

## **ECZEMA**

1. "Eczema" is a garbage diagnosis. It is a meaningless term that gives absolutely no indication of the pathology's etiology. Eczema tends to be used synonymously with atopic dermatitis. But atopic dermatitis, by definition, means there is an allergic reaction involved (generally involving Immunoglobulin E and perhaps histamine and mast cells), and yet in many cases of eczema there is no obvious allergic trigger, nor even any Immunoglobulin E elevation. --- So, all "eczema" means is that there is red, swollen skin of unknown cause.
2. "Eczema" is also often referred to as seborrheic dermatitis, especially when it occurs on the head. --- Again, whether named eczema or seborrheic dermatitis, the terminology is devoid of any clinical significance. Seborrheic dermatitis is different from atopic dermatitis in that the skin is usually dry and scaly, and only becomes highly red and inflamed when it is scratched. Seborrheic dermatitis and atopic dermatitis could not possibly be more different either in symptoms or in etiology, yet they both are often called "eczema."
3. It should be obvious that all cases of "eczema" must be treated on an individualized basis. The easy (or at least simple) cases are those that truly are atopic dermatitis. In those cases, two things need to be done. First, the allergic trigger(s) need to be identified if at all possible. But second, and even more importantly, the eosinophilic reaction must be brought under control. How is that done? With NUTRI-SPEC, of course. Almost all eosinophilic/atopic/Immunoglobulin E reactivities are associated with Parasympathetic and/or Anaerobic Imbalances, and are complicated by Prostaglandin Imbalances.
4. The tough "eczema" cases are patients who show some other inappropriate immune sensitivity in addition to or instead of Immunoglobulin E/eosinophilic reactivity. Many of these cases involve Immunoglobulin G reactivity.
5. Yeast/mold/fungal reactivity is one common causative factor in both atopic dermatitis and seborrheic dermatitis. This is especially true in those who have Immunoglobulin G reactivity.
6. Most types of "eczema" can be controlled by topical corticosteroids because of their immune suppressing effects. However, as time goes by, very often a larger and larger or more frequent dose of corticosteroids is needed. Furthermore, when the cause is fungal, the corticosteroids never give more than temporary relief, and actually exacerbate the condition. In those cases, an antifungal cream is not only a better means to control the condition, but also can (if accompanied by mold remediation of the living environment, plus NUTRI-SPEC) be a cure.
7. Other common triggers of immune system reactivity in "eczema" are house dust mites, gluten/gliadin, and eggs.