Eczema Summer & Dealing with the summer HEAT

Allergy Friendly Plants PLANTS THAT DON’T MAKE YOU SUFFER

3 DELICIOUS ECZEMA FRIENDLY SUMMERTIME TREATS

PRODUCTS - FIND THE RIGHT PRODUCT FOR YOU
Relief for Sensitive Skin

“She’s never felt and looked so well”

Julie, Holly’s mother

Holly suffered from severe eczema and underwent a 21 day program at the Avène Hydrotherapy Centre using Avène Thermal Spring Water and creams with remarkable ongoing results. She’s successfully continued to use the Avène skin care range at home for over 2 years now.

“The ongoing results using the at-home products has meant my child now lives a normal life. I know not everyone can go to France, but using the Avène range at home is a great start, and I can’t rave enough about how Avène has changed my daughter’s life.” – Julie Collins

Trixéra+ Selectiose

The Trixéra+ Selectiose range is specifically developed to address the 3 phases of atopic skin - redness, dryness and itchiness. The range consists of two cleansers: Trixéra+ Selectiose Emollient Cleansing Bath (which is excellent in prolonging the time between flare-ups) and the Trixéra+ Selectiose Emollient Cleansing Gel. To further help soothe and calm skin in-between cleansing and moisturising use the Thermal Spring Water Spray. To moisturise: Trixéra+ Selectiose Emollient Cream or for eczema prone skin with extra moisturising needs try Trixéra+ Selectiose Emollient Balm.

To soothe and restore cracked and non-oozing skin, try Cicalfate Restorative Cream or to address cracked, oozing skin, try Cicalfate Drying Repair Lotion.

FREE FROM PRESERVATIVES, FRAGRANCE, COLOURS, SOAP & PARABENS

The Avène range is available at leading pharmacies nationally. To find your nearest stockist visit www.avene.com.au or free call 1800 678 302.

Scan here to see how Holly uses her Avène products

* Nielsen National Pharmacy Scan Data Val MAT 27/07/2014

Trixéra+ Atopic Skin starter pack now available from all good pharmacies.
Can you believe it is Christmas already? This year has flown by and has been the busiest year I can remember for quite a few!

We have made many changes here at the EAA this year and it has taken quite a while to get things running smoothly, however, finally all is falling into place. Next year promises to be even busier than this one and we will keep you, our members, up-to-date on happening events.

After Christmas, our Treasurer, Michelle Privitera, will be moving away from Brisbane. However, she will continue working for us in her role as Office & Finance Administrator via the internet and telephone. Our new Treasurer Terry Boulton, a welcome addition to the EAA team, will be taking over from her in the EAA Office. It is wonderful that this is possible because we have the internet which is how most of our work is done anyway.

I would like to thank our wonderful volunteers and staff who help keep the EAA office running – in particular Alison Knowles and Lawson Kiehne who will be leaving at the end of the year and will be very much missed.

I would also like to thank our corporate members for their wonderful support of our organisation without which we would not be able to keep going.

Lastly, I would like to thank all of you, our members for your support. Please let us know how we can help you more – any ideas are very welcome.

I wish all a very Merry Christmas and Happy New Year and above all, relief for your eczema condition in 2015. We know there is no cure for this condition at present but some sufferers are lucky enough to get some relief when their eczema ‘goes into remission’ (as I like to call it) for a while.

Please remember that the EAA Office is closed for the holiday period from 19 December 2014 and will reopen on 12 January 2015.

Cheers, Cheryl Talent
Email - newsletter@eczema.org.au
Have you tried wet wrap therapy for eczema? It provides great relief for babies, children, and adults.

Wet wrapping decreases staph bacteria on the skin, reduces redness and inflammation, hydrates the skin, and lessens itching – all of which can lead to more restful sleep for the whole family! And results can usually be seen without the use of medication – all you need is a bath, wet wrapping clothing, and a good balm or cream. I like to recommend this one, our family’s favorite.

AD RescueWear makes wet wrapping a breeze, so you’ll be more likely to stick with it and see results quicker.

The info-graphic below shows you just how easy it is. Have you tried this method? It really works. Tell us how you wet wrap eczema!

itchylittleworld.com/2014/11/06/how-to-wet-wrapeczema-in-6-easy-info-graphic-steps
Don't scratch that itch!

Scratching produces more inflammation so must be avoided, doctors warn

While scratching that itch may feel fantastic, it can very often prolong the problem. ‘When skin is inflamed it is a sign that inflammatory cells have gathered beneath its surface,’ explains Dr Joanna Gach, consultant dermatologist at BMI Meriden in Coventry and University Hospital Coventry. ‘These cells stimulate the release histamine - a natural chemical the body produces in response to allergens – which causes itching. Scratching produces more inflammation, histamine and itching.’

She recommends trying a non-soap cleanser and frequent use of preservative and fragrance free emollient creams.

‘Never ignore itching skin,’ warns Dr Gach. ‘In extreme cases it could be a sign of iron deficiency, diabetes, thyroid, kidney or liver disease so always see your GP if the itching persists.’

Itching can also be caused by a fungal infection - characterised by a flaky round and itchy wound - which can be treated with oral anti-fungal agents.

Hives - a raised itchy rash which may be triggered by allergy to insect bites, medications or general anaesthetics – or an infection can be treated with antihistamines (in higher doses than those taken for hay fever).

EAA Member Request
Do you have a story about eczema to pass on to other sufferers? We would love to tell your story as a feature in our magazine and hopefully give some hope to other members who are still struggling to find something that works for them.

Please send an email to newsletter@eczema.org.au with your story and photos and we will be more than happy to print it in our magazine which is the only one in Australia specifically addressing the needs of eczema and about eczema sufferers.

The EAA thank very much the following for their donations:

S Da-Re
T Downing
J Kay
G O’Connor
N Nguyen
T Renwick
R Trudgeon
J Waaka

With Gratitude…
Special thanks to the following people for their support during 2014 –

Brian McDonald of Cleveland Office Supplies
Canon Photocopiers
Shawn Hillhecker of Brisbane Photocopiers
Mike Chapman and Tony Maughan of MWC Media
Qld Health

Members Please Note:
EAA new website & login details from 1 January 2015

Login: member2015
Password: moisturize

www.dailymail.co.uk
Vitamin D Could Improve Symptoms of Eczema

Vitamin D significantly improve symptoms of winter-related eczema in children, according to a recent study.

Researchers from Massachusetts General Hospital suggest that daily treatment with a vitamin D supplement significantly reduced the symptoms of winter-related atopic dermatitis, a type of eczema. This means it is possible that D deficiency contributes to the seasonal worsening of symptoms.

A chronic inflammatory disorder of the skin, atopic dermatitis is uncomfortable and makes patients more vulnerable to bacterial infection. Symptoms of the disorder -- most commonly seen in children -- often worsen during wintertime. While controlled administration of ultraviolet light, which can stimulate the production of vitamin D in the skin, is a common treatment for severe atopic dermatitis. That investigation involved only 11 children but provided preliminary support for the hypothesis.

For the study, researchers collected and analyzed data from more than 100 Mongolian schoolchildren.

"While we don't know the exact proportion of patients with atopic dermatitis whose symptoms worsen in the winter, the problem is common," Carlos Camargo of the MGH Department of Emergency Medicine said in a statement. "In this large group of patients, who probably had low levels of vitamin D, taking daily vitamin D supplements -- which are inexpensive, safe and widely available -- proved to be quite helpful." Camargo led both the earlier Boston pilot study and the current investigation, which was performed in collaboration with investigators from the Health Sciences University of Mongolia.

The participants -- all of whom had a history of atopic dermatitis symptoms worsening either during cold weather or around the transition from autumn to winter -- were randomly divided into two groups. One group received a daily vitamin D dose of 1000 IU while the other received a placebo -- both delivered in odorless, colorless and tasteless drops. Neither the children's parents nor the study investigators knew to which group participants had been assigned.

Standard evaluations of atopic dermatitis symptoms were conducted at the outset of the trial and at the end of the month-long study period, and parents were also asked whether they saw any improvement in their child's condition. At the end of the month, children receiving the vitamin D supplement had an average 29 percent improvement on the primary assessment tool used, compared with 16 percent improvement in the placebo group.

While future studies are needed to assess the value of vitamin D treatment in adults and in children with year-round symptoms, Camargo - a professor of Medicine at Harvard Medical School - says that parents of children with symptoms that worsen in the winter should try a vitamin D supplement for a few weeks when symptoms flare to see if it helps. He encourages parents to discuss this study and their plan with their primary care provider.

The findings were published in the Journal of Allergy and Clinical Immunology

By J Baulkman, UniversityHerald Reporter
(j.baulkman@universityherald.com)
Because delicate skin deserves a soft touch

Use Cold Power Sensitive and Cuddly Sensitive together, for the softest clothes against delicate skin.

Cold Power Sensitive is a proud Gold supporter of the Eczema Association for Australasia.
Helping you to find the right product

From the latest creams to new book releases we cover products to help you with your eczema

Natural Wipes

It all started when our children suffered from eczema and rashes. We just didn’t feel 100% safe with using the generic wet wipes as we knew they are soaked heavily in chemicals. Hearing the media announcing product recalls on the wipes and the side effects that they have had on children, we just felt they weren’t safe to use. Even though there are ones that claim to be tested safe for sensitive skin, they are still packed with chemicals at the end of the day.

Natural Wipes provide disposable baby wipes in the most natural form, with no harmful exogenous chemicals added, so are safe and gentle to use on infants and children. The only ingredient in our wipes is dry disposable cloth, which lets you make fresh, instant, wet wipes by simply adding water, nothing else. The wipes are made of 80% or 100% natural cellulose (plant) derived material, which are 80% or 100% eco-friendly and biodegradable, so they have less impact on the environment.

Unfortunately, it’s not easy to find wipes that are chemical free on the market. That’s why we have created Natural Wipes. Our wipes have the quality you can trust and, most importantly, you can feel reassured knowing they are safe to use on your precious child’s delicate skin. They are suitable for all skin types, especially sensitive skin and those with eczema. You won’t need to worry about choosing the wrong brand or the side effects that chemical additives may have on the skin.

If you are looking for a natural and safe wipe without the ‘nasties’ then you should try Natural Wipes.

For further information visit our website www.naturalwipes.com.au or email us at enquiry@naturalwipes.com.au

Book Review: Diary of a Desperate Mother: Battling Eczema & Allergies By Fredericka Charles

Overwhelmed and desperate for a remedy that would heal her son, Fredericka Charles tried, it seems everything to help him. She revisits this seemingly hopeless chapter of her life in the confidence that it would help someone.

About the Author
Raised in Hackney, London, by Dominican parents, Fredericka Charles started her journey in the world of work as a personal assistant and part-time model. Being naturally curious, she saved hard to see the world and it was during this time she realised where her passion lay ... health and fitness. In 1996, she enrolled at the University of East London where she gained a BA Honours in Health and Fitness.

Fredericka’s expert skills and patience were needed when her son, Jayden quickly developed severe eczema and allergies.

His arrival and subsequent medical conditions further spurred Fredericka’s interest in nutrition and paved the way for her to focus her personal studies on the effects food can have on the body.

Her drive and determination have been instrumental in equipping her with the knowledge and insight necessary to help her son through that crucial and difficult period of his life and to empower him today to live to the fullest, despite having eczema and allergies.

www.amazon.com/Diary-Desperate-Mother-Battling-Allergies/dp/1784560537
In 1998 Moon Valley was conceived out of a passion to live ethically and sustainably. Today that enthusiasm carries forth from our certified organic, biodynamic farm and embraces traditional knowledge from our family of artisan farmers, herbalists and beekeepers. Each element coming together to create amazing products made from the best things on Earth!

Our products are developed with the intention to nourish and heal your body, mind, and spirit, as well as to care for the Earth. We grow our 100% USDA certified organic, sustainably farmed herbs using biodynamic and permacultural practices. They are carefully dried, processed and packaged on site. What we can’t grow we source from local organic farms and suppliers who support fair trade and (RAN) Rainforest Action Network.

EczaCalm improves the skin’s natural ability to heal itself by using rosehip and calendula to regenerate, soothe and protect dry, hot, itchy and broken skin.

Pure Ingredients:
- Organic Safflower oil
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- Organic Flax Oil
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- Organic Aloe Vera
- Organic Comfrey
- Organic Plantain
- Organic Calendula
- Organic Burdock
- Organic Horsetail
- Organic Chamomile Flower
- Organic St Johns Wort
- Vitamin E from Sunflowers

That’s it. Safe for skin young and old, lovingly apply to affected areas as needed to boost your skin’s own profound healing power.

Test on a small area. Topical use only
- Made with care in Washington state
- Gluten free - lets recycle
- Box is made from 100% post consumer recycled content and vegetable based inks
- Tube is 100% recyclable
- Certified organic by the WA state dept of agriculture.

I Helped Heal Eczema Using Essential Oils

In June 2013, my 20 month old son broke out with eczema on his shoulders and underarms. It spread to both his thighs. Once I found out that my son had eczema, I went online and researched this skin condition. According to the NEA “A substantial proportion of the US population has symptoms of eczema; 31.6 million with eczema, and at least 17.8 million with moderate to severe eczema or Atopic Dermatitis.” (http://nationaleczema.org/research/eczema-prevalence/)

I chose to use all natural products for his eczema - a combination of Young Living products that helped heal his skin.

I used the following Young Living essential oils:
- Lavender
- Melrose
- Frankincense
- Melaleuca Alternifolia (tea tree oil), and V-6 Vegetable Oil. I applied these to affected areas and also applied Tender Tush on the same areas to keep them moist and decrease the itchiness. I repeated these steps morning and night. I also used Melaleuca-Geranium Soap in his bath. Every day my son drank 1 ounce of Young Living’s NingXia Red. NingXia Red is a super antioxidant drink that has many health benefits, for my son it helped reduce the inflammation of eczema while boosting his immune system.

After the first week, the eczema on my son’s shoulders and underarms was mostly gone and it was fading on his legs. By the end of two weeks, my son was completely healed and eczema free. My husband and I were so excited that these products helped heal eczema with fast results.

One year later (August 30, 2014)

I am happy to report that my son has not had any flare-ups of Eczema on his body over the past year. As a preventive, he uses Melaleuca-Geranium Soap when bathing to cleanse his body. After showering, I apply Lavender lotion to his body for skin hydration. My son also continues to drink 1 ounce of NingXia Red each day.

I am so excited to have found an all-natural approach to healing my son’s eczema.


Disclaimer

The products/treatments contained on these pages are for informational purposes only and are NOT ADVERTISEMENTS. These products may or may or may not have TGA Approval. This information is included by the EAA to keep its members up-to-date on product availability. Although the EAA conducts its own tests on the products, it is not responsible for any claims made by any company in regard to their product.
Allergy friendly plants – indoors and outdoors

Plants and flowers have a positive effect on people’s quality of life – in contrast to a sterile environment. Because of their importance to human life, plants must be carefully chosen to be tolerated by most people - including those with allergies and other sensitivities. This is especially important for public institutions such as schools, kindergartens, hospitals, town halls and shopping centres.

Gardening is a much-loved pastime for many. It is also a good form of exercise and a great way to relieve stress. Up to two million people suffer from seasonal hay fever in Australia. The months from August, when trees start to pollinate, until March can be months of misery with symptoms of sneezing, itching, running and blocking of the nose, watery and itchy eyes and often extreme fatigue. Of more serious consequence some people may have seasonal asthma or increasing asthma during these months. Eczema sufferers can also suffer more at this time of the year.

There are a number of plants that commonly cause skin reactions in those with and without eczema. Many cause quite immediate reactions including redness, itching, burning and in some cases blistering. The daisy family – which includes chrysanthemums, michaelmas, daisies and dahlias – is a common culprit, as are primulas, hyacinths, geraniums and euphorbias. The vegetable garden has its own risky plants including tomato leaves and celery. Tulip bulbs can cause a reaction in some people so wear gloves when handling them.

How can plants cause health problems?
Pollen allergy is an allergic reaction to tiny particles, pollen, released from plants. Pollen is produced by male reproductive structures. It is primarily wind-pollinated plants that cause pollen allergy – such as trees, weeds or grass. Common allergic symptoms are nasal congestion, an itchy nose, watery eyes, coughing and shortness of breath.

Fragrance from plants may be an irritant to people who are sensitive to certain odours, so called fragrance hypersensitivity. Hypersensitivity can exist without the person concerned being allergic; without the body reacting by releasing adverse antibodies and accordingly allergy tests would show no results. Tolerance in allergic individuals is however often reduced.

Human perception of fragrance varies enormously from person to person. A fragrance which is enticing to one person can be repulsive to another, or you may be simply unable to detect any fragrance at all in a flower which someone else finds strongly aromatic.

What are specific allergy friendly indoor plants?

Some examples of good plant choices for indoor use. The range of recommended plants indoor is less than for outdoors. This has to do with differences in the air exchange and less tolerance to fragrance indoors.

“How human perception of fragrance varies enormously from person to person. A fragrance which is enticing to one person can be repulsive to another.”.
Plant dermatitis is caused by reaction to skin contact with certain plants. It is not always obvious which plant is responsible for a flare-up of the dermatitis (eczema). Irritant contact dermatitis arises in those with sensitive skin, if they’ve handled the plants too much, or if the plants have prickles or barbs. Other plants cause a rash only in certain people who have developed an allergy to them, ie allergic contact dermatitis. It is also possible to get rash from pollen carried in the wind.

Cross reactions. Most of the non-food related allergies can be accompanied by reactions in the mouth or the gastrointestinal tract. The reason for the cross-reactions lies in the structural similarities among proteins of diverse sources, such as pollens and foods. For example, individuals who react to pollen from birch trees commonly react to apple, carrot, celery, pear, tomato, cherry and tree nuts.

Toxic reactions occur following ingestion of a poisonous part of a plant. There are thousands of poisonous plants, and numerous variations of toxins. Acute poisoning is very rare. Poison generally occurs at lower concentrations in plants, or the fragrance or taste of the plants are repellent – hence people avoid contact with them.

What should you think about when selecting plants?

- Avoid plants that produce pollen in significant quantities.
- Reduce male flowers. Ask your local garden-centre expert for help. You can also aim for so called perfect flowers, which means they contain both male and female parts; as a result, the pollen doesn’t have to travel far and are hence less likely to cause pollen allergy. Sometimes you can also get female clones of delicious species.

Choose insect-pollinated plants rather than wind-pollinated plants. Unfortunately, highly susceptible people may be affected by some insect-pollinated plants as well. Some insect-pollinated plants do, however, produce pollen in large amounts that could be enough to cause allergic reactions, such as Salix.
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Case Study

The travelling itch

Chris Mosley tells us his story of travelling the world with eczema

I have always loved to travel and explore new places, cultures, languages and foods. I dreamt of heading off towards the horizon with just a backpack for company. That’s exactly what my wife and I did. We’d both travelled before, but only for a short time – never a whole year away.

At the age of 31 we decided to take a break from the rat race. We ditched our jobs, rented out the house, sold the car and bought a one-way ticket to the Far East. However, one thing was lurking in the back of my mind – my skin. I’ve been an eczema sufferer from day one, with dry, flaky skin, red, raw backs of knees and elbows, and cracked hands – not at the ‘critical’ end of the spectrum and not at the ‘occasional patch’ end either, but somewhere in between. Half a kilo a week of the same thick moisturiser and the occasional steroid cream is where I’ve been for the past 20 years. What would my skin be like? Would I be able to obtain cream while travelling? What cream would it be? Would my skin take to it? How much would I have to carry? The questions went on and on.

I had previously done a few winter trips to Greenland and had similar concerns then. Knowing that at -30˚C my water-based moisturiser would freeze, I’d taken oil-based ointments as well. With a mixture of applying frozen, sorbet-like cream and a bit of ointment I’d made it work – just! But the cold temperatures of Greenland reduced the urge to itch and thoughts of survival and frostbite took precedence. What would the tropics do and how would I react?

I took 3 kg of moisturiser with me and some steroid cream, which made the baggage weight allowance tricky. I did some research and found that in a number of Far Eastern countries products such as steroids can be bought over the counter. However, there is also a big problem with counterfeit pharmaceuticals and you can’t be sure about the potency. I decided to risk it. My biggest concern was the volume of moisturiser I’d be getting through!

We spent the first 2 months in Thailand and – after an initial flare-up which I expected due to the heat and humidity – my skin began to improve. Regular swimming in the sea stung at first but eased after a few days. After 2 weeks and a combination of sun, seawater and a sun-cream that suited me, my skin felt the best it had ever.

4 months and 3 countries later, my skin is silky smooth for the first time in my life. I’m using 500 mg moisturiser every 3 weeks. My original source is depleted and I’m now using off-the-shelf products. I scratch less – mainly only at mosquito bites – and if we’re at the coast I try to swim at least once a day.

While climate has been a factor, I think a number of other things have contributed to this improvement in my skin.

I’m not sitting in an office all day being distracted by the odd itch and being boiled, frozen and dried out by the building’s air conditioning system. I’m outside in the fresh air getting plenty of exercise. Because I’m not working, I’m not stressing about the job, which previously led to absent-minded scratching. (I could be stressing now about finding a job when I get back, but that really would be self-destructive so I choose to ignore it.)

There are less house dust and house-dust mites as few places have carpets and soft furnishings. We’re staying in basic wooden bungalows or guesthouses with wooden or tiled floors. I’d like to try this when we get home – no carpets, less upholstery and I will try to persuade my wife to throw out those ‘essential cushions’!

Our cats are being cared for by family and, although my heart misses them, my skin does not. With my wife continually at my side, any attempts at scratching are immediately reprimanded.

And food – plenty of vegetables, fish, rice and noodles, and not too much red meat, coffee, dairy products or processed foods. A common-sense varied and balanced diet. This is easier said than done but hopefully I can continue.

So what have I learnt? By tweaking aspects of my lifestyle, the result has been a significant improvement in my skin’s condition. This may or may not work for you!

Don’t let your skin hold you back. I have always tried to follow this attitude to life but the concern is always there – a niggling doubt at the back of my mind. My advice to others is to ignore it! You may be surprised at how versatile your body can be.
Eczema & Summer - dealing with the heat

Skin protection is hotting up this season with new changes to regulations – here’s the much-improved version of how to safely handle the rays.

The sun’s rays can have a very pleasant and relaxing effect on us all, and a day spent in summer sunshine can result in a feeling of well-being. However, it is important to remember that exposure of the skin to strong sunlight can have both immediate and long-term effects.

Skin protection measures
In addition to visible rays, which we can see and infrared rays which we feel as heat, sunlight contains ultraviolet rays which we can neither see nor feel. In general these rays damage the skin, but it is their effect which improves eczema in many people, probably by acting on the skin’s immune system. Most patients with eczema find that exposure to moderate amounts of sunlight is beneficial and both adults and children often find that their eczema is greatly improved after a sunny holiday. It is always difficult in this situation to know whether the improvement is due to the sunny holiday, the environment or the general feeling of relaxation and lack of tension that usually comes when on holiday.

Other people, however, experience a deterioration of their eczema in sunlight and, very occasionally, eczema may be directly caused by sun exposure. Even if sunlight helps your eczema, you should still protect your skin from excessive exposure to ultraviolet rays because of their harmful effects. The fairer your skin the more likely you are to be susceptible to these effects. Burning is predominantly due to the so-called UVB rays and severe sunburn can result in blisters, nausea, shivering and fever. Skin cancer and ageing are long term effects of exposure, and are due both to UVB and UVA rays.

Cover Story

How to protect yourself

Reduce exposure
Exposure to the harmful rays is greatest when the sun is high in the sky, that is, in the middle of the day and towards the equator when the sun is overhead. Good advice is to stay out of the sun between 11 am and 3 pm, limit time out of doors and stay in the shade whenever possible. Even on cool or cloudy days, ultraviolet rays still penetrate well. It is very important to be sensible about the amount of sun exposure, particularly on holiday.

Suitable clothing
Wear loose long sleeved cotton tops and trousers which will keep the skin cool and protect from the sun. Use a sun-hat, preferably with a wide brim. Natural fibres for clothing, such as cotton or linen, are preferable to synthetic fabrics, which can make you feel hot and sweaty.

Sunscreens
These should be used on exposed skin and, if you are extremely sensitive on covered skin also. All sunscreens protect against UVB rays and some also protect against the UVA rays. The sun protection factor (SPF), refers to the extent to which the product cuts out UVB to reduce burning and the greater the SPF, the greater the protection against UVB rays, and some also protect against the UVA rays.

Sunscreens should be reapplied every two hours
Water-resistant creams are better if you are swimming but should still be re-applied afterwards. Remember that ultraviolet rays penetrate into water and are also reflected off sand; much radiation comes from the blue sky and not from the sun, therefore, even under a parasol or umbrella, you may still be vulnerable.

Sunscreens are safe to use at all ages, although they occasionally irritate the skin in which case you should change to another. Adults with eczema may find their skin needs greater protection from the sun as they get older.
Sun wise
The big news this summer is that the Therapeutic Goods Administration (TGA) has introduced new standards for sunscreens, making changes to the sun protection factor (SPF) as well as requirements for broad-spectrum. The maximum sun protection factor has now been increased from 30+ to 50+ and the new SPF30 (not 30+) sunscreens need to include greater protection against UVA rays.

Label looker
Under the new standards, the term ‘waterproof’ disappears from sunscreen packaging and is replaced by ‘water resistant’. The term ‘sunblock’ is also a no-no as sunscreen filters, rather than blocks, UVB and UVA rays.

All sunscreens are labeled with a use-by date so check this regularly. Also, store your sunscreens below 30°C as always leaving them in hot areas (check your glove box) may make them less efficient.

Broadly speaking
Cancer Council Australia has commented that while the SPF50+ provides more protection from UVB radiation (which causes sunburn) than a SPF30+, the difference between the two is marginal (98 percent compared with 96.7 per cent). So, if you already have a 30+ sunscreen (that’s still in date), it will still give you adequate protection if you apply it according to the directions.

Cancer Council Australia also says you shouldn’t think of SPF50+ (or any other sunscreen) as ‘sunproof’ and recommends the use of broad-spectrum, water-resistant sunscreen with an SPF of at least 30, applied every two hours. And it’s still important to use clothing, hats, sunglasses and shade for protection, especially when UV levels are three and above, regardless of whether you are using SPF30+ or higher.

Micro magic
Suncreens contain ‘inorganic’ (mineral or physical) ingredients and ‘organic’ (chemical) ingredients. Titanium dioxide and zinc oxide are inorganic reflectors and absorbers, which have long been heroes of sun protection, recognized by the white layer they leave on the skin. Now they can be made to be almost transparent when their particles are broken down into micro or nano sizes.

Knowledge is power
With so many sunscreens on offer, it can all get a bit confusing when it comes to choosing which one to buy. And sunscreens also come with (often confusing) jargon, so it’s reassuring to know that all brands sold in Australia are monitored by the TGA, and that Cancer Council Australia regularly reviews and assesses the latest research.

Moisturising and avoiding irritation
Sun exposure is drying to the skin. Be even more generous than usual with your regular emollients (moisturisers) and perhaps use a heavier emollient than usual at night. If you can, apply your emollient about half an hour before applying a sunscreen. This will stop the sunscreen from becoming diluted by the emollient and will make sure that the sunscreen keeps its protective properties. Pack plenty of your favourite emollients and preparations before going on holiday, as they may be difficult or even impossible to find at some holiday resorts.

Salt water and sand may be irritating for some people with eczema, particularly if the skin is broken or cracked. Particles of sand or salt can lodge in the skin cracks and sting. Chlorine can also be irritating for some people. It may help to apply a thick layer of emollient before swimming.

A tepid shower or a soak in a bath, with oils suitable for eczema, will remove all particles of salt and sand and help to soothe the skin after a trip to the beach or the pool.

The above article was obtained from Diabetic Living Magazine & Exchange Magazine

www.eczema.org.au
Eczema myths busted!

It’s sometimes hard to believe what you hear. We knock down the eczema myths and give you the real facts.

Myth: A lot of moisturizer can eliminate the need for topical corticosteroids
Fact: Proper bathing and moisturizing is essential in managing chronic eczema. Although moisturizers are a first-line treatment, when used alone they will only control the very mildest forms of eczema.

Moderate or severe eczema cannot be treated effectively with moisturizers alone. Once the skin becomes red (inflamed), additional anti-inflammatory medication is needed to control the disease.

Myth: Eczema is most common in elderly adults
Fact: Eczema is actually most common in infants. Eczema affects between 10 to 20 percent of infants and children. For these infants, symptoms can often begin in the first six months of life. Although people often first develop eczema as a child, many often outgrow the condition by adulthood.

Myth: Eczema is caused by an emotional disorder
Fact: Although at one time doctors did believe that eczema was caused by an emotional disorder, we now know that emotional factors, like stress, can make eczema worse. There are techniques that can help you manage the stress, anxiety, anger, or frustration that can lead to increased instances of eczema ‘flare ups’.

Myth: Eczema breakouts only occur in the winter
Fact: Eczema breakouts can occur under a variety of conditions. Though the dry winter months can trigger a flare-up, for some people stress, dry skin, exposure to certain household products like soap or detergent, and rapid changes in temperature can also cause breakouts. During any seasonal change where temperatures get increasingly warmer or colder, eczema breakouts can occur more frequently.

Myth: People who have eczema do not wash properly
Fact: Of course this is not true. Having eczema has nothing to do with personal hygiene; the disease is believed to be caused by a combination of environmental, genetic and immune system factors. In reality, many eczema sufferers bathe much more frequently than non-eczema sufferers to help hydrate the skin!

Myth: You can't go swimming if you have eczema
Fact: Most people with eczema can go swimming. However, some people who have severe eczema find that the chemicals used in swimming pools or the salt in sea water makes their eczema worse, so they choose not to go in. Make sure that before and after you go swimming, you rinse your skin and put on a moisturizer.

Myth: Eczema is just like acne
Fact: No. Eczema is not like acne – they are completely different conditions. However, it is true that some medications may cause acne and complicate eczema. Talk to your doctor, there are different medications that may help.

Myth: Symptoms can be easily seen
Fact: Some of the most recognizable symptoms are visual. However, itching, which may be severe (especially at night), is a common symptom of eczema. Some other recognizable symptoms include red to brownish-grey colored patches, small raised bumps that may leak fluid and crust over if scratched, thickened, cracked or scaly skin, and raw, sensitive skin from scratching. For these symptoms, consult your doctor to find out the best treatment.

Information sourced from www.nationaleczema.org and www.momcentral.com
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My son is Jamie is 4 years old and his eczema seems to be getting worse. He always used to have a dry type of eczema, but recently it has become wet and weepy in places. Sometimes it can be covered with yellow crusts, which we wash off in the bath. My doctor tells me this is a normal pattern of eczema and has prescribed some antibacterial washes and an antibiotic cream to use. The problem is that his skin appears to be less weepy for a while but remains very red – and then he starts scratching a lot because he is itching, and the wet and weeping eczema returns. I know we are in a vicious cycle, but have been told that we have all the right treatment creams. Can you advise on how to get on top of this wet and weepy eczema?

Unfortunately, infection is a very common reason for eczema flaring. The usual culprit is the bacterium Staphylococcus aureus, which is found in greater numbers on eczematous skin than on normal skin. Damage caused by scratching allows it to penetrate and cause inflammation. This then becomes a vicious cycle, of itch—scratch—damage—infection.

Topical antibiotic creams, including those combined with topical steroids, are recommended by NICE for localised areas of infected eczema – use them for a maximum of 2 weeks to prevent resistance becoming an issue. Antiseptic washes and bath oils can also be helpful when skin is infected or flaring but should not be used long term. If Staph. Aureus-infected eczema is widespread, a 1—2 week course of oral antibiotics is recommended.

Problems can occur due to other types of bacteria, such as streptococcus, or even viral infections – most commonly, the herpes simplex (cold sore) virus. These can be trickier for GPs to detect. As a rule of thumb, if any infection is not showing signs of clearing within 2 weeks of treatment, get a review and perhaps ask the GP or healthcare professional to take skin and nasal swabs.

If Jamie were to become unwell, have a painful burning sensation in his skin and a high temperature, this could be a sign of eczema herpeticum (from the herpes simplex virus). This needs prompt attention with correct medication, either orally or intravenously in hospital if the rash is widespread. The rash looks different from ‘normal’ eczema and has grouped, blistered, deep and painful lesions, which spread quickly on the body.

Remembering to do all the basics is also essential. For example, ensure that Jamie has a good supply of emollients and correct topical treatments and is using them appropriately. Don’t put your fingers in any open or round-neck pots as these will become contaminated easily. Opt for pump dispensers if Jamie is prone to infections, as these are more hygienic. Avoid bandages and wet wraps when eczema is infected, as occlusion increases the amount of bacteria on the skin. Also, bandages are notorious for sticking to skin and causing pain on removal, if it is oozing or sore.

If you are still struggling, ask for a referral to your nearest dermatology centre. The team there can investigate fully why Jamie has been unresponsive to current treatments and give you appropriate advice and support.

Julie Carr, Children’s Dermatology Specialist Nurse
Emollient or topical corticosteroid – which should you apply first?

Q I am a middle-aged woman with lifelong eczema. I try my best to keep it under relatively good control but, like lots of people, I feel that my flare-ups come around quickly. I have one burning question to which no healthcare professional has been able to give a simple answer: should you apply your emollient first or your topical steroid? It seems to me to be such a simple question but I can’t seem to get a straightforward answer!

A Thank you for asking this question, which does cause considerable debate amongst people with eczema, parents and healthcare professionals. Emollients and topical steroids are first-line eczema treatments and, when eczema is flaring, they need to be used in conjunction with each other. It is extremely important to use emollients and topical steroids separately and never mix the two preparations together. This is in order to avoid altering chemical formulations, which could lead to ineffective treatment.

Applying emollients and topical steroids at the same time to areas of eczema has raised concerns that topical steroids will be diluted and be less effective.

So, all guidelines recommend leaving a ‘gap’ between applying an emollient and topical steroid. The length of this gap depends on the dryness of the skin and the formulation of emollient (lotion, cream or ointment) – generally this works out as 15—20 minutes for a lotion or cream and 30 minutes for an ointment.

The question of order – whether to apply an emollient or topical steroid first or second – is based on practical, clinical advice rather than research-based evidence. If the skin is very dry, applying emollient first removes dead skin cells, and topical steroids are absorbed more easily into the well-moisturised skin surface, thereby treating the target area (rather than skin scale) more effectively. Alternatively, applying the topical steroid first means that the active areas of eczema are treated, without emollients occluding the target area (this is another reason for leaving a gap). However, there are concerns that applying an emollient after a topical steroid can lead to a risk of spreading the steroid onto unaffected skin.

The most important issue for the parent of the child or person with eczema is that treatments need to be acceptable and manageable, fitting in with family life. In short, there is no correct order for emollients and topical steroids, but adhering to the ‘gap principle’ when using both emollients and topical steroids is the key to successful treatment.

Julie Van Onselen, Dermatology Nurse
Recipes

Delicious eczema friendly recipes!

Creative and exciting new recipe ideas for the table this summer.

Gluten-Free Caramelised Onion and Thyme Tarts

These fabulous tarts are perfect for any occasion and any guest you want to impress!

Ingredients

- 3 eggs, lightly beaten
- 250g fresh reduced-fat ricotta cheese
- 25g butter
- 3 medium brown onions, halved, sliced
- 2 1/2 tablespoons red wine vinegar
- 2 teaspoons fresh thyme leaves

Pastry

- 2 cups gluten-free plain flour
- 150g butter, chilled, chopped pinch salt
- 1 egg
- 2 tablespoons chilled water

Method


2. Divide pastry into 8 portions. Roll 1 portion out between 2 sheets baking paper until 1cm thick. Line a 2cm-deep, 10cm (top), loose-based fluted flan tin. Repeat with remaining pastry and 7 fluted flan tins. Refrigerate for 30 minutes or until firm.

3. Preheat oven to 190°C/170°C fan-forced. Place a large baking tray in oven. Line pastry cases with baking paper. Fill with ceramic pie weights or uncooked rice. Place tins on hot baking tray. Bake for 10 minutes. Remove paper and weights or rice. Bake for 10 minutes or until golden.

4. Reduce oven to 180°C/160°C fan-forced. Whisk eggs and ricotta together in a bowl until smooth. Season with salt and pepper. Divide mixture between pastry cases. Bake for 20 minutes or until mixture is puffed and firm.

5. Meanwhile, melt butter in a saucepan over low heat. Add onion. Cook, stirring often, for 15 to 20 minutes or until onion is soft. Add vinegar and half the thyme. Cook, stirring, for 30 seconds or until combined. Transfer mixture to a bowl.


Recipe by Nadia French - Source Super Food Ideas
Choc-Cherry and Ricotta Trifles

Luscious yet light, these trifles hit the spot with juicy cherries, creamy sweet ricotta and dark chocolate shards.

Ingredients

- 300g pkt frozen cherries, thawed, halved (see note)
- 2 tablespoons fresh orange juice
- 1/2 teaspoon ground cinnamon
- 45g (1/4 cup) pure icing sugar
- 350g low-fat ricotta
- 1/2 teaspoon vanilla bean paste
- 20g dark chocolate, finely grated

Method

1. Combine the cherries, orange juice, cinnamon and 1 tablespoon of the icing sugar in a bowl. Set aside for 5 minutes to macerate.
2. Meanwhile, place the ricotta, vanilla bean paste, two-thirds of the chocolate and the remaining icing sugar in a bowl and stir until well combined.
3. Divide half the cherry mixture among serving glasses. Top with half the ricotta mixture. Repeat with remaining cherry mixture and ricotta mixture. Top with the remaining chocolate.

Gluten-Free Chocolate Shortbread Stars

The kids will love these star-shaped bikkies. Best of all they are egg-free and gluten-free so no one misses out.

Ingredients

- 125g butter, softened
- 1/4 cup caster sugar
- 1/2 teaspoon vanilla bean paste
- 2/3 cup gluten-free plain flour
- 1/2 cup rice flour
- 2 tablespoons cocoa powder
- 1 3/4 cups pure icing sugar
- Coloured sugar, to decorate (see notes)

Method

1. Preheat oven to 150C/130C fan-forced. Grease 2 large baking trays. Line with baking paper.
2. Using an electric mixer, beat butter, caster sugar and vanilla until light and fluffy. Sift flours, cocoa and 1/4 cup icing sugar into a bowl. Gradually add flour mixture to butter mixture, beating until combined.
3. Turn dough onto a lightly floured surface (see notes). Knead until just smooth. Roll out dough between 2 sheets of baking paper until 5mm thick. Using a 5cm star-shaped cutter, cut 30 stars from dough, re-rolling scraps. Place stars, 2cm apart, on prepared trays. Refrigerate for 15 minutes or until firm.
4. Bake for 18 to 20 minutes or until biscuits are just firm to touch, swapping position of trays halfway through cooking. Stand on trays for 5 minutes. Transfer to a wire rack to cool completely.
5. Sift remaining icing sugar into a bowl. Add 1 tablespoon cold water if necessary. Spoon icing into a snap-lock bag. Snip off 1 corner. Leaving a 5mm border around edges, pipe icing over biscuits to cover. Sprinkle with coloured sugar. Set aside for 20 minutes or until set. Serve.

Notes

- Coloured sugar is in the baking aisle of supermarkets. Use gluten-free flour or rice flour to dust surface.
- For recipes classified gluten-free, please always check your ingredients to ensure they do not contain gluten.

Recipe by Nadia French - Super Food Ideas
Modern health woes

Modern life technology has many benefits and our improved understanding of health and nutrition is empowering. However, our new-found knowledge can work against us.

Electro-hypersensitivity

If you get headaches using your mobile phone, concentration problems near wi-fi equipment, you may be sensitive to electromagnetic radiation (EMR). Electro-hypersensitivity is an allergic-type reaction that affects people when they’re exposed to it and disappears when they’re not. It’s not officially recognised by the medical community, so no tests are available.

Lyn McLean, EMR Australia, says it has become increasingly common. “It produces unpleasant symptoms such as headaches, sleep, mood, digestion, immunity, concentration and skin problems when sufferers are exposed to electrical or wireless technology including mobiles, wi-fi and smart meters”.

What you can do:
Find out your level of exposure. Visit emraustralia.com.au to obtain a testing kit to measure exposure levels for a cost of $150.00. Reduce your exposure by using a corded phone or computer mouse and shielding products like a ‘Blocsock’ that cuts 96% of the radiation absorption from your mobile phone.

Computer vision syndrome

Eyestrain, headaches and muscle atrophy is linked to spending long hours in front of a screen. Sydney optometrist Jim Kokkinakis says, “dry, scratchy eyes from forgetting to blink is a common problem with the number of times the average computer user blinks being only 30% of normal blink rate. Australia is experiencing a myopia (shortsightedness) epidemic, caused partly by too many screen hours from a very early age.” The blue light from LED screens can increase your risk of serious eye conditions like macular degeneration and retinal toxicity.

What you can do:
Use the 20/20/20 rule. Every 20 minutes, stand up and give your eyes a 20-second break by focusing on something 20 feet away. Invest in newer low blue light and flicker-free technology for your electronic equipment. Visit eyestrain.com.au.

Facebook FOMO

Constantly checking your Facebook notifications FOMO (fear of missing out) is nothing new, says Sydney psychologist Emma Webster. “It’s associated with strong desire to stay connected and social media like Facebook makes it easier to see what others are doing. Problems arise when you make comparisons or doubt your own decisions.”

FOMO is a form of social anxiety that can have you overcommitting at the expense of priorities.

What you can do:
If you’re frequently checking notifications or you feel anxious or inadequate, take a break. Set boundaries regarding Facebook time, and don’t take your phone to bed with you.

Recreational hearing loss

Audiologist Kellie Walker, Ear Science Institute, says Australians are damaging their ears - the biggest offender being personal music players. The tiny hair cells in your ears become damaged when bombarded with noise higher than 85db (decibels) for hours on end. The British Medical Journal reports that music players, especially those with earphones that fit into the ear canal, can emit more than 120db – comparable to the noise from a jet plane.

What you can do:
Turn it down. Walker says “It’s easy to get used to loud music but if your voice is louder than normal while wearing earphones, your music is too loud. Muffled hearing or tinnitus (ringing in the ear) are also sounds of damage.”

If damage becomes permanent, hearing aids are the only option, so prevention is vital. Use noise-cancelling headphones, dial down the volume and consider an otoacoustic emissions test, which can detect damage to your hair cells before you have any symptoms.

Orthorexia nervosa

Orthorexia nervosa is an obsession with healthy food. “Recently we’ve seen a trend towards clean eating and ultra-healthy diets which seems like a healthy thing to do, however if the eating out or having a slice of pizza causes anxiety, it can become a real problem and can lead to a full-blown eating disorder,” says Tania Ferraretto, Dietitians Association of Australia.

Eliminating whole food groups like fats or grains because they don’t fit your healthy eating standards can lead to serious health issues. “Replacing dairy with almond or rice milk might seem a good idea now but I’ve seen fit, athletic women with stress fractures in their legs because of low calcium intake and not getting enough grains can increase your risk for bowel cancer” says Ferraretto.

What can you do:
Obtain nutritional advice from a reliable source – not your friend/personal trainer. Ferraretto says “Food is important for its nutritional components but if your diet is so controlled your social life could also suffer.” For more dietary information, visit daa.asn.au.

Words by Lorraine Sathicq

This article was obtained from Good Health Magazine
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