

Natural Eczema Cure Revealed

www.itchy-skin-eczema-treatment.com



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Disclaimer.

Although great care has been taken to try and cover most forms of eczema and dry itchy skin conditions, plus treatment of the aforementioned, the cure revealed in this eBook may not work for all types of eczema or every person. Each person has many variations in their skin condition and their lifestyle.

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Introduction.

Dear Friend,

I'm Stuart Johnstone and I suffered from Eczema for over 30 years. I tried every eczema treatment I could, but with no long lasting success! **UNTIL NOW?**

To give you an idea, I tried a huge amount of hydrating creams, steroid creams, and antihistamines. I tried hypnotherapy, relaxation classes, a specialist homeopathic doctor, and various natural remedies. I've been covered from head to toe in bandages, used treatments for my bath water, wore gloves to bed to stop me digging my nails into my skin at night, and I even tied my own hands in order to stop scratching!

At one point my eczema got so bad that I ended up in hospital with it.

It made my life a nightmare.

I would hardly sleep for my dry itchy skin. Even when I had someone massage my skin to send me to sleep, I would awake shortly afterwards scratching. And when I did manage to get into a deep sleep, I'd wake in the morning with my bed sheets covered in blood, and I wasn't able to get out of bed for the pain!

There were days where I had to be sent home from work because I was in so much agony with my eczema, I could hardly walk or move for the excruciating pain. My skin was

extremely raw, weeping, cut all over, and painfully dry from the constant scratching.

I scratched so heavily and repeatedly that I infected my skin and had to attend the doctor with very badly poisoned and swollen arms, feet and legs.

Even the weather affected my eczema. If it was too hot my sweat would make me itch and scratch, if it was cold my skin would feel dryer and tighter which hurt even more, and if it rained the water would also make my skin itch.

I didn't go swimming because it made my skin itch, or because it seemed to much hassle applying moisturising cream all over my body after I dried. I had to avoid wearing dark clothes for fear that my dry flaky skin would show everywhere, and I couldn't wear shorts and t-shirt on holiday for the embarrassment of my skin condition.

There were days where I didn't even want to leave the house because of my eczema; I had huge scabs, cuts, scratches and dry skin all over my face and hands.

I was really anxious, and at times my eczema symptoms made me very down.

But eventually I found a cure and I'm sharing it with you right now in this eBook.

Wishing you the best,

Stuart Johnstone.

PART 1: **Understanding Your Eczema**

Chapter 1: **Types of Eczema / Skin Conditions.**

The term eczema is derived from the Greek 'ekzein' which means to boil over. Eczema is a chronic skin condition which makes the skin become itchy, red, dry and cracked.

Eczema is sometimes called dermatitis which means inflammation of the skin.

This chapter covers various types of eczema.

Atopic Eczema.

Atopic eczema is the most common form of eczema. It mostly affects children but can also be present in adults, and it seems to affect males and females equally. Many children develop this condition before their first birthday.

Atopic eczema often occurs in people who are sensitive to allergies, such as eczema, asthma and hayfever. Normally the condition has been inherited from someone else in the family who has one of these conditions.

The term atopy is the tendency to be sensitive to the environment, but not always allergic to it. A good example of this is where hot weather makes a person's atopic eczema worse, they sweat, become itchy and scratch, but the person is not actually allergic to the hot weather itself.

Atopic eczema can flare up and then calm down for a time, but the skin tends to remain dry and itchy even in between flare ups.

It mostly affects parts of the body where the skin creases, such as the backs of the knees and the front of the elbows, as well as the feet, hands and face.

The quantity of people diagnosed with this condition has increased in recent years.

Allergic Contact Eczema.

Allergic contact eczema is also known as allergic contact dermatitis.

It is generally defined as tissues swelling and becoming irritated after contact with an allergen therefore causing an itchy, red, weepy reaction. The allergen is simply a substance that the skin has come into contact with and that the immune system recognizes as foreign, such as certain preservatives in creams.

These substances therefore cause an allergic reaction, and the rash often starts at the point of contact but can easily spread to other parts of the body.

A person allergic to or sensitized to a certain substance will find that although the allergen itself is usually not harmful, the skin's immune system deals with the allergen as if it were an infection.

Allergic contact eczema is frequently a slow process. It is a delayed reaction and the symptoms do not show up immediately after contact with allergen. Symptoms may not show until several days have passed. This can make it difficult to determine what caused the allergic reaction in the first place.

The rash that develops normally only appears where the skin came into contact with the substance or allergen. It can then spread to other areas of the skin

It is possible to develop an allergy to a certain substance over time.

Irritant Contact Eczema.

Irritant contact eczema (or dermatitis) is much more common than allergic contact eczema. It is the second most common cause of occupational health problems, after muscle and joint pains and injuries.

Most cases of irritant contact eczema are commonly found in the same kinds of occupation. Employees who need to repeatedly expose their skin (often their hands) to the same chemicals are most likely suffer from irritant contact eczema.

For example, hairdressers, cleaners, catering workers, food processors, and fish handlers are all required to repeatedly expose their hands to water. Or metal engineers are commonly in contact with machine oils.

However it's not just the industrial environment which can cause problems. Around the home a person may be in repeated contact with certain chemicals such as cleaning materials and detergents, or for the hobbyist it could be paint, oils or adhesives.

The joints between the surface cells of the skin are normally tight; however prolonged contact with water swells these surface cells and exposes the more susceptible layers below.

If the skin is exposed to the substance, i.e. water or oil, intermittently, then it has a chance to heal. However, if exposure is repeated and prolonged, damage to the skin will increase and irritant contact eczema can develop.

Someone who has atopic eczema, or who has suffered from irritant contact eczema in the past, is more likely to be at risk.

Common examples of irritants are:

- Water.
- Oil.
- Soap.
- Detergents.
- Industrial chemicals.

- Bubble bath or shower gel.
- Shaving gel.

Having one type of eczema can increase the risk of another, so people with a background history of atopic eczema are particularly prone to developing irritant contact eczema.

Seborrhoeic Eczema.

Seborrhoeic eczema is a skin disorder affecting the scalp, face, and trunk causing scaly, flaky, itchy, red skin. It particularly affects the sebum-gland rich areas of skin.

Seborrhoea is a medical term used to describe an accumulation on the skin of ordinary oily or fatty discharge mixed with dirt and forming scales.

It is commonly found on the scalp and may obstruct with nutrition of the hair and therefore cause partial baldness.

The greasy rash usually starts on the scalp as mild dandruff (sometimes called cradle cap in babies). The dandruff can get worse, causing redness and irritation on other areas of the body.

It is a well recognised pattern of eczema affecting all age groups from young adults to the elderly. A kind of seborrhoeic eczema is also seen in babies during their first year of life.

In children, seborrhoeic eczema can often emerge unexpectedly between the age of two to six months. Although it may first appear around the region of the nappy, it tends to spread to the scalp, face, neck, and sometimes the armpits and trunk of the body.

Seborrhoeic eczema in children should not cause them discomfort as it is not normally itchy or sore.

In adults, seborrhoeic eczema normally first appears on the scalp as dandruff. The scalp then becomes red and irritated, the scaling increases and this then becomes seborrhoeic eczema.

The seborrhoeic eczema may then spread to the face and neck, including the ears, temples, nose and eyebrows.

Seborrhoeic eczema commonly returns when treatment is discontinued. Correct treatment can successfully control the condition in the majority of cases.

Varicose Eczema.

Varicose eczema can affect middle-aged to elderly people. Factors that increase the risk of developing this condition are having varicose veins, and being overweight.

It usually occurs in the skin over and around varicose veins, mostly on the legs, and is caused by faulty valves in varicose veins, which allow blood to flow in the wrong direction.

Like other types of eczema, the skin becomes dry and itchy, however varicose eczema is usually a minor annoyance.

Discoid (or Nummular) Eczema.

Discoid eczema can occur in adults at any age, but is more common in later life. It can arise with atopic eczema, with generally dry skin, or even on otherwise normal skin.

The term nummular means coin-shaped, referring to this type of eczema showing as discrete coin-shaped patches of eczema on the limbs.

The affected areas are normally red and have a well-defined edge, and can be dry and itchy. On top there are often small blisters, crusts or scales. This is often because they are infected with bacteria.

The cause of discoid eczema is currently unknown. However, younger people often have discoid eczema in conjunction with atopic eczema. With adults it is thought to perhaps be associated with stress, local irritation of the skin and consuming too much alcohol.

Discoid eczema can often become worse in cold and dry weather, and better in warm and humid conditions.

Discoid eczema does not affect other systems, it only affects the skin.

Chapter 2: Symptoms of Eczema.

Eczema can be a frustrating skin condition and can affect the sufferer's life in many different ways.

Common symptoms of Eczema are:

- Itchy skin – this is one of the main symptoms and can become worse at night. It is a common symptom of various kinds of eczema.
- Dry cracked or scaly skin.
- Redness of the skin - when skin is inflamed there is increased blood flow to the area resulting in a red appearance. This can also be caused by bacterial infection.
- Raw, painful or sensitive skin – this is due to persistent scratching.
- Thickened leathery skin (lichenification) – the area affected by eczema is frequently thicker than non affected skin. This usually results from a protective response to repeated scratching.
- Weeping of the skin / bubbled up skin - inflamed areas can sometimes weep, this may be due to infection of the skin. Another reason is that tissue fluids leak between cells and collect into blisters.

- Crusts forming on the skin – protein in the fluids that weep crust over.

Any part of the body can be affected by eczema, however;

Typical areas affected in infants are:

- Arms.
- Legs.
- Forehead.
- Cheeks.
- Neck.
- Scalp.

Typical areas affected in children and adults are:

- Creases of the elbows.
- Creases of the knees.
- Creases of the ankles.
- Face.
- Neck.

In addition to the symptoms of eczema listed above, a person's natural craving to scratch their itchy skin makes the condition worse and can cause an itch scratch cycle which can be hard to break.

Scratching can disrupt sleep patterns, and make the skin bleed, weep crust and become thickened.

Common Atopic Eczema symptoms.

- Itchy skin.
- Dry skin.
- Red skin.
- Cracked or broken skin.
- Thickened skin.

If the eczema flares-up, your skin might become:

- Very itchy.
- Very dry.
- Scaly
- Red.

- Hot.
- Weepy.
- Infected with bacteria.
- Swollen.

With mild atopic eczema a person will usually only experience small areas of dry skin, which are occasionally itchy.

With more severe cases of atopic eczema a person may experience extensive dry skin, constant itching, weeping and crusting. This can last for several weeks or months and can cause great distress.

Generally, this condition tends to flare up every now and again, and then settle for some time. The frequency and harshness of flare ups varies for each person.

Atopic eczema is normally inherited.

Common Allergic Contact Eczema symptoms.

The first sign that the skin has been in contact with an allergen is the appearance of a rash.

The rash may then spread over the body. This is due to the fact that the immune cells are triggered and start to travel to other areas.

It may be difficult to differentiate between Allergic Contact eczema and Irritant Contact eczema. Allergic contact eczema is an immune response, whereas irritant contact eczema is a direct response to a substance found to be irritating.

With allergic contact eczema, tissues swell or become irritated after contact with an allergen.

The initial reaction to the allergen is referred to as immediate hypersensitivity. This is where histamine chemicals are released from the immune cells contained in layers of the skin.

The secondary part of the reaction is referred to as delayed hypersensitivity. The cells that are reacting to the allergen increase, commonly from a small number of memory cells that identify the allergen.

After a few days these cells generate other cells that initiate other defence mechanisms. For example chemicals may be released which attract scavenger cells that eat the invader.

The harshness of the reaction normally fluctuates depending on the person's degree of sensitivity and level of exposure to the allergen.

Common Irritant Contact Eczema symptoms.

Irritant contact eczema (or dermatitis) is much more common than allergic contact eczema.

This form of eczema arises when an irritating substance comes into direct contact with the skin.

Common symptoms are:

- Bumps form on the skin.
- Rash.
- Dry patches of skin.
- Cracked skin.
- Flaky patches of skin.
- Red patches of skin.
- Itchy patches of skin.
- Weeping patches of skin.
- Painful skin.
- Skin discoloration.
- Discontinuity of the skin (ulceration).

Common Seborrhoeic Eczema symptoms.

Seborrhoeic eczema normally first appears on the scalp and may look like dandruff, it can then spread to other parts of the body. Although it can spread it is not contagious.

All age groups can be affected by seborrhoeic eczema.

Like other forms of eczema, seborrhoeic eczema varies in severity. Only a little dandruff and flaky skin on the face may show in mild cases, where as in severe cases the condition is widespread, scaly and extremely itchy, causes the scalp to become oily and inflamed.

The area behind the ears can be affected very badly, sometimes developing a crusting of the skin. Around the eyes and eyebrows can also become affected.

As it spreads the dandruff will increase and become thicker on the scalp. The skin underneath becomes irritated and red, and some hair loss can even occur, but normally re-grows once the seborrhoeic eczema is treated correctly.

Common symptoms are:

- Scalp and face – greasy, red and scaly skin. Dandruff on the scalp.
- Skin creases – usually a moist red reaction in the armpits, in the groin and under the breasts. Can also cause yellow crusting on the scalp of children, also known as cradle cap.
- Front of chest –scaly red area.

- Back of trunk – red raised bumps.

Common Varicose Eczema symptoms.

Like other types of eczema, the skin becomes dry and itchy. It normally affects the lower legs in middle aged to elderly people.

The skin around the ankles can also become infected, causing speckled, inflamed and itchy skin. Brown and purple pigmentation can occur.

The skin affected by varicose eczema can be easily broken and leave the person with a wound referred to as a varicose ulcer.

Varicose ulcers must be treated immediately otherwise they will most likely develop into much larger and deeper wounds. When the wound is deep it is probable that it will attract harmful bacteria that will aggravate the problem even further.

Common Discoid (or Nummular) Eczema symptoms.

Discoid eczema usually affects adults and is characterised by its round disc like shape, hence the name.

Discoid eczema normally affects the:

- Hands.
- Arms.

- Legs.
- Trunk.

It normally begins with round patches of small raised red bumps or blisters on the skin. These bumps may weep and become crusty.

The size of the wounds can vary from only a few millimetres to a few centimetres.

Later the affected area may become dry and scaly, and commonly becomes infected. It can also occasionally clear in the middle.

Discoid eczema can be very itchy and sore.

There are two kinds of discoid eczema; dry and wet.

Dry skin in the winter can sometimes cause dry round patches but they are normally not itchy. Blistered and crusted patches form in the wet type.

Chapter 3: Pictures of Eczema.

Here you will see pictures of how eczema can appear on different parts of the body.



Above – dry skin and eczema on the top of the foot.



Above – picture of eczema showing dry skin and cuts on the inside of the knee.



Above – picture of eczema showing dry skin and cuts on the inside of the knee.



Above – picture of eczema showing dry skin and cuts on the knee.



Above – picture of eczema showing dry skin and cuts on the knee.



Above – picture of eczema showing discoloration and thickening of the skin.



Above – picture of eczema showing discoloration and thickening of the skin.



Above – picture of eczema showing cracked and flaky skin.

Chapter 4: Causes of Eczema.

Common Atopic Eczema causes.

Atopic literally means sensitivity to allergens, and atopic eczema frequently affects people who are susceptible to allergies.

This condition can be inherited and sufferers may also be prone to other allergies such as asthma or hayfever.

The exact cause of atopic eczema is unknown at present.

However, there are common things that can trigger the eczema which the sufferer should be aware of:

- Wearing irritating or scratchy clothing – for example pure woollen jumpers.
- Detergents – even if you don't do the weekly washing the detergent will still be on your clothes and in direct contact with your skin.
- Lack of moisture in the skin - the oily barrier of the skin is usually reduced in people who suffer from atopic eczema.
- Changes in temperature – too warm may make the person sweat and become itchy, too cold may make the eczema more painful.
- Changes in humidity.

- Animal hair.
- Stress – don't assume that this is more relevant to adults, children may also suffer from bouts of stress related to school, exams etc.

In addition, a number of cells in the immune system release chemicals under the surface of the skin, which can cause inflammation.

Common Allergic Contact Eczema causes.

Allergic contact eczema is a red, itchy, weepy reaction where the skin has come into contact with a substance that the immune system recognizes as foreign.

These substances therefore cause an allergic reaction.

It is not known why some substances are particularly prone to causing contact allergy, but listed below are the most common culprits:

- Perfumes.
- Scented soaps or handwash.
- Detergents.
- Nickel. Can be found in watch straps, jewellery, clothing (zips, spectacle frames etc), keys, key rings, pens, kitchen utensils, scissors, coins etc.

- Rubber and latex – can be found in shoes, clothing, household gloves etc.
- Hairdressing chemicals.
- Medications, such as creams applied to the skin.
- Plants – airborne particles as well as direct contact.
- Potassium dichromate – found in certain leathers, cement.
- Colophony – used in certain adhesives including an adhesive used for adhesive bandages.
- Certain foods such as sea food, some meats and poultry, sugar, some fruits including citrus fruits, spices, flour and herbs.

To make matters worse, some of the common ingredients contained within various products used for eczema treatment are themselves possible substances which may have allergic effects.

Common Irritant contact eczema causes.

Irritant contact eczema is common amongst people who repeatedly expose their skin to substances or chemicals. This can be through work or personal life.

Examples of this are:

- Cleaners.

- Hairdressers.
- Catering staff.
- Fish handlers.
- Scented soap.

In the above examples workers would repeatedly expose their hands to water. The joints between the surface cells of the skin are normally tight; however prolonged contact with the water swells these surface cells and exposes the more susceptible layers below.

If the skin is exposed to the substance, i.e. water or oil, intermittently, then it has a chance to heal. However, if exposure is repeated and prolonged, damage to the skin will increase and irritant contact eczema can develop.

Another form of employment highly affected by irritant contact eczema, is engineering where machine oils are in repeated contact with the skin. Up to half of the workers in this area suffer from irritant contact eczema and many simply endure it as part of their job.

Items used around the home can also pose problems, examples of this are:

- Bleach.
- Detergents.
- Cleaning materials.

- Scented soaps.

Examples for the hobbyist and DIY enthusiast:

- Paint.
- Adhesives.
- Cement.
- Oil.

Irritant contact eczema will usually only affect the areas of skin which is exposed to the irritant.

Having one type of eczema can increase the risk of another, so people with a background history of atopic eczema are particularly prone to developing irritant contact eczema.

Common Seborrhoeic Eczema causes.

The cause of seborrhoeic eczema remains unknown, although many factors have been implicated.

It has emerged however that a yeast called 'Malassezia' (formerly known as pityrosporum ovale) is found on the skin of people suffering from seborrhoeic eczema. On the scalp in particular 'M. globosa' is found. This yeast produces toxic substances that irritate the skin.

People with seborrhoeic eczema seem to have reduced resistance to the yeast, yet it is not clear at present if this yeast is the singular cause or merely a contributing factor.

Seborrhoeic eczema thrives in areas of the body where there is a greater concentration of sebaceous glands within the skin.

Sebaceous glands are microscopic glands in the skin which secrete an oily matter in the hair follicles to lubricate the skin and hair, and are found in a greater concentration on the face and scalp.

This condition has a tendency to run in families, however it is not contagious. The condition may become worse due to stress, fatigue or illness.

Common Varicose Eczema causes.

Varicose eczema (also known as stasis) usually affects middle-aged to elderly people.

Factors that increase the risk of developing this condition are:

- Having varicose veins.
- Being overweight.
- Poor circulation.
- Lack of natural oil in the skin.

Varicose eczema is caused by valves in the veins failing to work, which then leads to increased pressure within the veins.

This increased pressure causes a chemical called fibrin to escape from blood vessels in the skin. Fibrin then forms a barrier which prevents oxygen and other essential nutrients from penetrating through to the skin where they are needed. Lack of oxygen and other substances causes the eczema.

The high pressure in the veins causes damage to the small blood vessels, which then triggers the release of red blood cells into the skin. This brings about the brown and purple pigmentation.

Varicose eczema is extremely rare in young people. This is due to two things:

- Although young people can suffer from varicose veins, their skin tends to produce a certain amount of oil of its own accord.
- Poor circulation is a major cause of varicose eczema, but usually young people tend to be more active therefore avoiding this problem.

Some creams may make the condition worse.

Discoid (or Nummular) Eczema causes.

Discoid eczema can occur in adults at any age, but is more common in later life. It can arise with atopic eczema, with

generally dry skin, or even on otherwise normal skin. Discoid eczema is rare in children.

The cause of discoid eczema is currently unknown. However, younger people often have discoid eczema in conjunction with atopic eczema. With adults it is thought to perhaps be associated with stress, local irritation of the skin and consuming too much alcohol.

Discoid eczema is not contagious and does not normally run in families.

It is common for discoid eczema to become infected but the infection is secondary rather than the cause of the condition.

A minor skin injury, such as an insect bite or a burn, may trigger discoid eczema.

Discoid eczema can often become worse in cold and dry weather, and better in warm and humid conditions.

Chapter 5: Treatment of Eczema.

There are various treatment options available for treating eczema. This chapter gives information on commonly used treatments for eczema in no particular order.

Before starting treatment of eczema your dermatologist may also take into consideration your medical history.

Emollients.

Emollients are the most common eczema treatment.

Regular use of emollients is one of the most important parts in treating eczema. Common mistakes are not using enough emollient, not applying it frequently enough, and discontinuing its use as soon as the skin starts to clear up (therefore causing it to quickly flare-up again).

Emollients:

- Relieve dryness of the skin.
- Protect the skin from irritants.
- Helps prevent or reduce itching of the skin.
- Poor circulation is a major cause of varicose eczema, but usually young people tend to be more active therefore avoiding this problem.

- Reduces the chance of eczema flaring up.
- Can be used as a soap substitute.

There are various emollients on the market ranging from thick greasy ointments to thin runny ointments. Normally the thicker and greasier the ointment, the better it works and the longer it lasts. However, the thicker and greasier ointments are can be messy to use.

It may be an idea to use less messy ointments during the day while out and about or at work, and then use a thicker ointment when at home if required.

Apply the ointment generously, soothing it into the affected skin along the line of hair growth. Emollients do not contain active drugs so there is no limit to the frequency or quantity of application. They should be applied as often as required.

Emollients should definitely be applied immediately after a shower, bath or swimming. Ideally it should be applied immediately after drying yourself off so that the skin will not start to dry out.

Although emollients contain no active drugs, some people may be allergic to a specific ingredient used in certain emollients. It may therefore be necessary to change to another emollient if the person finds it is aggravating their condition.

On occasion thick ointments block the hair follicles in the skin, causing mild inflammation or infection.

Topical corticosteroids.

Corticosteroids are also known as steroids, but they are very different from the 'anabolic steroids' which some body builders and athletes use.

This type of medication can be given orally, or topically - applied onto the skin and absorbed into the body.

Corticosteroids stop inflammation of the skin cells caused by contact with an allergen or irritation, and can also help relieve itchy skin.

Topical corticosteroids come in several forms but are normally found as:

- Creams.
- Ointments.
- Lotions.

Corticosteroids come in different strengths. The general rule is, the stronger the corticosteroid, the shorter the time you use it.

Serious problems can develop from overuse or prolonged use of corticosteroids, particularly if they are very high strength.

Side effects of topical steroids:

- Thinning of the skin.
- Stretch marks on the skin.
- Unwanted hair growth.
- Bumps on the skin.
- Reddening of the skin.
- Bruise like marks on the skin, caused by swollen blood vessels under the skin.
- Growth suppression (rare number of cases).
- Adrenal suppression (rare number of cases).

Children are at the highest risk from these side effects, and treatment of their condition should therefore be supervised by a qualified dermatologist.

Corticosteroids should be used with great care and strictly as prescribed by your doctor.

Pregnant women should never use corticosteroids, as studies have shown that it can damage the fetus.

Using emollients and topical steroids together.

In theory there is a risk of diluting the topical steroid and spreading it to areas that do not require treatment, if an emollient is applied immediately after the steroid. At present there seems to be no general agreement on this theory.

It may therefore be advisable to apply the emollient first, wait 15 minutes, and then apply the topical steroid to the areas of the skin required.

Immunomodulators.

Newer drugs called topical immunomodulators are available to help treat eczema. These medicines are considered topical immunomodulators because they change some of the functions of the immune system that cause atopic eczema without suppressing the whole immune system.

TIMS or Topical Immunomodulators are topical agents (calcineurin inhibitors) and although they do not contain corticosteroids, they should only be used as prescribed by your doctor.

There is not enough long term data on topical immunomodulators to rule out long term side effects at present.

Oral antihistamines.

Histamine is a chemical produced by the body that is responsible for many of the symptoms of inflammation including redness, swelling and itching. Antihistamines

therefore block the action of histamine and help to reduce eczema symptoms, mainly itching and therefore scratching.

Certain types of antihistamines can cause drowsiness which is useful in helping you sleep through the itching at night, however it can be dangerous if you need to drive or operate machinery etc. You should consult your doctor regarding this.

Non-sedating antihistamines do not appear to be as effective as sedating antihistamines.

Hospital treatment.

If your eczema becomes severe and no other treatment is helping, your doctor may recommend treatment in hospital. The hospital staff will ensure that you are receiving the correct treatment for your eczema.

This also means that you are no longer in day to day contact with eczema triggers which may have been affecting you around the house or in the workplace. This can make a huge difference as it may give the skin relief and time to heal.

Food tests and allergy patch tests may also be carried out whilst in hospital.

Ultraviolet light treatment.

The ultraviolet light waves found in sunlight have been shown to help eczema, and therefore for some people

suffering from eczema, ultraviolet light treatment can be helpful.

Ultraviolet A (UVA), ultraviolet B (UVB) or a combination of UVA and UVB therapy may be used. The patient's body, or just the affected skin, is exposed to the UV light. Goggles are worn during treatment in order to protect the eyes.

If ultraviolet light treatment alone is ineffective, in some cases a medication named psoralens is prescribed before the UV treatment to make the skin more sensitive to the effects of ultraviolet light. This treatment is named PUVA (psoralens + UVA).

Overexposure to ultraviolet light has its risks however, mainly potential skin cancer. PUVA treatment causes an even higher risk of skin cancer due to the skins increased sensitivity to the UV light.

Oral steroids.

Oral steroids can reduce inflammation and itching of the skin.

They are available as tablets, and are normally only prescribed to treat severe eczema when other treatments, including topical steroids, have been unsuccessful in treating the eczema.

Due to the seriousness of their side effects they are used for the shortest time possible.

Possible side effects are:

- Weight gain.
- Thinning of the bones.
- Suppression of the immune system.

In addition, when the oral steroids are discontinued, there is a possibility for a severe eczema flare-up.

Oral steroids should not be used during pregnancy as studies have shown that their use may be linked with some birth defects.

Antibiotics.

It is entirely normal for bacteria to live on the skin. These bacteria are harmless and actually prevent harmful bacteria from growing on the skin.

However, in people suffering from eczema, their skin defences are weakened allowing bacteria to penetrate into the deeper layers of skin, which can therefore cause immune reactions and infection.

Flare-ups of eczema can often be caused by infection of the skin. This infection will need treated by antibiotics, either orally, or topically (applied to the surface of the skin).

Antibiotic cream can prove useful for mild infections of the skin, but they are not absorbed into the body as effectively as antibiotics which are taken orally.

PART 2: **Natural Eczema Cure Revealed**

Chapter 6: The Cure!

Okay now for the bit you have been waiting for.....

As I explained at the beginning of this eBook I tried numerous treatments for my eczema with no long term success, but eventually I found myself a cure! My cure is so simple that you might find it difficult to believe, but please do not just dismiss it – put it to the test!

Now the specifics will vary from person to person but the underlying principle will remain the same!

Find and treat or avoid the ROOT CAUSE of your eczema!

Many people believe that as well as being triggered by allergy provoking substances, eczema can also be triggered by a person's emotional well being, health and lifestyle.

I eventually realised that it was Stress that was triggering my eczema, and also causing it to become worse or prolonged.

I realised that every time I was stressed my skin would flare up, and that the longer and more intense I was stressed the worse my eczema became.

To make matters worse, the more aggravated my eczema became the more stressed I became, therefore causing a vicious cycle!

Once I learnt how to deal with the stress in my life, and removed some sources of stress altogether, my eczema started to improve immediately! And the longer I remained stress free the more my eczema cleared up until eventually my skin was normal and healthy again.

This was such an unbelievable relief. Not only did my eczema vanish, but my quality of life improved in virtually every area!

I no longer spent hours applying creams, no longer spent hours scratching uncontrollably, I could live my life without constant pain, I didn't have to worry about flaky skin on my face or hands as it was clear and smooth, I could wear the clothes I wanted again – including black clothes as I had eliminated flaky skin, and I would wake each morning feeling fantastic.

Okay so how does this apply to you.....

Well, here is a simple Step-By-Step guide:

- 1. Determine what is triggering your eczema.**
- 2. Eliminate or learn how to deal with that trigger.**
- 3. Avoid falling into old patterns.**

Simple? In theory yes it's simple, but in practice it can be difficult, so here is a more detailed guide.

Determine what is triggering your eczema.

This will require you to become much more aware of your daily life. You will need to start paying attention to when your eczema flares up, and what patterns emerge.

It is best to keep a diary of what you do each day, including what you eat and drink. See if any patterns emerge in relation to flare-ups.

For example, does your eczema flare up after you eat certain foods, after you bathe, after you wear certain clothes, after a tough day at work etc.

Common eczema triggers.

There are numerous things that can trigger your eczema.

I've listed below some of the most common eczema triggers.

Common Food Triggers.

Cow's milk

Eggs

Peanuts

Soybeans

Wheat

Seafood or shellfish

Fruit with seeds

Citrus fruits

Chocolate

Animal fat. Can be found in foods such as cheese and meat.

Common Clothing Triggers.

Wool.

Nylon.

Polyester.

Latex, rubber and plastics without protective cotton lining.

Tight clothing.

Common Household Triggers.

Detergents.

Softeners.

Washing up liquid.

Bubble bath.

Soap.

House dust.

Dust mites.

Shampoo.

Conditioner.

Perfume or Aftershave.

Deodorant.

Shaving cream or gel.

Make-up.

Moulds.

Animal dander.

Heavily fragranced products.

Stress.

Stress does not cause eczema, but it can trigger a flare-up.

Metals.

Among the metals most likely to trigger reactions are:

- Nickel.
- Cobalt.
- Chromate.

Common Airborne Triggers.

Pollens.

Pollution.

Smog.

Eliminate or learn how to deal with that trigger.

Extremes in temperature.

If possible stay away from extremes of temperature; too cold can make the skin feel very sore and even drier than it may be, too hot can cause sweating which then makes the skin very itchy and aggravated.

Avoid conditions that cause perspiration, exercise for example should be carried out in well ventilated and cool areas, and it is better to have multiple short sessions rather than one long session. Try to avoid getting too hot and sweaty.

Extremes in humidity.

Very low humidity can aggravate dry skin.

If there is central heating in your home or place of work, humidifiers can be useful.

It also helps to have a cool bedroom at night.

Detergents.

- Use less detergent.
- Rinse clothes twice.
- Avoid softeners.
- Try different detergents to see which one does not irritate your eczema.

Soaps.

Soap can further strip the skin of moisture, so cleanse with products specially formulated for dry skin or emollients.

If soap must be used, keep contact to a minimum.

Perfumes and toiletries.

Many people suffering from eczema find that the perfumes, preservatives, and alcohols, in toiletries and make-up can cause skin irritation.

It might therefore be best to avoid these, or use only bland products.

Using irritating fragranced skin care products is one of the most common mistakes that women with eczema make. Instead use dry-skin or sensitive-skin products that are fragrance-free, hypoallergenic and dermatologist-tested.

Make-up should not be applied to weeping lesions.

Use perfume-free cosmetics, and use on small areas of normal skin first to test for any bad reaction.

Dust.

The home should be as dust free as possible. Ideally school and place of work where applicable should also be as dust free as possible.

Skin contact with chemicals and dirt should be minimized.

Dust mites.

The majority of people with eczema have an allergic reaction to dust mites.

To reduce dust mites:

- Vacuum carpets, bedding and curtains at least once a week.
- Wash the bedding at high temperature at least once a week.
- Spray mattress with an anti dust mite spray.
- Regularly wash any fluffy toys.
- Avoid having carpets if possible.
- Keep the home as dust free as possible.

Gloves.

Wear gloves to protect your hands and minimise the need for washing them too much.

Wear PVC gloves for wet work, and either cotton gloves or rubber gloves with a cotton lining for housework, dirty work and gardening.

Clothing.

Clothes made of cotton are best for eczema sufferers.

Wear loose fitting clothes and wash new clothes before wearing.

Smooth clothes are better for eczema; they are less likely to produce flare-ups.

Avoid wool or polyester clothes.

Bed linen.

Cotton bedding is best.

Bathing.

- Use luke warm water.
- Wash with non soap cleansers or emollients.
- Pat your skin dry instead of rubbing.
- Apply emollient immediately after drying your skin to help seal in the moisture.
- Apply further moisture when required.
- Avoid hard water, chlorinated water and salt water.
- Avoid bubble baths.

Keep hydrated.

As you know one of the most common symptoms of eczema is dry skin. Dry skin can also be a sign of dehydration, so keep yourself hydrated and your skin should also become hydrated.

Drink at least 2 litres of water every day; pure water filtered of any chemicals if possible.

Avoid scratching.

I know it is difficult, but avoid scratching or rubbing itchy irritated areas of skin.

Keep your fingernails short in order to limit any damage to the skin in case you do scratch.

You should also try and become aware if you are scratching even when you are not itchy. Scratching when you are not itchy can occur for many reasons, i.e. habit, when you are stressed scratching might be an automatic reaction etc. If you realise that this is happening you should stop it and break the vicious cycle immediately.

Stress.

- Stress does not cause eczema, but it can trigger a flare-up, so keep stress, anxiety and emotional tension to a minimum.

- Learn to recognize stress in your life and how to manage it.
- Remove the source of the stress if possible.
- Take time to relax.
- Use de-stressing techniques and stress management techniques.
- Exercise regularly.
- Take up a hobby.
- Meditate
- Take up yoga.

Limit your exposure to known irritants and allergens.

If you know that certain irritants or allergens cause your eczema to flare-up, but you have no way of completely avoiding contact with them, then limit contact as much as practicably possible.

Metals.

Skin allergy against metals is a well recognized condition. Nickel, cobalt and chromate are among the metals most likely to trigger reactions.

Simple things can be done to limit everyday contact with metals:

- Avoid wearing earrings made from any of the above metals.
- Coat your keys with clear varnish.

- Avoid carrying keys, coins or anything metal in pockets.
- Cover the back of your metal watch with a clear lacquer.

Patch tests.

Patch testing is the only way that your doctor can prove that a substance is causing or aggravating your eczema. This then lets you know exactly which substances to limit your exposure to, or completely avoid if at all possible.

Diet.

Introduce a diet with healthier whole foods, and foods high in Vitamin A, beta-carotene or potassium – green leafy vegetables or carrots. Consume minimal sugar, alcohol, animal fat, caffeine, processed food and junk food.

Keep a food diary and record any times when eczema flares-up. See if you can notice any pattern, i.e. If every time you eat shellfish your eczema flares-up within 24 hours, then you should stop eating shellfish!

Avoid falling into old patterns.

For example, once I had learnt how to deal with the stress in my life and my eczema had virtually vanished, I relaxed my attitudes and before long I had let stress creep back in again.... and low and behold my eczema started to re-

appear! But as soon as I dealt with the stress as I had before, my eczema vanished again!

Once you've found something that works, stick to it!

Wishing you the best,

Stuart Johnstone.

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