Alternative Therapies in Atopic Dermatitis Care, Part I

From acupuncture to hypnosis, here’s what you need to know about alternative therapy systems.

By Peter A. Lio, MD

Though challenging and rewarding to manage, atopic dermatitis is currently not curable. Despite our best efforts, our understanding of the disease is still basic. While a number of agents can successfully manage symptoms, patients often seek to treat the “root” cause of the disease, which makes our treatments seem incomplete. Patients can become frustrated by this and more likely to consider and seek alternative medicine. A significant number of patients seek alternative therapies for atopic dermatitis. In one study, 51 percent of patients with AD reported use of one or more forms of alternative medicine. A similar survey found almost identical results, with 50.4 percent of patients reporting use of one or more forms of alternative medicine for their skin disease. Not surprisingly, these patients reported high levels of dissatisfaction with prior treatment and frustration with the chronic nature of the disease reported.

Alternative medicine is an enormous catch-all term for everything from Kirlian photography to chicken soup. It can range from complex systems such as Traditional Chinese Medicine (TCM) to oversimplified “supplements.” The most common forms of “alternative medicine” sought by AD patients are homeopathy, health foods, and herbal remedies. Most forms of alternative medicine are not based on evidence, either not having been tested sufficiently (e.g., borage oil in eczema) or having been tested and found to not work as claimed when studied in a controlled setting (e.g., homeopathy). Thus, alternative medicines tend to be problematic for a number of reasons, ranging from the enormous variety of systems and non-systems, overflowing anecdotal evidence, and insufficient resources for proper studies. Even when focused on a given system, frequent difficulties can occur with placebo groups, standardization of products and technique, and inconsistent study design.

Since a significant number of patients with atopic dermatitis actively seek alternative therapies, it would be helpful for physicians who treat these patients to be informed about some of these approaches, even if they may never consider them. Ahead, I will examine some of the current methods of alternative medicine being explored and weigh their potential for the treatment of atopic dermatitis. As this is the first of two articles, this article will cover some of the alternative therapy systems, and the next article will cover non-systems. Some of these therapies may have little value as treatments, but others, such as acupuncture and hypnosis, have actually shown to be potentially useful.

Take-Home Tips. A significant number of patients seek alternative therapies for atopic dermatitis. Overall the data for Traditional Chinese Medicine (TCM) should be considered spotty, at best. Results are nonetheless encouraging that acupuncture combined with TCM may be a worthwhile intervention for some patients with AD. There are powerful adherents to homeopathy and it is possible, if perhaps only via the power of placebo, that for some patients the improvement they experience is real. Psychological-based approaches such as hypnotherapy may prove useful in improving AD symptoms by helping to reduce itching and scratching behaviors. It is indeed possible that the next great treatment will come from an unlikely source. Keeping open to these alternatives ensures that such revelations will not be missed.
**TCM and Acupuncture**

Traditional Chinese Medicine coupled with acupuncture is a beautiful, intricate system of health and disease. Although there are many excellent studies supporting the use of TCM in different diseases and populations, it is important to note that there is wide variation in sub-systems and styles between practitioners. Overall, the data for TCM should be considered spotty, at best. Even if this approach is effective in some cases, many variables require clarification and further study. In addition, heavy metals and other contaminants can be an issue with herbs. Some studies, however, reveal significant promise.

In a 2009 study, 14 children with persistent atopic dermatitis (mean age, 5.4 years) drank a decoction of Erka Shizheng twice daily, soaked in an herbal bath for 20 minutes daily, applied herbal cream TID to skin, and had acupuncture treatments two to three times per week. After 3.3 months, a reduction in SCORAD ranging from 60 to 90 percent was seen in 13 of the 14 patients. In addition, those 13 patients improved by more than 50 percent in the Dermatology Life-Quality Index in 2.4 months. While this preliminary data is encouraging, there are a few points worth noting. First, this is a very complicated regimen and therefore not easy to follow. Additionally, due to the number of variables in the regimen, it’s not possible to trace how the regimen was successful—that is to say, which elements were the most helpful or whether the entire regimen was necessary. Another point worth noting is how the balance of cost, quality of life, and efficacy of this regimen compares to a more standard regimen. Despite these questions, the results are nonetheless encouraging that acupuncture combined with TCM may be a worthwhile intervention for some patients with AD.

Other studies highlight potential benefits of acupuncture as a monotherapy for atopic dermatitis. In a recent study in the journal *Allergy*, researchers applied allergen stimulus (house dust mite or grass pollen skin prick) to 30 patients with eczema before and after two experimental acupuncture approaches or control observation: acupuncture at points Quchi and Xuehai, “placebo-point” acupuncture, or no acupuncture. Itch intensity was recorded on a visual analogue scale. After 10 minutes, wheal and flare size and skin perfusion (via LASER-Doppler) were measured at the stimulus site, and the validated Eppendorf Itch Questionnaire (EIQ) was answered. Mean itch intensity was significantly lower in acupuncture (35.7 plus or minus 6.4) compared to no acupuncture (45.9 plus or minus 7.8) and placebo (40.4 plus or minus 5.8) regarding the direct effect; and significantly lower in acupuncture (34.3 plus or minus 7.1) and placebo (37.8 plus or minus 5.6) compared to no acupuncture (44.6 plus or minus 6.2) regarding the preventive effect.

These results indicate that acupuncture could possibly modulate histamine-mediated itch. Of course, histamine-mediated itch does not equal eczema, though it is possible that it could be a trigger in some cases. Also worth noting is that acupuncture and placebo were essentially equivalent in the preventive group. In light of these considerations, it’s difficult to determine the clinical significance of these findings.

Another study several years ago evaluated 40 patients with refractory uremic pruritus who were randomized to receive unilateral acupuncture to the point known as Quchi three times per week, or acupuncture to sham point three times a week. Pruritus scores were significantly lower in the...
acupuncture group at one and three months, an impressive result in a very difficult pruritus population. I find these results to be exciting and suggestive of potential for acupuncture as a treatment for eczema.

Other Forms of Alternative Medicine

Another interesting potential alternative therapy for atopic dermatitis is homeopathy. Developed by Samuel Hahnemann in 1796, homeopathy requires extremely dilute preparations; so dilute that most do not contain a single molecule of medication. While homeopathy is certainly safe, it is also costly, can delay actual treatment, and has been debunked numerous times. Despite this, there are powerful adherents to homeopathy and it is possible, if perhaps only via the power of placebo, that for some patients the improvement they experience is real. Indeed, a placebo-researcher from Harvard Medical School, Ted Kaptchuck, has found that even when patients are aware that what they are taking is a placebo, there can be measurable improvement in their disease.

Hypnosis and biofeedback represent another alternative approach that addresses the psychological aspects of AD and has garnered some attention recently. Some data has shown that stress slows the healing of the skin barrier and can actually worsen atopic dermatitis. Moreover, psychosocial stress and sleep deprivation can also disrupt skin barrier function in healthy patients. Therefore, some forms of alternative medicine, such as hypnotherapy, may help with AD by decreasing stress.

In one study, 18 adults and 20 children with severe, resistant atopic dermatitis were treated with hypnotherapy and significant benefit was found both subjectively and objectively, which was maintained at up to two years in some patients. Ten out of 12 children surveyed at 18 months after the study reported continued improvement in itching and scratching. These patients additionally reported less sleep disturbance and improvement in mood.

In summary, while homeopathy may not be a viable alternative approach to eczema therapy, psychological-based approaches such as hypnotherapy may prove useful in improving AD symptoms by helping to reduce itching and scratching behaviors. However, hypnosis tends to be costly, and it can also be difficult to convince patients to try the approach.

Conclusion

While some of the alternative approaches to medicine explored here may hold promise in the treatment of atopic dermatitis, conventional medicine still holds the most answers for AD. Nevertheless, there are many unknowns in AD and problems without good solutions; it is indeed possible that the next great treatment will come from an unlikely source. Keeping open to these alternatives ensures that such revelations will not be missed.

In next month’s article, I will cover some of the non-systems in alternative AD care. These include probiotics, evening primrose oil, coconut oil, sunflower seed oil, and various dietary approaches.

Dr. Lio does not have any relevant relationship with industry. He is a member of the American Academy of Medical Acupuncture.

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