM incorporates several treatment modalities that are customized to an individual's needs. These might include acupuncture or the practice of inserting fine needles into strategic points on the body; massage techniques like acupressure, cupping and Gua Sha; mind-body practices; and traditional Chinese herbs.

TCM's herbal arsenal includes more than 10,000 herbs, which are mainly found in the leaves, stems and roots of certain plants and can take the form of powders, liquids or topicals.



Is olive oil good for treating eczema?

The short answer? No, there's no evidence that olive oil is good for treating eczema.

Even though olive oil has lots of fatty acids that can superficially moisturize the skin, caring for eczema is like a middle school poster: It's what's on the inside that counts.

With eczema, the skin barrier is damaged, leaving the skin sensitive and prone to dryness. Skin can feel red, itchy, and can break out in a scaly or bumpy rash.

Atopic dermatitis (the most common type of eczema) dehydrates the top layer of the skin by increasing transepidermal water loss (TEWL).

When the natural barrier of your skin isn't working the way it should and is getting rid of too much water, you have to repair this barrier to help calm an eczema outbreak.

For a natural oil to get that done, it needs to have a high ratio of linoleic acid to oleic acid. This acid balance helps the oil penetrate the top layer of the skin and help repair that delicate barrier.

Olive oil doesn't have high enough levels of linoleic acid to help you out, and it could even make eczema worse. Some studies found that olive oil irritates the skin of eczema patients, does nothing to repair damage, and increases redness. You might just want to keep it in the kitchen.



Eczema Prevention

One of the most helpful things you can do is to prevent flare-ups before they happen. This can be done through a daily bathing and moisturizing routine and using prescription medications as prescribed. Avoiding triggers is also important to prevent future flares of eczema. Eczema triggers are different for different children. Some parents and physicians may consider allergy testing to further identify triggers that can be avoided.





Dust Mites

Trying to control dust mites can be difficult. These microscopic bugs live in everyone's home. The following can reduce dust mites:

1) **Use allergen-proof bed covers.** Keep your mattress and pillows in dustproof or allergen-blocking covers. These covers, made of tightly woven fabric, prevent dust mites from colonizing or escaping from the mattress or pillows.

2) **Wash bedding weekly.** Wash all sheets, blankets, pillowcases and bedcovers in hot water that is at least 130 F (54.4 C) to kill dust mites and remove allergens. If bedding can't be washed hot, put the items in the dryer for at least 15 minutes at a temperature above 130 F (54.4 C) to kill the mites. Then wash and dry the bedding to remove allergens. Freezing nonwashable items for 24 hours also can kill dust mites, but this won't remove the allergens.

3) **Keep humidity low.** Maintain a relative humidity below 50% in your home. A dehumidifier or air conditioner can help keep humidity low, and a hygrometer (available at hardware stores) can measure humidity levels.

- 4) **Choose bedding wisely.** Avoid bedcovers that trap dust easily and are difficult to clean frequently.
- 5) **Buy washable stuffed toys.** Wash them often in hot water and dry thoroughly. Also, keep stuffed toys off beds.
- 6) **Remove dust.** Use a damp or oiled mop or rag rather than dry materials to clean up dust. This prevents dust from becoming airborne and resettling.
- 7) **Vacuum regularly.** Vacuuming carpeting and upholstered furniture removes surface dust — but vacuuming isn't effective at removing most dust mites and dust mite allergens. Use a vacuum cleaner with a double-layered microfilter bag or a high-efficiency particulate air (HEPA) filter to help decrease house-dust emissions from the cleaner. If your allergies are severe, stay out of the area being vacuumed while someone else does the work. Wait about two hours before going back in the vacuumed room.
- 8) **Cut clutter.** If it collects dust, it also collects dust mites. Remove knickknacks, magazines and newspapers from your bedroom.

9) Remove carpeting and other dust mite habitats. Carpeting provides a comfortable habitat for dust mites. This is especially true if carpeting is over concrete, which holds moisture easily and provides a humid environment for mites. If possible, replace wall-to-wall bedroom carpeting with tile, wood, linoleum or vinyl flooring. Consider replacing other dust-collecting furnishings in bedrooms, such as upholstered furniture, nonwashable curtains and horizontal blinds.

10) Install a high-efficiency media filter in your furnace and air conditioning unit. Look for a filter with a Minimum Efficiency Reporting Value (MERV) of 11 or 12 and leave the fan on to create a whole house air filter. Be sure to change the filter every three months.

Cold Weather



You can help your child feel more comfortable in cold weather by doing the following at the first sign of winter:

1) Continue eczema skin care

- Bathe your child (as often as your child's dermatologist recommends) in warm NOT hot water.
- Apply medicine as directed.
- Apply moisturizer within 3 minutes of bathing to all skin without eczema medicine.

2) Moisturize more often, using a thick cream or ointment

- Apply moisturizer after every bath, shower, and hand washing. Apply moisturizer ONLY to skin that you have NOT just applied eczema medicine.
- Moisturize before bed.
- If your child's skin is dry, consider using an ointment. It holds more water in the skin and reduces the risk of irritating the skin.

3) Dress for success

Dress your child in clothes made from natural, breathable fabrics like 100% cotton.

- Avoid overheating by dressing your child in loose-fitting layers that you can easily remove if your child becomes too hot.

4) Make your home comfortable

- Keep the home thermostat at a temperature that prevents your child from overheating.
- Make sure your child is far enough away from radiators, heating vents, and fireplaces so that they don't warm the skin.
- Use a humidifier if the air feels dry.

5) Enjoy the outdoors in comfort

- Dress for the weather, covering as much of your child's skin as possible.
- Make sure your child wears mittens or gloves. Mittens and gloves should be made of cotton or another natural fiber. If you cannot find these, use a cotton glove liner, which can help prevent sweaty hands and irritated skin.
- Dress your child in layers.
- Avoid overheating by taking a break, unzipping a jacket partially, or removing a layer of clothing.

- Remove wet clothes and shoes immediately after coming in from the snow or rain.



Hot Weather



For children 6 months of age and older, apply sunscreen. To prevent a flare due to sunscreen, use sunscreen that contains only these active ingredients: titanium dioxide, and/or zinc oxide. The sunscreen should also be fragrance-free, offer broad-spectrum protection, and have an SPF of 30.

- 1) Wear wide-brimmed hats and loose, breathable fabrics in light colors to reflect the sun.
- 2) If you work up a sweat, rinse off with fresh water and change clothes so the skin stays clean, cool, and dry.
- 3) Use antihistamines to combat seasonal and environmental allergies.
- 4) Keep an air purifier in your home to stave off dust, dander, and other allergens.
- 5) Consider using a humidifier if the air-conditioner dries out the air too much.
- 6) Rinse off saltwater and chlorinated water, then reapply moisturizer and sunblock.
- 7) Drink sufficient amounts of water. The secret to good health is staying hydrated from within.
- 8) Invest in hypoallergenic sunblock. When you're sunburned and the skin barrier is damaged and starts peeling, it could make your eczema worse down the road.
- 9) Be picky about the ingredients found in your moisturizer, sunblock, and insect repellent. Some might contain harsh chemicals that could aggravate your skin.

Pet dander



If you have a pet with fur or feathers, remove the pet from the home for a few weeks. If the eczema lessens, pet dander could be a trigger. Talk with your child's Pediatrician about the next possible solutions. If he advise to keep your pet, you can help minimize the allergens in your home with these tips:

- 1) **Bathe your pet frequently.** Ask a family member or friend without allergies to bathe your pet on a weekly basis.

- 2) **Establish a pet-free zone.** Make certain rooms in your house, such as your bedroom, pet-free zones to reduce allergen levels in those rooms.
- 3) **Remove carpeting and dander-attracting furnishings.** If possible, replace wall-to-wall carpeting with tile, wood, linoleum or vinyl flooring that won't harbor pet allergens as easily. Consider replacing other allergen-attracting furnishings, such as upholstered furniture, curtains and horizontal blinds.
- 4) **Enlist help.** When it comes time to clean your pet's kennel, litter box or cage, ask a family member or friend who doesn't have pet allergies to do the work.
- 5) **Use high-efficiency filters.** High-efficiency particulate air (HEPA) air purifiers and vent filters may help reduce airborne pet allergens.
- 6) **Keep your pet outside.** If your pet can live comfortably outside, you can reduce the amount of allergens in your home. This option isn't appropriate for many pets or in certain climates.

You can minimise exposure Moulds by keeping them under control inside your home as much as possible.

1) Cook with lids on saucepans, dry washing outside and open windows, use extractor fans and close doors when bathing. Keeping rooms warm and allowing fresh air to circulate for a few minutes a day will also help dry out any condensation.

2) Keep your home well ventilated by opening bedroom windows for 15 minutes every morning and leaving interior doors open to allow air to circulate during the day (unless, of course, you're cooking or showering). Use extractor fans in the kitchen and bathrooms.

3) Dehumidifiers are popular with allergy sufferers as they suck excess moisture from the air and therefore significantly reduce opportunities for mould to grow and flourish. The ideal humidity for your home to prevent mould is 50-55%.

Moulds

- 4) When it comes to cleaning mould it is recommended that you only clean small areas yourself. Thick mould covering an area of more than one square metre should be left to experts to remove, as should any mould resulting from contaminated water or sewage. You can dilute household bleach with water (1 part bleach to 3 parts water) and adding a squirt of washing up liquid works just as well.
- 5) Bathrooms should be regularly wiped down with bleach, as should the fridge and other known problem areas. Any mouldy clothes will need professional dry cleaning and mouldy soft furnishings will require shampooing.
- 6) Limit the number of indoor plants kept in the house as much as possible.
- 7) Once you have wiped down any mouldy areas make sure you Hoover to get rid of as many spores as possible and open the windows to let the room air.

Pollens



Complete avoidance is of course impossible, but you can limit its presence in your immediate proximity:

- 1) Cover your child's skin completely while going out will prevent the direct contact of pollen to skin thereby avoiding the trigger and subsequent flares to a large extent.
- 2) Avoid morning walks or being outdoor in the morning during spring as the pollen contents are high in the morning. Similarly, avoid freshly cut grass to prevent direct exposure to pollen in spring.
- 3) Take a shower immediately after being outdoors for a while so that you can rinse off the allergens before they exacerbate any allergic reactions giving rise to immune response.
- 4) Keep your doors and windows shut to avoid this airborne allergen from entering your house. Keep your outdoor equipment and tools outside the house if not then at least outside your bedrooms so that you are not bringing pollen along with you in your resting place.
- 5) Use Anti-allergy filters in your air conditioner to limit the exposure to pollens indoors.

Clothing



- 1) Dress your child in soft and breathable fabrics like 100% cotton, bamboo, or silk clothing as you build your wardrobe.
- 2) Wear your child loose-fitting (not tight-fitting) clothing.
- 3) Avoid clothing made with scratchy fabric, such as wool. Scratchy fabrics can feel rough on the skin and also tend to trap in heat, which can cause sweating and irritation.
- 4) Remove any tags inside the clothing that may come into contact with the skin.
- 5) Cover the seams, if possible, with silk material if they irritate the skin.
- 6) Wash all new clothes, towels, and bedding before wearing to remove any finishing chemicals or dyes.
- 7) Use mild, fragrance-free laundry detergents.
- 8) Don't use fabric softeners or fabric sheets in the dryer.
- 9) When washing your child's clothes, try setting an extra rinse cycle to remove all the detergent.
- 10) Liquid detergent is better than powder and tablets, as it dissolves more easily in water.

Improving Sleep



many children with atopic dermatitis, the itching makes it harder to sleep. Your child may have a hard time falling asleep and may wake up during the night. If your child does not sleep well, this can affect mood and behavior during the day. They may feel tired, get frustrated more easily or have a harder time concentrating in school.

Why does the itching seem worse at night?

Everyone has an internal clock (circadian rhythm). that helps control daily cycles, such as our sleep and wake time and even the changes in the skin barrier. For people with atopic dermatitis, the body's natural cycles may cause more itching at night.

We all wake up briefly during the night as part of our sleep cycles. But most of us do not notice it. For children with atopic dermatitis, itching and scratching can happen during these brief awakenings. It can make it harder to fall back to sleep once the itch-scratch cycle gets going.

Children usually start sleeping better when atopic dermatitis is under better control.

There are important steps you can take to help your child sleep better:

Follow evening skincare routines

Good evening skincare helps because:

- Moisturizer seals in water to keep skin less dry and itchy at night.
- Medications applied to the skin help the skin heal at night.
- Wet wraps keep the skin moist and block scratching so the itch-scratch cycle is less likely to wake your child up.
- Regular bleach baths help with inflammation in the skin that triggers itching.

Use air conditioning at night when it is warm out to help keep your child comfortable.

Your child's paediatrician may recommend an oral (by mouth) antihistamine at night. Antihistamines may help your child feel sleepy.

Follow healthy sleep routines

- Have your child go to bed and wake up at the same time each day, even week-ends. Wake up times are easier to control and help to set a regular bedtime.
- Avoid late-afternoon naps.
- Create a regular, relaxing bedtime routine that lasts about 10-20 minutes and ends in the bedroom. This routine will probably take place after evening skincare.

For young children, the routine could include songs or books.

For older children and teens, the routine could include reading, listening to quiet music or using relaxation techniques.

- Avoid any screen time for 1-2 hours before bed and keep screens outside of the bedroom. The light from TVs, phones and devices can make people more alert at night, making it harder to fall asleep. If your child falls asleep with the TV on, it will be harder for them to fall back to sleep without it if they wake at night.

- Keep the bedroom cool, quiet and dark. Use a dim nightlight if needed.
- Avoid drinks with caffeine, like coffee, tea, soda, iced tea and energy drinks. Avoid chocolate and chocolate milk later in the evening.

Help your child learn to fall asleep on their own

When your child's skin is flared, they may sometimes need more help falling asleep. In general, it is good to help children learn to fall asleep on their own. If they depend on their parents to fall asleep in the beginning of the night, it is harder for them to fall back to sleep on their own when they wake up.

To help your child fall asleep comfortably:

- Be a part of your child's relaxing bedtime routine, but leave the room while your child is still awake.
- Keep your child's skin covered with cotton pajamas or wet wraps to block scratching. Some children sleep with cotton gloves or socks on their hands or "bedtime socks" that go above the pajama leg.

- If your child wakes up itchy in the middle of the night, reapply moisturizer or soothe the skin with a cool washcloth or wet wraps. But keep your visits to their room brief.
- Do not use food or drinks as a soothing technique if your child wakes up at night.
- **Tell your child's pediatrician if your child is having trouble sleeping, especially if sleep problems keep happening after their skin gets better.** It may be helpful to meet with a sleep specialist or psychologist to learn about other sleep treatments.



ECZEMA

MYTHS

Myth #1: Eczema is contagious!

Fact: If you suffer from eczema, you may notice that friends or even family want to avoid you like the plague. Luckily, eczema is not contagious. This doesn't mean you shouldn't take precautions though. Bad eczema flare-ups can lead to infection which can be contagious but you still can't spread eczema to others.

Myth #2: Eczema is a singular disease!

Fact: Actually, eczema refers to a group of skin conditions with the most common being Atopic Dermatitis. It's important to understand the type of eczema you have in order to create the best treatment plan.

Myth #3: Eczema is passed on from one's parents!

Fact: Although you may be more likely to have eczema if it runs in your family, it is not a guarantee. Secondly, Atopic dermatitis is linked to genetics while other types of eczema such as Contact dermatitis can be related to the environment.

Myth #4: Eczema can be cured!

Fact: Unlike getting over the chicken pox or the flu, eczema isn't "cured" in the same way as other afflictions. It's not all bad news though. When treating symptoms properly and avoiding triggers, eczema flare-ups can become so infrequent that it no longer causes problems in your life.

Myth #5: Eczema is a children's disease!

Fact: There is a misconception that eczema is particularly prevalent with children or babies. That's because Atopic dermatitis is likely to start in childhood and sometimes symptoms improve for adults. This doesn't mean that millions of adults don't suffer from eczema.

Myth #6: Eczema will leave you with permanent scar damage!

Fact: Although it is possible for eczema to leave you with scars from bouts of particularly bad rashes, more likely than not, eczema will not cause permanent scarring.

Myth #7: Eczema isn't a serious condition!

Fact: Just because eczema isn't life-threatening doesn't mean it shouldn't be taken seriously. Often people without eczema downplay it because they simply don't know how disruptive eczema can be to one's daily life. Furthermore, since it's a chronic condition it's not something that simply goes away.

Myth #8: Eczema is more common in females than males!

Fact: There is actually minimal statistical differences between eczema prevalence rates in males versus females. However, some studies suggest that women may experience symptoms to a greater degree than men.

Myth #9: Eczema is caused by allergies!

Fact: Although there is a connection between allergens and certain forms of eczema such as contact dermatitis, the majority of eczema types (atopic dermatitis) are not caused by allergies. That being said, allergies can trigger flare ups and make eczema symptoms worse.

Myth #10: People with Eczema can't go in swimming pools!

Fact: There's no rule that says people with eczema can't go swimming. Taking precaution is recommended though: you should moisturize before going swimming since it could dry the skin. Salt water may irritate the skin for some and chlorine may cause more irritation for others. There is no risk of contaminating others since eczema isn't contagious but use caution if you have any open sores or wounds.

Myth #11: Over-the-counter products are too weak to treat eczema!

Fact: Some people are led to believe that prescription medication such as topical steroids are the only way to treat eczema. In reality, eczema sufferers must develop a 360-degree approach to treatment and topical steroids do not cure eczema. Since it's a chronic condition, over-reliance on powerful drugs with potential side-effects may not be the most sustainable approach and could cause other complications. Consider using eczema creams.

Myth #12: Eczema is caused by a bad diet!

Fact: Bad diets can make your eczema worse but do not cause you to get eczema. People with eczema should be able to enjoy the same food as those without it but should work to define potential foods that could be making your eczema flare-ups worse.

Myth #13: Children will grow out of their eczema!

Fact: We wish this was the case but unfortunately you can not simply “grow” out of eczema. Those with eczema in childhood will eventually learn to manage their symptoms and triggers though, so that’s why there is a misconception that people grow out of it.

Myth #14: Eczema is just excessively dry skin!

Fact: Those who do not understand eczema often think that it’s just a dry skin condition. They don’t realize that there are rash flare-ups, flaking, crusting, and other problems that arise from eczema. It’s another one of the ways that non-eczema sufferers downplay the condition.

Myth #15: Eczema is a seasonal condition!

Fact: This is absolutely false since eczema knows no bounds and is not affected by seasonality. However, cold winter weather often worsens dry skin and can therefore make eczema symptoms worse. Allergens in spring may also trigger eczema.

Myth #16: Eczema is caused by stress!

Fact: You can't get eczema simply from stress although many eczema sufferers have helped to manage their symptoms by reducing stress.

Myth #17: Eczema is caused from poor hygiene!

Fact: It's far too broad to think of poor hygiene as a cause or trigger of eczema. Rather, you need to systematically make lifestyle adjustments in order to identify potential triggers.

Myth #18: Bathing too frequently will make eczema worse!

Fact: it's possible that heat can trigger eczema symptoms and bathwater can leave the skin dry, but with proper use of moisturizer and treatment creams, you should have no problem with a daily bath or shower.

Myth #19: Psoriasis is the same thing as eczema!

Fact: Although they look similar and can be treated similarly, the mechanism of psoriasis is much different. Unlike eczema, psoriasis is related to the creation of too many new skin cells, too quickly.

Myth #20: You can't live a normal life with eczema!

Fact: Yes you can. With proper skincare and lifestyle, eczema can be controlled to the point where it's no longer a nuisance. It takes dedication and effort but you can take control over your eczema rather than it controlling you.

ECZEMA ACTION PLAN

Patient's name: _____ Doctor's name: _____ Date: _____



The Atopic Dermatitis action plan provides parents and caregivers with clear and easy-to-follow recommendations for your child's personalized treatment plan.

1. **Green** = Routine gentle daily skin care
2. **Yellow** = Mild-moderate flares
3. **Red** = Severe flares or significant impairment to quality of life



Green (Maintenance) - Routine gentle daily skin care

1. Take a warm, not hot, 5 to 10 minute bath or shower daily or every other day. A gentle cleanser can be used before gently patting dry with a towel.
2. Follow by a liberal application of a moisturizer to the entire body, ideally within minutes of bathing, and at least 1-2 times a day even without water exposure.
3. Avoid triggers including: fragrant cleansers, laundry detergents, fabric softeners/dryer sheets, harsh soaps, scratchy fabrics (E.g. wool), saliva, and overheating and sweating.
4. Watch for signs of flares, including red, itchy, dry, and flaking areas of skin.



Yellow (Caution) - Mild-moderate flares

1. Continue routine gentle daily skin care (**Green Zone**) as above.
2. Apply the topical anti-inflammatory therapy _____ twice per day to the mildly red and itchy areas on the **face and body BEFORE** applying a moisturizer.
3. Apply the topical anti-inflammatory therapy _____ twice per day to the moderately red and itchy areas on the **body BEFORE** applying a moisturizer.
4. If in the **Yellow Zone** for more than 1-2 consecutive weeks, you may need to see a physician every few months
5. If in the **Yellow Zone** for more frequently than every 2 weeks, apply active treatment twice per week in addition to **Green Zone** treatment.



Red (Flares) - Severe flares or significant impairment to quality of life

Continue routine gentle daily skin care (**Green Zone**) and medications for mild-moderate flares (**Yellow Zone**) as above.

1. Apply the topical anti-inflammatory therapy _____ twice per day to severe areas on the **body** (not on face; OK to apply to open skin) **BEFORE** applying a moisturizer.
2. Apply _____ all over for 2 weeks for full body flares.
3. Trial dilute bleach baths.
4. Trial wet wraps.
5. If in the **Red Zone** for more than 1-2 consecutive weeks, you may need to see a physician. Light therapy, methotrexate, cyclosporin, and dupilumab may be considered.

Contact a physician if the above treatments are not working, if there is fever, pus, or other signs of infection, and/or if there is a significant impact on quality of life (i.e. difficulty attending school, sleeping, concentrating, etc.)



How much topical corticosteroid should be applied?

One fingertip unit (FTU) is the amount to topical corticosteroid from the fingertip to the first bend in the finger. This amount will generally cover an area equal to two palms.



Watch out for signs of infections!

Some signs of infections can include: honey-crusted discharge, weeping, and pus.

Notes:

RESOURCES

Hopefully, the information in this publication has answered your questions about eczema. If you want to learn more, keep in mind that there is a lot of online information about eczema that is not trustworthy and reliable.

Here is a list of organizations and their websites that are trustworthy and reliable.

- **American Academy of Pediatrics**

www.aap.org and www.HealthyChildren.org

- **American Academy of Allergy, Asthma & Immunology**

www.aaaai.org

- **American Academy of Dermatology**

www.aad.org

- **American College of Allergy, Asthma & Immunology**

www.acaai.org

- **National Eczema Association**

www.nationaleczema.org

- **National Institute of Arthritis and Musculoskeletal and Skin Diseases**

www.niams.nih.gov

- **Society for Pediatric Dermatology**

www.pedsderm.net



About the Author

MUAWIA ALOLIWI (Dr. SIRIO) is a consultant pediatrician. He is a graduate of Aleppo University School of Medicine in 2007, where he got a Medical Diploma (MD) in medicine. Dr. SIRIO trained at Al Hasakah Pediatrics Hospital in Al Hasakah, Syria under Syrian Ministry of Health supervision. During his residency, he was able to provide superior care and consultations. Dr. SIRIO focused on the patient treatment and reevaluated several methods of management dependent on the patient's condition. After 4 years, he completed his fellowship in pediatrics. In 2011, Dr. SIRIO got a Specialty Degree (Master Degree) in Pediatrics. Afterwards, he became the head of NICU (Neonatal Intensive Care Unit) at Al Hasakah Pediatrics Hospital. In 2012, Dr. SIRIO left Syria to Kingdom of Saudi Arabia where he worked as a General Pediatrician at Rayan Al-Sharq Medical Complex and Salamat Hospital which belonged to Salamat Medical Group in Hail, Kingdom of Saudi Arabia. In 2016, he got an Arab Board in Pediatrics from The Council of Arab Health Ministers. In 2021, he moved to Dubai, United Arab Emirates and he started his new journey in pediatrics.

Currently, Dr. SIRIO works as a Consultant Pediatrician at Saudi German Hospital Dubai.

Dr. SIRIO'S GUIDE to TREAT ECZEMA

Edited by

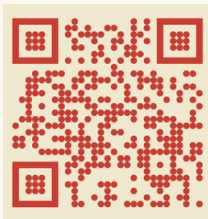
Dr. MUAWIA ALOLIWI (Dr. SIRIO)

A consultant paediatrician, He was born on the 10th of July, 1981 in Al Hasakah, a beautiful city in the north eastern part of Syria. Currently, Dr. SIRIO works at Saudi German Hospital Dubai-United Arab Emirates.

Treat your child's eczema with simple and easy steps, can eczema be cured, let's find that out. If there is away to cure it, it may be in this book. Dr. SIRIO'S GUIDE TO TREAT ECZEMA definitely provide easy ways to treat your child's eczema. I myself suffered from eczema and I have controlled it enough to feel comfortable. I want to share the eczema treatment with you. This book is the very first book that guide you for total knowledge and understanding of eczema to be eczema-free forever!



Visit Us:
www.drSirio.com



Dr. SIRIO
Dr. Muawia Al Oliwi