

ATOPIC ECZEMA



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ECZEMA IN WESTERN MEDICINE

“Eczema” from Greek “έκζεμα” = “to boil”

This relates to the idea of eczema as a disease with not only Blood Heat, but also an abnormal metabolism of fluids under the skin.

This accords well with the Chinese view of eczema.

Eczema (often also referred to as dermatitis) takes many forms including the following:

- Erythematous eczema
- Papular eczema
- Vesicular eczema
- Pustular eczema
- Erosive eczema
- Asteototic eczema
- Crusting eczema
- Desquamative eczema
- Seborrhoeic eczema
- Nummular eczema
- Atopic eczema
- Varicose eczema

Eczema is categorized as:

1. Exogenous (contact):

allergic



Allergy to nickel in buckle

irritant



Irritated by soap

photoreaction



2. Endogenous

atopic



seborrhoeic



nummular (discoid)



venous (gravitational, stasis)



pompholyx



3. Unclassified:

asteatotic



lichen simplex



juvenile plantar dermatosis





Papule

Heat or Damp-Heat at Qi level



Pustule

Toxic Heat



Vesicle

Dampness or Damp-Heat



Bulla

External Wind

I shall concentrate only on atopic eczema (atopic dermatitis)

“atopy” from Greek ατοπία = “alien”

This is a reference to the triggering of diseases by alien substances (allergens).

Atopy includes collectively a certain group of diseases including allergic asthma, atopic eczema (or “dermatitis”) and allergic rhinitis.

Atopy is not a disease, but a *tendency* to develop an atopic disease.

Nearly a third of the population is atopic, but not all will develop asthma, eczema or allergic rhinitis.

However, those who do develop one of those diseases, come from that third of the population.

ATOPIC ECZEMA IN WESTERN MEDICINE

Atopic eczema is the most common type of eczema

It is a chronic, inflammatory skin disease which usually starts in early childhood, with 85% of children improving by the start of puberty.

There are three distinct age groups, with different characteristics:

1) Infantile Phase (1 month – 2 years)



scalp



cheeks, forehead



Spreads to the trunk and
limbs in a few cases

2) Childhood Phase (3-12 years)

antecubital fossae



popliteal fossae



wrists, neck



ankles



3) Adolescent and Adult Phase (12-20s)



antecubital fossae



popliteal fossae



anterior and lateral
aspects of the neck



Well-demarcated dry lesions,
with subsequent pigmentation



Hands may develop lesions after
contact with irritants.