

Complementary and Alternative Medicine for Childhood Eczema and Atopic Diseases: Friend or Foe?

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Atopic eczema (AE) is one of the most common chronic relapsing childhood illnesses. According to the theory of atopic march, young children with atopic eczema may subsequently develop airway allergies such as asthma or allergic rhinitis (AR). AR and asthma are significantly more prevalent in patients with atopic eczema. Physicians, patients and their families often do not appreciate the significance of these comorbid diseases. AE is a distressing disease that is typically associated with pruritus, sleep disturbance and a reduced quality of life. Its clinical course is often complicated and difficult to manage. It is crucial to perform a detailed diagnostic evaluation on important history and physical features, as well as to review trigger factors. Taking into account quality of life outcomes, a patient-centric integrative approach to diagnosis and management should be adopted.

Despite advances in many aspects of the management of atopic eczema, there is as yet no cure for the disease. Emollients and topical corticosteroids remain the mainstay of therapy for maintenance and acute exacerbations, respectively. However, the treatment of AE is suboptimal due to the psychology of parents regarding steroid therapy, as well as skepticism regarding conventional western medicine.

These fears are compounded by the misplaced belief that complementary and alternative medicines (CAM) are not associated with any adverse effects. Of particular concern is the practice of prescribing corticosteroids in the name of CAM. Consequently, many steroid-phobic parents may, in fact, be unknowingly using potent over-the-counter corticosteroids. It is also important to evaluate whether patients are genuinely 'allergic' to certain foods. Management of AE is suboptimal if children with food allergy and severe disease continue to consume the culprit food in the name of CAM. Conversely, avoidance of common foods in children without food allergy could result in food faddism or malnutrition.

There is no substitute for a good rapport between physicians and their patients and families to ensure optimal management. The first step in patient care is to accurately assess the patient and his or her family, and to evaluate the possible concerns, anxiety and phobia that could impede therapeutic efficacy.