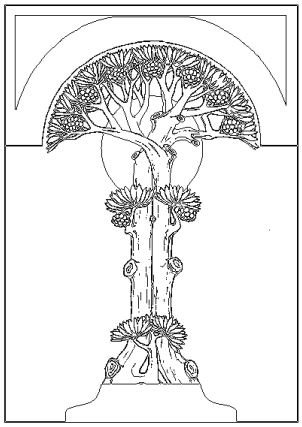

Centre for Integrative Medical Training

Pre-membership Course in Medical Homeopathy

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Unit 67

Therapeutic Pointers

What does the term 'atopic' imply?

Atopy is the name given to a highly reactive immune condition. An Atopic tendency is partly inherited and it can express itself in different ways. Children without atopy can also become 'hypersensitive immune responders', but it is more likely to happen when there is already a family history of eczema, hayfever or asthma. The expression of an atopic tendency can also be affected by the micro-organisms and antibodies that an infant is introduced to, particularly during and immediately after birth, although cross-placental immune encoding during pregnancy is likely to be important too.

A newborn infant does not have the same range of micro-organisms on their skin or in their gut, as an older child or adult, and the child's *microbiome* develops as weeks and months pass and as their immune system matures.

The immune system in all children has to develop a relationship with everything that is eaten, breathed in, and touched. Ideally, the immune system should record and 'memorise' a normal response to everything in our immediate environment and also be ready to respond to bacterial and viral 'threats'.

The immune system in small children is particularly tuned to 'memorise' exposures to organic and inorganic substances. If the immune system makes a clean recording and doesn't become oversensitive to anything, then the child will experience no abnormal reactions to foods, fabrics, inhaled particles, pets etc.

Hypersensitivity (Allergy)

The immune system can, however, pick up a sensitivity in just a few hours, particularly if there is a sudden heavy exposure to a particular protein at a time of immune vulnerability.
If, for example, the child's immune system is already resonating with infection, stress or medications, then a new exposure is more likely to develop into a new allergy. So, for example, a child with a viral cold, treated indiscriminately with *ephedrine*, *Paracetamol (Acetominophen)* or cough syrups, goes to play in pollinating grasses for an hour. Their immune system is already on 'high-alert' due to these combined factors. If they have an atopic tendency they can quickly develop a sensitivity to grass pollens after just one short intense exposure.

Once the sensitivity has been encoded into the immune memory, the child will react every time they are exposed to pollens after that, with hayfever symptoms, or with an aggravation of their eczema.

The early years of life are particularly important for immune health, because the immune system is designed to lay down the ground-rules in those early years. It is therefore very important for parents of atopic children to avoid situations where sensitisation can occur in those early years of life. For a few children, the vulnerable phase appears to coincide with a post-infection, post-antibiotic, or post-immunisation situation.

Allergy most typically involves antibodies to 'complex' organic proteins from other species.
Simple inorganic compounds are less liable to cause allergy than, for example: dust-mites, cat fur, dog danders, eggs, grass-pollens, lanolin etc. For this reason, young atopic children with eczema are best treated with simple paraffin based creams and ointments, rather than complex creams containing lanolin, wool-fat, herbals etc.

Creams & Ointments (Emollients / Topicals)

Creams and moisturisers are an important part of the treatment strategy for eczema, but they need to be used properly. They are principally required to keep the surface tissues from drying out because, when that happens, the skin's surface cracks open like a dry river-bed and then no longer protects the deeper levels of the skin from infection.

However, creams are often used without an awareness that they too can carry infection or toxins into the skin. Dermatological creams generally do not contain preservatives and therefore the creams themselves can become infected.

Do not put your fingers into creams, because you can seed *staphylococci* and yeast spores into the cream. Once there, these germs can procreate and leave toxic residues.
Instead, take what you need from the container with a clean spoon and apply the creams from the spoon without reintroducing the dirty spoon back into the container.

Thin disposable polythene gloves are always preferable to using naked fingers to apply creams and if medicated creams are in use, then it is essential for the person applying the cream that they don't expose themselves recurrently to those active ingredients.

In warm weather creams and ointments can be kept cool in your fridge, which reduces the turnover of any bacteria that happen to be present. If a tube or dispenser has not been used for a while, then expel and discard the cream or ointment in the nozzle and only apply the unexposed cream or ointment underneath to your child's skin.

Certain oat-extract creams, or those with organic additives, can be soothing to begin with. Under some circumstances they can confer real benefit, however they are not the first choice of treatment in a very active eczema and these preparations can cause sensitisation. Children with skin problems should not share towels or face cloths with anyone else but should have their own.

The Homeopathic Approach in Outline

One important difference between the so-call conventional management of atopic eczema and the homeopathic approach is that we always move towards simplification when the skin is in a stressed or inflamed state and use the most specific treatment measures based on the causative factors operating at that time. It is important to try not to become frenetic or desperate, or be tempted to 'throw everything in the book' at the problem - heavier, non-specific, suppression of acutes just makes the surface immunity more chaotic.

The homeopathic approach is all about 'mirroring' and 'reprogramming' rather than controlling and suppressing. Conventional treatments focus mainly on <u>management</u> of the problem, rather than resolution. Steroids, for example, are effective anti-inflammatory drugs which suppress immune reactivity in the tissues. But steroids are non-specific and bear no relationship to the causes of the problem, even though they show an effect within a few hours.

Conversely, the homeopathic approach attempts to <u>change relationships</u> in the body's response to unhealthy microorganisms, allergens and stress. Homeopathic treatments also aim to 'reset' the feedback loops that govern the physiology of the skin over time.

Homeopathic remedies no not suppress and (usually) do not exert their effects within minutes or hours. In an active, partially managed eczema, it can take a sequence of several prescriptions, over days or weeks, to stabilise the skin physiologically and immunologically.

When infection and allergy is dominant, the homeopath may try to desensitise the child using preparations

of bacteria or allergens known as nosodes, and he/she will usually provide advice on limiting exposure to the sorts of things that can keep your child's immune system 'churning'.

Food and Intestinal Immunity

The surface area of the human intestine is much greater than that of the skin. If immune relationships in the gut are disturbed, due to disorders of intestinal microbiology or emergent food sensitivities, then the skin is often also immunologically chaotic. For this reason, it is important to recognise when problems are maintained by food sensitivity and it is important to avoid complicating the bowel immunology unnecessarily.

True food allergies usually give rise to a reaction shortly after the food is ingested. These reactions can include swelling of the mouth or lips, hives (*urticaria*), intense itching and sometimes diarrhoea or vomiting. True food allergies can be tested for with a blood test (RAST) or prick-skin allergy testing.

Food sensitivities, on the other hand, are more subtle and take longer to express themselves after exposure (usually within 1-4 hours, with some non-specific reactions appearing even later.)
A food diary can be helpful in identifying potential food-mediated reactions and informing exclusion diets.

When a child is unwell with an infection, or if they are exhausted, over-excited or stressed, the approach should be to simplify their regime and not introduce new agents or foodstuffs at that time. Festivals and holidays are exciting, but these are not times to allow pillow-fights with feather pillows, close contact with furry animals, or jumping on dusty mattresses and bean-bags. Sudden exposures to dust mite, feathers and animal danders can sensitise the child in the space of an afternoon. The treatment then becomes more complicated for everyone from that point onwards.

Steroids: Short, Medium and Long-Term Consequences

Steroids prevent stress-triggers from inflaming the tissues. All our living tissues are primed to respond to the body's own cortisol during stress or infection. If the skin is impregnated with synthetic cortisone then, for a time, the tissues no longer react to fluctuations in our natural cortisol in the same way. In the short-term the tissue response becomes quieter as immune activity is suppressed with steroid creams. (In the same way that Hormone Replacement Therapy reduces unstable hot flushes in menopause, by artificially eliminating the effects of tiny fluctuations in oestrogen, within an unstable 'sensitised' system of feedback.)

However, after repeated exposure to synthetic cortisone, the skin begins to respond in a more unstable or accentuated way to the body's own stress-hormones. Stress can then flare the skin and require stronger steroid creams in response. The skin becomes increasingly disordered in its response to emotional stress after high potency steroid creams and it can become easy to enter into deepening cycles of suppression and breakthrough.

The emotional stress of each breakthrough can then lead to increasingly desperate attempts to suppress or control inflammation. Under these circumstances a degree of 'steroid dependency' can take place over time. The medium or long term use of steroids not only engenders stress responses in the skin, but can cause the skin to atrophy and can cause unsightly discolouration or *hyperpigmentation*.

Steroid withdrawal can also cause aggravations, as the suppressing effect of the drug is reduced. Because steroids create a degree of *physiological 'dependency'* it is important to withdraw them carefully and strategically to avoid a rebound aggravation in the skin. Most children require strategic prescribing to help them through a phase of steroid withdrawal and this should be done under the guidance of your homeopathic doctor.

Long Term Strategies and Appropriate Responses to Acutes

It is important that treatment throughout childhood emphasises resolution, through the awareness of causes for eczema, rather than suppression and management of the problem.
If environmental factors are understood and addressed and if the maintaining causes are treated with specific measures, rather than suppressed, then the child is likely to 'grow out' of their eczema in later childhood, or in the course of their adolescence.

Time Frames for Different Individual Circumstances

Uncomplicated acute skin manifestations in early childhood can respond to a homeopathic approach within a day or two, with the skin returning to a quiet state of self-regulation.

Complicated eczemas, tend to arise because of frenetic treatment strategies over long periods of time. In these cases there has been heavy reliance on suppression with steroids and the use of antibiotics, antihistamines or *immunosuppressants*. Often in these situations there are important lifestyle factors which have not been addressed at a critical point in time. Steroid-stress-sensitisation may also have occurred, in addition to intestinal disturbances following the overuse of antibiotics in some children.

Clinical Consequences of Allergy - Prevention and Avoidance Strategies

The picture is often complicated by emerging allergies - some of which may have been preventable with the correct lifestyle advice. These situations can be especially challenging to treat if hypersensitivity to a common allergen has occurred and there is ongoing daily allergen exposure in the child's home environment.

In these situations, the possible benefits of giving up a cherished family pet, for example, has to be balanced against the emotional stress of the loss - which can be enough to aggravate a child whose skin is already stress-sensitised following steroid use. If there is no question of letting go of pets, the animal must certainly have absolutely no access to the child's sleeping area, so that - at least for the sleeping hours - the child is removed from any exposure to pet danders.

The clinical consequences of very high antibody levels to an allergen, with only intermittent exposure (*anaphyllaxis risk*), is different to situations where there are only modestly raised antibody levels allied to long-term everyday exposure. The effects of low-grade sensitivity to a background allergen can be subtle, to the extend that it is almost overlooked as a maintaining cause for an active eczema.

Sensitisation to house dust mite is very common in temperate zones of the world, due to the widespread use of soft furnishings in the home. If there is risk of sensitisation, by far the best approach is prevention: for example, by radically reducing soft furnishings as soon as a atopic tendency has been identified in the family. Thereafter *hypoallergenic* bedding and suitable mattress covers can be purchased to reduce the immunological challenge as far as possible. This is particularly important in the child's sleeping environment.

If sensitisation to dust mite has already occured, the child will suffer from a constant low-grade release of histamine from the linings of his/her airways, particularly at night. The consequence of this constant histamine reaction, in combination with the presence of other *cytokines*, antibodies and *immune mediators*, is to have a child who is almost constantly itchy, irritated and sleep-deprived. There may also be a persisting cough and perhaps a wheezing tendency. In the situation where sensitisation has occurred it remains important to limit daily exposure to dust mite and there are specialist companies who provide a range of measures to tackle household allergens.

Secondary Consequences of Antibiotic Treatment

Intercurrent skin infection is likely when the surface immunity is chronically deranged. Antibiotics and infections may then have led to derangement of *bowel microflora*, with some germs growing in the gut that release histamine or other destabilising toxins.

It takes several months of consistent careful treatment to address the important maintaining factors in these complicated cases. Specific remedies are usually given in sequence (and usually in combination with specific lifestyle changes) The overall aim is to progress the skin incrementally towards stability over several months.

Homeopathic treatment:

This summary does not attempt to encompass all the individualised approaches to childhood eczema but some examples of common treatment modalities are given below. Sequencing, timing and potency choice are all important factors and these depend on individual circumstances and on which treatment priorities are indicated by the case history and investigations.

These remedies are never all used together, but selectively administered in strategic sequences, depending on the maintaining causes for the problem that appear to be dominant at any particular stage in the treatment process.

- The most common aerobic coccal nosode is: Staphyllococcinum (from around five coccal nosodes commonly indicated in eczema)
- The most common anaerobic bacillary nosode is: Morgan Pure (from two commonly indicated and ten less frequently indicated intestinal nosodes)
- The most common tautopathic preparation is Cortisone acetate 30c in strategic stat doses.
- The most common isopathic agent (in the UK) is: House Dust Mite (from 22 commonly indicated isopathic medicines, and over 100 isopathic preparations that are less commonly indicated)
- The most common organotropic remedy in childhood eczema is arguably Calcarea sulph, (with 8 others frequently indicated, 23 less frequently indicated, and many others given on a case-by-case basis)
- The most frequently indicated totality prescription in childhood eczema is Sulphur (with 15 others frequently used, and many others used on a case by case basis.)
- The most frequently used 'imponderable' is Sol 30c, with a few others occasionally used if indicated)
- The most frequently recommended naturopathic adjunct is: a proprietory probiotic
- The most frequently indicated topical is: graphites cream / ointment (among 7 other commonly prescribed unicist homeopathic topicals and innumerable naturopathic / herbal combinations and proprietories - the majority of which are not recommended from a purely homeopathic standpoint)

  Other advice: avoid ephedrine and paracetamol during acute infections. Avoid high risk sources of allergen exposure: eg 'bean-bags' feather pillows/downies, and close contact with animals particularly those that shed fur. Maintain healthy diet with emphasis on sources of fresh vegetable protein. Engage specific elimination of wheat, milk or eggs only under guidance. Avoid complex naturopathic topicals, particularly unbranded and unlicenced medicines whose formula is not specified (there is significant risk of some so-called herbal preparations containing synthetic steroids when obtained from unscrupulous sources). Note carefully what environments appear to aggravate within 30 - 60 minutes of exposure. Note seasonal changes and the effects of sunlight and keep your homeopathic doctor informed. Consider adjuncts like oil of evening primrose etc only under guidance.