

Dermal Therapy's

Skin Relief Range

Training Slides



What is Eczema?

Eczema (atopic dermatitis) is a recurring, non-infectious, inflammatory skin condition affecting one in three Australasians at some stage throughout their lives. The condition is most common in people with a family history of an atopic disorder, including asthma or hay fever.

Atopic eczema is the most common form of the disease among Australasians. The skin becomes red, dry, itchy and scaly, and in severe cases, may weep, bleed and crust over, causing the sufferer much discomfort. Sometimes the skin may become infected. The condition can also flare and subside for no apparent reason.

Although eczema affects all ages, it usually appears in early childhood (in babies between two to six months of age) and disappears around six years of age. In fact, more than half of all eczema sufferers show signs within their first 12 months of life and 20 per cent of people develop eczema before the age of five.



Child Face
Eczema

What are the symptoms of Eczema?

- Moderate-to-severely itching skin (this symptom separates eczema from other skin rashes)
- Recurring rash - dry, red, patchy or cracked skin (In infants and toddlers, the rash usually appears on the face, elbows or knees. In older children and adults, the rash appears less often on the face, and more commonly on the hands, neck, inner elbows, backs of the knees and ankles)
- Skin weeping watery fluid
- Rough, "leathery," thick skin
- Lesions which may be infected by bacteria or viruses.



Adult Foot Eczema

What causes Eczema?

Although the exact cause of eczema is unknown, it appears to be linked to the following internal and external factors:

Internal factors

- A family history of eczema, asthma or hay fever (the strongest predictor) - if both parents have eczema, there is an 80 per cent chance that their children will too
- Particular food and alcohol (dairy and wheat products, citrus fruits, eggs, nuts, seafood, chemical food additives, preservatives and colourings)
- Stress



Adult
Face Eczema

External factors

- Irritants - tobacco smoke, chemicals, weather (hot and humid or cold and dry conditions) and air conditioning or overheating
- Allergens - house dust mites, moulds, grasses, plant pollens, foods, pets and clothing, soaps, shampoos and washing powders, cosmetics and toiletries.

What are the treatment options for Eczema?

- Topical corticosteroids that help reduce inflammation and itchiness. This is the most common form of eczema treatment. Most topical corticosteroids are available on prescription. However some milder strengths and non-steroidal options are available in pharmacy.
- Using intense moisturisers in-between the steroid treatment
- Sedating antihistamines that induce sleep and reduce itchiness
- Wet bandaging that soothes the skin, reduces itchiness and helps heal lesions
- Antibiotics that treat secondary infections
- Allergy testing (prick or blood tests) that may help establish trigger factors and dietician for diet assistance



Child Hand
Eczema

Eczema in Australasia

Eczema is a recurring, non-infectious, inflammatory skin condition affecting one in three Australasians at some stage throughout their lives. The condition is most common in people with a family history of an atopic disorder, including asthma or hay fever.

- Six million Australians have Eczema & Dermatitis.
- 1-5 children suffer its painful effects (Eczema Association of Australia)

Eczema usually appears in childhood, and disappears around six years of age. Adult onset eczema is often difficult to treat, and the use of Eczema creams help to prolong the period on needing cortisone.

What is Psoriasis?

Psoriasis is a non-contagious skin disorder that affects 125 million people worldwide – 2% to 3% of the total population, according to the World Psoriasis Day consortium (<http://www.mg217.com/your-psoriasis/statistics-about-psoriasis/>).

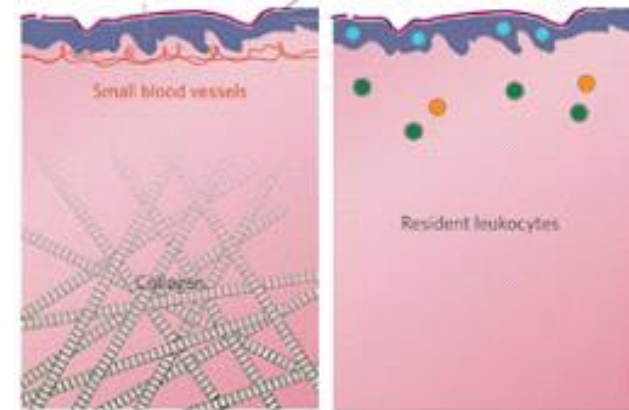
Newly-produced skin cells normally mature over a period of three to four weeks while travelling to the skin's surface to be shed. However, in skin affected by psoriasis, this process is accelerated and new skin cells reach the surface within 2–6 days. The rapidly-matured new cells mix with the old cells on the skin surface resulting in raised, inflamed, scaly, red skin lesions, known as plaques, which can often be inflamed, itchy and painful and can crack and bleed.

Although psoriasis most commonly appears on the scalp, knees, elbows, lower back, hands and feet, it can in fact develop anywhere on the skin, including genital areas, fingernails and toenails. The most common form of psoriasis is chronic stable plaque psoriasis (also known as psoriasis vulgaris) affecting 85–90% of people with psoriasis. Once a person develops psoriasis, it usually continues throughout their life, although it may get better or worse and even disappear for periods of time (Australasian College of Dermatologists).

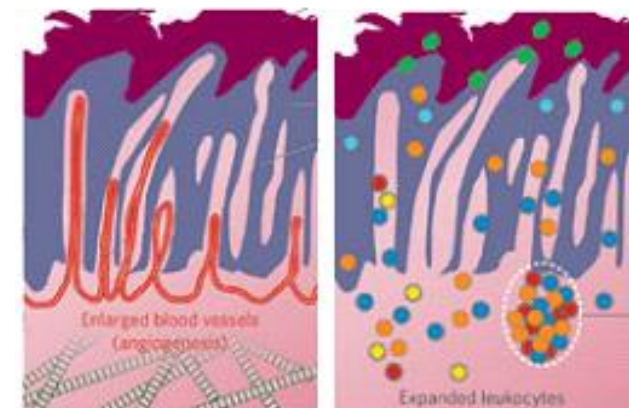
What causes Psoriasis?

Psoriasis is an autoimmune disease, meaning that it is caused by overactivity of the immune system in the skin. White immune cells (leukocytes) accumulate and produce a range of chemicals, which act as if they are fighting infection or healing a wound and lead to an abnormally rapid rate of skin cell multiplication and formation of psoriasis plaques.

Although normal skin contains notable numbers of immune cells, in psoriatic skin, the leukocyte number is greatly increased and immune processes are activated. The over-produced cells in the outermost layer of the skin stack abnormally, leading to the formation of silvery white scales waiting to be shed. Blood vessels are enlarged to support the increase in cell production, leading to the redness associated with psoriasis plaques.



Normal Skin



Psoriasis Skin

What are the treatment options for Psoriasis?

1. Topical treatments

Topical treatments are creams, lotions, ointments, mousse or gels that are rubbed directly into the skin and are typically given when psoriasis is mild to moderate. The different types of topical treatments are (The Psoriasis Association):

- Vitamin D analogues
- Coal tar preparations
- **Topical steroids**
- Dithranol
- Vitamin A analogues

2. Phototherapy therapy

3. Systemic medications

Corticosteroids:

Mode of action

Anti-inflammatory, immunosuppressive and antimitotic activity against cutaneous fibroblasts and epidermal cells. They are also vasoconstrictive.

Indications

Relief of inflammation and itch in conditions such as eczema and psoriasis

Precautions

Diabetes—avoid extensive use as systemic absorption can increase blood glucose concentration. **Immunocompromised patients** — avoid extensive use as systemic absorption can result in further immunosuppression.

Skin

Contraindicated for application to **ulcerative skin conditions, untreated skin infections, rosacea, acne vulgaris or areas with impaired circulation, Skin atrophy (eg in the elderly)** can be potentiated by topical corticosteroids and can increase their systemic absorption.

Children

Increased systemic absorption due to higher surface area–weight ratio. Skin permeability increased in neonates and infants.

.....continued

Hydrocortisone is adequate initial treatment for most children with mild-to-moderate disease. Use more potent products for short periods under close supervision to regain control of disease.

Consider a corticosteroid-free period of at least 2 weeks after each 2–3-week period of daily use.

Pregnancy

Use the lowest appropriate potency of topical corticosteroid for the shortest time necessary where emollients and other simple measures are inadequate

Adverse effects

Common

Folliculitis, steroid rosacea, perioral dermatitis, skin atrophy, delayed wound healing, striae, purpura, depigmentation, telangiectasia, acneiform eruptions

Rare

Hyperaesthesia, subcutaneous tissue atrophy, hypertrichosis, systemic effects (growth retardation, hypothalamic–pituitary–adrenal axis suppression, hyperglycaemia, Cushing's syndrome, cataract, glaucoma)



Current treatment protocol as per NICE guidelines:

Mild atopic eczema	Moderate atopic eczema	Severe atopic eczema
Emollients	Emollients	Emollients
Mild potency topical corticosteroids	Moderate potency topical corticosteroids	Potent topical corticosteroids
	Topical calcineurin inhibitors	Topical calcineurin inhibitors
	Bandages	Bandages
		Phototherapy
		Systemic therapy

Safety of corticosteroid in the short term has been established, but its long term safety is uncertain & yet to be confirmed due to some severe side effects.

Treatment of Eczema is really a regimen and when done properly may reduce the need for topical corticosteroid use

Emollients help soften the texture of skin and relieve pruritus due to excessive dryness. Emollients create a protective layer that helps aid corneocyte water retention and inhibits irritant entry

Consistent use of skin protectants with soothing actions for the prevention and maintenance of the epidermal skin barrier

Avoid irritants such as soaps, products containing SLS etc. , as they have a drying effect.

Introducing an alternative treatment regimen for Eczema and Psoriasis sufferers



Dermal Therapy Skin Relief Cream and Skin Relief Moisturising Lotion

This is how our product are placed in the Eczema treatment regime -



Skin Relief
Moisturising
Lotion as a
specialised
emollient

Mild atopic eczema	Moderate atopic eczema	Severe atopic eczema
Emollients	Emollients	Emollients
Mild potency topical corticosteroids	Moderate potency topical corticosteroids	Potent topical corticosteroids
	Topical calcineurin inhibitors	Topical calcineurin inhibitors
	Bandages	Bandages
		Phototherapy
		Systemic therapy



Skin Relief
Cream - Non
steroidal
option

Natural Alternative to Steroids for the symptomatic relief of mild to moderate eczema, psoriasis & dermatitis.

Mild, soothing and moisturising cream for the relief of dry, itchy or sensitive skin due to extreme dryness.

Formulated with natural ingredients to provide topical relief with emollient and therapeutic properties. Homoeopathic ingredients is specially chosen for the symptomatic relief of Eczema and Psoriasis.



What does the Skin Relief Cream contains?

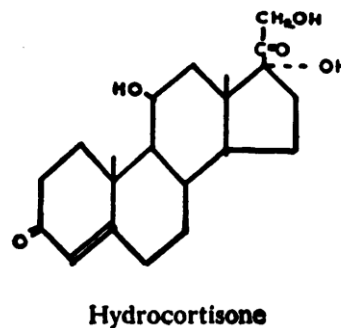
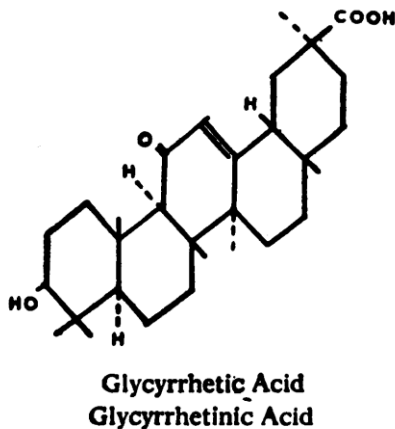
10 Traditional herbal extracts and essential oils including 5 Anti-inflammatory ingredients:

- Extract equivalent to dry Aloe Vera (Aloe barbadensis) inner leaf 100 mg
- Liquorice (Glycyrrhiza glabra) root and stolon 20 mg
- Evening Primrose Oil 5 mg
- Lavender Oil 40 mg
- Chamomile Oil (English) 5 mg Zinc oxide 50 mg
- Vitamin E (dl-alpha Tocopherol acetate) 2 mg
- Borax 20x 2mg
- Graphites 6x 2mg
- Natrum muriaticum 12x 2mg
- Kalium sulphuricum 3x 2mg

How does it work?

Action one:

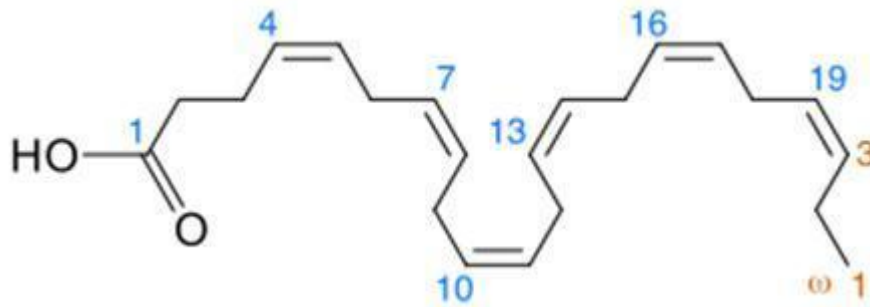
Presence of glycyrrhetic acid in Liquorice extract which exert an effect similar to that of topical hydrocortisone due to structural similarity. It also inhibit phospholipase A2 activity, cyclooxygenase and prostaglandin activity as a part of its anti-inflammatory properties



How does it work?

Action two:

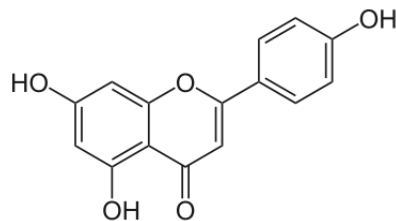
EPO has been found effective externally for relief of psoriasis & Dermatitis. It contains gamma linolic acid (GLA), an essential fatty acid that can correct the underlying metabolic defect in Eczema and helps ensure the fluidity and flexibility of cell membrane



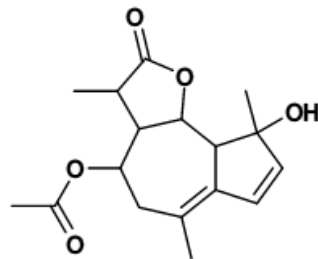
How does it work?

Action three:

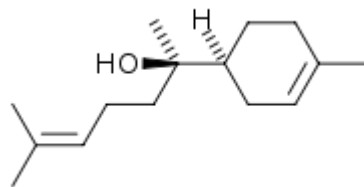
Chamomile oil has anti-inflammatory property due to the presence of apigenin, matricine, alpha bisabolol etc. It can also help reduce redness associated with inflammation due to its intrinsic anti-inflammatory action in Eczema & Psoriasis.



apigenin



Matricine



α-Bisabolol



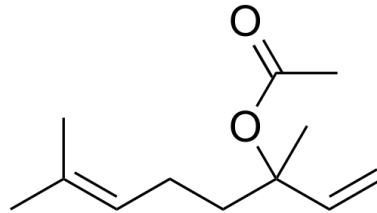
How does it work?

Action four:

Lavender Oil : Traditionally used to relieve Eczema, Psoriasis and dermatitis. It has cell regenerating property and a topical analgesic action that helps relief itching due to presence of Linalool and Linalyl Acetate .



Linalool



Linalyl Acetate



How does it work?

Action five (combine action):

Tissue regeneration action
From Aloe Vera



Protective & healing action
From Zinc Oxide



Efficacy action from
Homeopathics



Borax 20x 2mg
Graphites 6x 2mg
Natrum muriaticum 12x 2mg
Kalium sulphuricum 3x 2mg

Borax 20x : Homeopathic ingredient. Generally indicated for Eczema & Psoriasis and skin eruptions.

Graphites 6x: Homeopathic ingredient. Indicated for eczema in folds and creases of the skin, on the hands and behind the ears; for skin which cracks and oozes; and for very itchy skin.

Natrum Muriaticum 12x: Homeopathic ingredient. Indicated for Psoriasis with eruptions, especially in skin creases and hair margins; and where the skin is red and inflamed.

Kalium Sulphuricum 3x: Homeopathic ingredient. Indicated for all scaly skin conditions, including Psoriasis and some forms of Eczema. Sulphur is also indicated for atopic eczema

How should you cleanse when you have Eczema?

- Gently cleanse your skin each day.
- Use mild, non-soap cleansers.
- Use fragrance-free, dye-free, low-pH (pH 5.5) cleansing products.
- Moisturise immediately after cleansing while your skin is still wet.
- Avoid scrubbing with a washcloth or towel; pat instead.

Our skin surface is much more acidic than soap. This is called the acid mantle of the skin which protects it from the natural microbial growth. the average pH of soap is 9–10.5 while the normal pH of skin is 4–5.5. Using soap can disrupt this acid mantle and increase the skin's pH to a higher level which is susceptible to infection on a compromised skin like in eczema or psoriasis condition.



How Dermal Therapy's Skin Relief Cream is unique compared to other market products?



1. THE ONLY product that combines the efficacy of **10 active ingredients**
2. Combines **5 Anti-inflammatory** soothing herbs/natural ingredients
3. GA from Liquorice extract **acts like a natural steroid**

Introducing **Dermal Therapy Skin Relief Moisturising Lotion**,
to complement the treatment cream



- Eczema and flare up support cream for intense moisturisation on eczema prone skin
- With **2% colloidal oatmeal**
- Provides **24 hours** moisturisation
- Provides **37% increase** in moisturisation in 1 week
- **Non-steroidal**
- Petrochemical, paraben, colours , SLS free and fragrance free
- Dermatologically tested
- TGA listed

Clinical Trial 1 (long term)

Test products: Subject number: 20
(20+1=reserve)

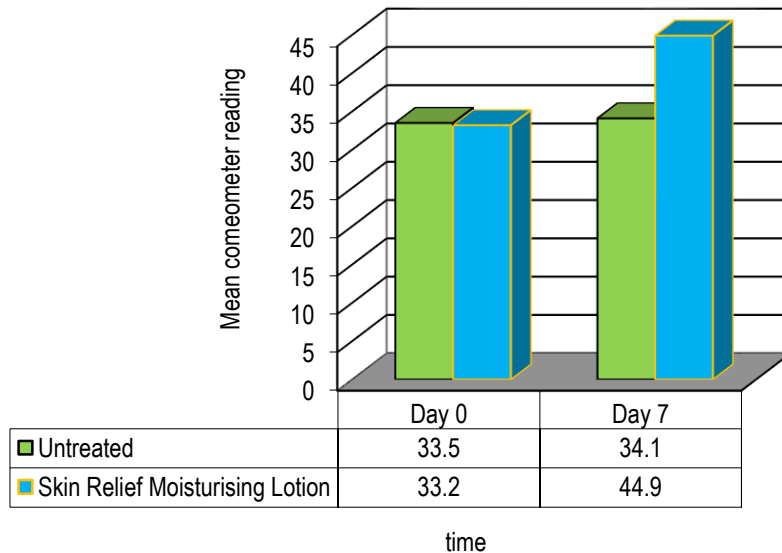
Test Sites: Inner sides of forearms

Duration: 14 Days

Frequency: Twice daily

Performed by: Derma Consult
Concept GmbH Von-Weichs-Str 9A
53121 Bonn

Experimental data of skin hydration



Clinically tested to increase skin hydration by 37% in 7 days

Clinical Trial 2 (short term)

Test products: Subject number:
20 (20+1=reserve)

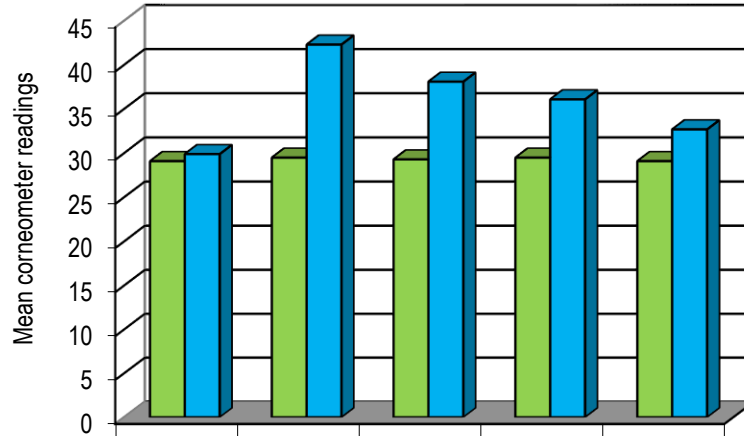
Test Sites: Inner sides of forearms

Duration: 24 hrs

Frequency: 2hr, 4hr, 8hr and 24 hr
application

Performed by: Derma Consult
Concept GmbH Von-Weichs-Str
9A 53121 Bonn

24 hours hydration effect



Untreated	29.1	29.5	29.3	29.5	29.1
Skin Relief Moisturising Lotion	29.9	42.3	38.1	36.1	32.7

Time

Clinically tested to provide 24 hours of hydration after single application

Clinical Trial 3 (hypoallergenic)

Table: Results of Occlusive Patch test conducted on 50 individuals

Visual evaluation/Score	Erythema		Scaling		Fissures	
	48 hr	72hr	48hr	72hr	48hr	72hr
Control 1: Water	0.0	0.0	0.0	0.0	0.0	0.0
Control 2: SDS (1%) a known irritant	0.36	0.0	0.12	0.32	0.0	0.1
Eczema Moisturising Lotion	0.0	0.0	0.0	0.0	0.0	0.0

Clinically tested to Non-irritating & hypoallergenic

How to co-position with DT Skin Relief Cream?



**Treatment
cream for acute
flare ups**

**Specific intense moisturiser for improving water retention
& barrier function due to its soothing anti-irritation
component**

How to Co-position SR cream with Anti-itch Soothing Cream?

- Should complement each other on shelf sitting side by side
- Anti-Itch Soothing Cream provides short term VERY quick symptom relief
- Skin Relief Cream provides long term anti-inflammatory benefit



Skin Relief Cream	Anti-itch Cream
Combination of anti-inflammatory herbs for long term anti-inflammatory benefit	Only provide short term itch-relief, no significant anti-inflammatory benefit
For the management of eczema as a steroid alternative	Only for the symptomatic relief of Itch which is a symptom of eczema and many other skin condition. It is not a steroid alternative for eczema management.
Only for Eczema management	Can be used to manage itch from other sources such as sunburn, insect bite, extreme dry skin etc.

References:

National Eczema Foundation <http://www.nationaleczema.org>

Psoriasis Australia <http://psoriasisaustralia.org.au/>

Eczema Foundation Australia <http://www.eczema.org.au/>

For further information on products or any technical enquiry:

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