

# The Eczema Insights Report (2017)

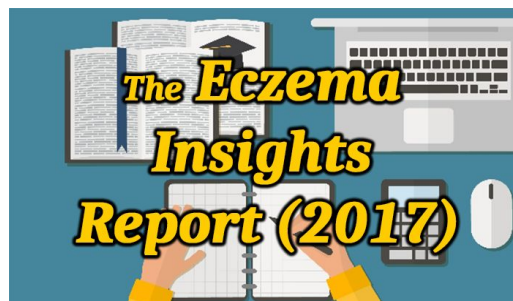
Source: <http://cureeczemaslowly.com/eczema-insights-report-2017/>

EIR 2017 is for all things eczema at a glance.

Key findings of industry news, community updates, troubleshooting to FAQs, and hand-picked resources for people seeking to reverse eczema.

## Why The Eczema Insights Report (EIR)?

- **Only the important.** There's TOO MUCH information online today on eczema compared to when I first started out in 2013. I call it "insights" because I only share the important.
- **Accurate and effective.** As someone with in-field experience, it is disappointing to read a lot of articles online either with wrong information, blurred grey area information, or pure-theory unactionable advice.
- **Skim-friendly.** More people are reading CES by mobile (71% to be exact). It's easier to read concisely written (not necessarily shorter) content for easy consumption.



In short: the report acts as a year-end summary on eczema designed to be relevant, useful, and actionable.

If you have any feedback/suggestions, please tell me in the comments below and I'll add to the next edition!

## What does the 2017 report include?

- (A) Industry News (e.g. research, government, NGO, news)
- (B) Community News (e.g. blogs, advocacy, social media)
- (C) Personal Updates (mostly on CES)
- (D) Resources
- (E) Actionable Insights

## A. Industry News

Industry news include medical industry, academic research, charitable organizations, news.

- [Dupilumab](#). This is the buzz of 2017. It's an immune-targeting drug that has been in research long ago even when I first started this website. It's been through 3+ phases of trials and approved in USA. **1/3 of trial participants see improved symptoms for both eczema and**

**asthma (note: interlinked diseases).** How do you take it? Injection method. I feel that quite overdone and if you need to go so far to use a possibly overpriced drug via injection, there must be something off from the beginning. I'd rather go for the nutritional approach and actually fix it. Instead of taking shortcuts. (Potential exception: highly severe eczema patients.)



- [Crisaborole](#). An ointment designed to relieve skin symptoms e.g. eczema and psoriasis. [Read the news coverage](#).
- [BREAKING NEWS: Routine use of corticosteroids for atopic dermatitis discouraged by IEC](#). "The International Eczema Council (IEC) is recommending that the routine use of systemic corticosteroids for atopic dermatitis be discouraged and instead, it should be reserved for special circumstances." (Nov 6 2017)
- [Naming Issues](#). **Have you ever wondered the differences of: atopic dermatitis, atopic eczema, eczema?** Because everyone calls eczema eczema; atopic dermatitis (AD) or atopic eczema (AE) are all three used interchangeably. The confusion and lack of clear coinage results in this research paper analyzing what people Google. Interesting and creative efforts to the team! (No but seriously, definitions matter.)

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**Something to think about:** On par with the development in drugs/medications targeting eczema, whilst likely for good intentions but is there any progress made towards how conventional eczema is managed?

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I want to share two research publications that are quite comprehensive (note: technical):

(1) Guidelines for eczema management for pharmacists

I share this flow chart because it shows how pharmacists approach an eczema patient. Will the newly arrived patient be referred to a physician? Will the person come back again later for a drug? How does the pharmacist decide?

(For the flow chart: <http://cureeczemaslowly.com/wp-content/uploads/2017/12/figure-1.jpg>)

[\(Source\)](#)

(2) Japanese guidelines for eczema management (physician)

Published in 2017. Currently one of the most updated publications on eczema management, prevalence, diagnosis, causes/trigger factors, and treatment. It's quite a long read (took me an hour) but I highly recommend to those who are interested to self-educate on the current medical management approach on eczema.

[\(Source\)](#)

## B. Community News

Blogs, advocacy organizations, social media.

- [National Eczema Week 2017](#). Definitely check it out and keep in mind if you are based in the UK. Can get connected and meet people who are in the same path.
- [AtopicDermatitis.net](#). Bookmark this online community-oriented content space. It features near daily updated content from medical professionals, patient advocates, experienced contributors. There is an abundance of knowledge (theory) and wisdom (experience-based advice) to be accessed here!
- [Merge of Authority Nutrition and Healthline \(Aug 2017\)](#). If you've ever read the quality posts on Authority Nutrition you will know it as your go-to website for easy-to-read and evidence-based articles on nutrition. For long I have used it because Kris' content is simply superb. Now they have merged with Healthline which is 5x their traffic reach, and can be accessed here instead: [www.healthline.com/nutrition](http://www.healthline.com/nutrition).

## C. Personal Updates

Highlights of 2017

- [Launched The Eczema Manual \(Sep 2017\)](#). This cannot be achieved with supportive readers and friends, including Zakariyya, Emily, Tommy, Senette, Mary, and many more of course!
- [Published 8 articles on CES](#). I strive to maintain a level of usefulness in the monthly content I make. Need to work on consistency to make it monthly though.
- [Published 2 articles on AD](#). One on the [daily life of an eczema patient](#) targeted for non-sufferers, one on how eczema differently affects the patient [across the ages of 10, 15, 20](#).
- [Created "The Eczema Series": 3 free videos \(subscribers\)](#). When you sign up for the newsletter, you will receive these 3 private links to view on YouTube each around 20 minutes of info-rich explanations of eczema.
- [Crafted 5 actionable skin tips emails \(subscribers\)](#). Delivered to your email over 2 weeks on: what chemicals to avoid, 7 pro-eczema foods to avoid, 8 relatively safe food groups, the what/when/how of eating, and finally non-dietary aspects.



Plans for 2018

- **Produce a Chinese book translation / further spread.** Goal is to maximize reach.
- **Re-launch CureEczemaSlowly TV.** As a goal to maximize the reach of CES content around the world and cater to different audiences, I will publish video based content. Stay tuned!

- **Start personal coaching.** To drive more direct tangible impact, I will begin doing some calls with readers to help create a road map to get more action done.
- **Increase engagement.** I still need to work on being responsive to emails, Facebook messages, blog comments! Sometimes I receive questions which can be found on CES, so do browse around and the answers may arise faster for your convenience!

If you wish to support CES, do [order a book](#) and give to someone you know who will find it useful!

## D. Resources

General resources I discovered.

- [National Eczema Society \(UK\)](#). A registered charity in UK. The organization is great for UK residents with physical magazines (e.g. conversations with existing patients) and other informational packets. Factsheets are also available.
- [EczemaAdvice.co.uk](#). Based in the UK, can access qualified dermatology nurses for a call to discuss with your child's eczema.
- [National Eczema Association \(USA\)](#). Charity based in USA. Have an [informative YouTube channel](#). Check out their talks. Organized and patient-centric.

**Note:** I don't advocate for a full-fledged eczema management approach based ONLY on conventional medicine (e.g. steroids). Some sites are listed because of useful content. Free discussions with nurses is fantastic. However, no eczema solution is completely skewed to either fully naturally (also venturing into the zone of pseudoscience) OR fully scientific (too restrictive, rigid and hence ineffective & inefficient).

Recommendations on other eczema experts/resources:

- [Christina from The Flawless Program](#). Her YouTube channel and subscriber-exclusive emails are quite informative.
- [Abby from Prime Physique Nutrition](#). Abundance of content, especially interviews!
- [ScratchMeNot \(US\)](#) and [BambooBubby \(AUS\)](#). These two vendors distribute garments designed for infants to reduce the damage caused by itching. Great for infants who naturally itch and cannot halt it consciously.
- [The Eczema Store](#). Based in US but ships worldwide. One of the largest online stores distributing creams and clothing items tailored for eczema patients.

If you know any other great resources, let me know!

## E. Actionable Insights

Non-prioritized takeaways:

1. **Tests are only one source of indication.** There is growth in accessing tests, and better examining ourselves. Genetic, food intolerance, allergy screenings/tests do offer a detailed and specific report on your triggers. But it's not uncommon for **false positives** and **incomplete analyses**. And it's **not timely** because our sensitivities do change. Then we have to do tests again, and it costs money, takes time, and then we have to worry about accuracy. *Learn more: [mother's struggle with food allergies here](#).*
2. **The solution remains simple.** Reversing eczema requires dietary and non-dietary changes to promote an overall anti-inflammatory lifestyle. **Dietary** means [low-salicylate](#), [low-FODMAP](#), and [pro-liver detoxification](#). **Non-dietary** means SES management -- *stress less, exercise more, sleep well*.
3. **Discipline is still key.** The issue with eczema today is not the lack of solution but the lack of consistency and clarity. Implicitly, that's support. We have too many different treatment suggestions causing confusion, and too little of maintaining a diet or protocol for a sustained period of time without disturbance. Issues: too many food choices and social circumstances.
4. **Create accountability.** Once we know discipline is an issue, we can overcome the **challenges** e.g. cheat meals, peer pressure, conscious poor food choices, unintentional poor food choices, with **solutions** e.g. monetary incentive with close friend/family, explaining to friends why you cannot eat something while in a social setting or think of a reasonable simple answer ("don't feel well" or "trying a diet for fun"), developing the habit of reading/thinking about the ingredients every time you eat.

Suggested Further Learning

- [Google Alerts](#). If you are interested in getting email updates on certain keywords / search queries, you can set up an automated alert with Google. That's how I get some of my keyword-based news.
- [Recommended Reading: The Only List of Eczema Tips You'll Ever Need](#)

## Final Remarks

I have been writing CureEczemaSlowly.com (CES) for four years now since 2013 July, here's a summary of each year in focus:

- 2013-14: [Nutrition issues](#), [environmental triggers](#)
- 2014-15: [Fasting / experiments](#), [failures \(e.g. discipline\)](#)
- 2015-16: [Contradictions](#), [stages of recovery](#)
- 2016-17: [Deeper analyses](#), [case studies](#), [comprehensive lists](#)

Whilst content trends do change to avoid repetition (including other writers), there are certain themes that remain relatively CONSTANT regardless of technology/nutrition trends.

I highlight them below because all of us will undeniably read new content but... no matter how different each new piece of content may appear for 2018, 2019 or beyond, **some "laws" just don't change because it's simply how eczema works:**

- Food is medicine.
- Consistency.
- The purpose of skincare topical products (moisturizers): alleviate unpleasant skin symptoms WHILE you are undergoing a complete recovery program.
- This multi-named "eczema recovery program" = overall anti-inflammatory dietary and non-dietary management.
- There's nothing much you need to pay for in eczema recovery except for food and guidance.
- **We don't know everything about eczema but we know ENOUGH to reverse eczema.** (Unresolved mysteries: gluten or not; best approach in the spectrum of gradual steroid reduction to complete withdrawal; food vs supplements.)

At max, what's going to change for eczema in the future has nothing we need to invest in substantial attention. It's either a new drug or a new app. Solutions listed above do not change.

I wish everyone a happy and successful 2018!