



SAMMY'S SKIN

The Story of a Boy, His Eczema, and the Quest for a Drug-free Solution



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SAMMY'S VISITORS

MONDAY, APRIL 15, 2013

The Relationship Between Topical Steroid Use and Spreading Yeast Infections

I last wrote about Sam's [fully body yeast infection](#), which I believe was just one unfortunate side effect of long term improper topical steroid use. After seeing heartbreaking photos of another little boy on the solve eczema user's forum who looked a lot like Sam used to look, and was also on high potency steroids, I decided to do some research to see if I could find scientific support for my suspicions.

My findings strongly support my long-standing suspicions regarding topical steroids and their propensity to create an ideal environment for and proliferate spreading of infection, especially skin candida (yeast). Symptoms of candida infection include redness, raised or swollen patches, burning sensation, intense itchiness, and indistinct (or scalloped) rash edges. Such infections of the skin are hellish to endure, but if treated properly and aggressively, recovery can be surprisingly swift and circumvent needless suffering.

Infected eczema on Sam's legs, May 2012

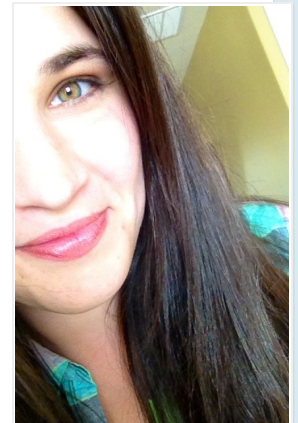


The problem with out of control infections like these, is that even if a child's eczema is 100% detergent related, once that eczema becomes infected you *must treat and eliminate the infection first* before you will see any results from detergent removal or soap washing. We addressed both at the same time - the infection and the underlying detergent reactive eczema, which made the recovery process very comfortable and near painless.

Some interesting tidbits:

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ABOUT ME

I am CJ, mother of three. Our youngest, Sam, has had eczema from birth. At 9 months that eczema became severe (covering 95% of the body). From that time forward Sam's body was constantly inflamed with the only relief coming from topical steroids and other drugs. As soon as we'd stop a drug, Sam's skin would flare right back up from head to toe. I knew this band-aid method would never get to the root of the problem. Like many mothers of children with eczema, I quickly became frustrated with the lack of answers from our pediatrician and allergist and unwilling to accept that a lifetime of steroid cream and allergy medication is the only cure. I knew there must be something causing the eczema that we could uncover and eliminate. This is the record of our journey- how I came to find a long term and drug-free solution for Sam's eczema.

The normal presentation of superficial infections can be altered when topical corticosteroids are inappropriately used to treat bacterial or fungal infections. **Steroids interfere with the natural course of inflammation, potentially allowing infections to spread more rapidly.**

SOURCE: <http://www.aafp.org/afp/2009/0115/p135.html>

Alteration of Infection

Because topical steroids change the way the immune system functions, they can inhibit the skin's ability to fight off bacterial or fungal infections. A typical example of this is seen when someone applies a topical steroid to an itchy groin rash. **If this is a fungal infection, the rash gets redder, itchier, and spreads more extensively than a typical fungal infection.** The resulting rash is a bizarre pattern of widespread inflammation with pustules called tinea incognito.

SOURCE: <http://dermatology.about.com/cs/medications/a/steroideffects.htm>

Steroids are another type of medication that can cause women to develop a vaginal infection from yeast. The higher the dose and the longer you use them, the greater the risk, but **even low-strength topical steroid creams may make yeast infections more likely.**

SOURCE: <http://www.everydayhealth.com/womens-health/yeast-infections/living/index.aspx>

But, things may go quite wrong, when used on the wrong condition, wrong location, or wrong duration. For instance, **topical steroids may appear to help fungal infections, but they actually suppress the body's ability to fight the infection and make it worse** (Figure 1) Other diseases, including impetigo and rosacea, may appear temporarily to get better, as well, but these conditions are likely to become worse. Therefore, minor irritations can be well treated by topical steroids, but the wise patient understands what he or she is treating. The weakest of these agents, over-the-counter hydrocortisone in the United States is required to be labeled with a statement to the effect of: "stop use if condition worsens, symptoms persist more than 7 days or clear up and occur within a few days." This required warning is well founded

SOURCE: <http://www.iacdworld.org/skin/steroid.pdf>

Use of potent topical steroids to inadvertently treat fungal infections can result in a partial suppression of the signs and symptoms but do not treat the infection, **which can then spread**. This can also be seen in the presence of viral skin infections, where topical steroids should be avoided

SOURCE: http://www.topicalsteroids.co.uk/what_ar....ide_effects.htm

Steroids are best avoided in the presence of infection as **these can exacerbate infections.**

SOURCE: <http://suite101.com/article/how-to-avoid...49#.UWSuMZPCaSo>

Topical steroids may lead to **superinfection**, including staphylococcal folliculitis, dermatophytosis (10) and **candidiasis**, (3) particularly when they are applied to flexural sites or used with polyethylene occlusion. When a fungal infection is treated with topical steroids, **widespread and unusual clinical patterns may develop.**

SOURCE: http://www.drplace.com/Guidelines_for_us....ds.16.28969.htm

And check this out- situations where yeast infection are more likely to develop, see the bolded bullet point!:

The chance of a candidal skin infection developing is more likely in the following situations:

- Areas of skin that are moist or sweaty are ideal for candida to thrive. Therefore, the common sites affected are in the folds of skin in the groin, armpits, and under large breasts. (Another name for inflammation within a fold of skin or under a breast is 'intertrigo'. Candidal infection is a common cause of intertrigo.) Nappy rash is sometimes due to candida. Obese people may develop candidal infection between folds of skin. It can also affect skin between fingers and toes, and the corners of the mouth.
- If you have diabetes.
- **If you take a long course of antibiotics or steroid medication.**
- If you have a poor immune system. For example, if you have AIDS, or have chemotherapy, or have certain types of serious blood disorder.

Okay, so here's some information on treatment. Looking at this I am actually thinking that an anti-fungal cream might help clear the infection faster than ACV baths, which was [the primary route I used to eliminate Sam's widespread infection](#). But it couldn't hurt to do both at the same time! We never even tried anti-fungals because I didn't have a doctor at the time that I felt I could trust. Keep in mind many anti-fungals contain detergents. The solve eczema mom, AJ, recommends Perrigo brand Nystatin in ointment as one of the safer anti-fungal creams for kids with underlying eczema. If you are looking to treat infection while using the solve eczema website, you might want to ask your doctor about prescribing this particular anti-fungal.

What is the treatment for candidal skin infection?

- An antifungal cream usually clears the infection within a week or so.
- Sometimes a mild steroid cream is added to reduce inflammation whilst the antifungal cream is working. (However, a steroid cream alone will make the condition worse as soon as the steroid is stopped.)
- Occasionally, if the rash is widespread, antifungal tablets are prescribed



Head to Toe



Red, Itchy Skin

HOW WE DID IT:

- [SolveEczema.ORG](#)

SOURCE: <http://www.patient.co.uk/health/Candidal-Skin-Infection.htm>

And, here I found some symptoms of candida skin growth which confirms to me that what I saw with Sam was most likely yeast infection. This list describes his rash perfectly... it explains the intense itching and potentially even the 'pimply' appearance we saw for a time on his torso and back:

Symptoms

- Itching (may be intense)
- Skin lesion or rash
 - o Growing red, inflamed area
 - o Infection of hair follicles (folliculitis) may look like pimples
 - o Located on the skin folds, genitals, trunk, buttocks, under the breasts, or on other skin areas
 - o Macule or papule
 - o May have satellite lesions (smaller lesions next to bigger ones)
 - o Skin redness or inflammation <http://health.nytimes.com/health/guides/disease/cutaneous-candidiasis/>

Most websites listed moist places on the body and skin folds as the most likely places for infection, and I think this is the medical mainstream understanding of how and where yeast occurs. However the quote above that states that "widespread and unusual clinical patterns may develop" with the infection caused by steroids seems to describe what I saw with Sam and what others might be seeing as well.

Be cautioned that if you go to a doctor to have something like this diagnosed, my experience with two pediatricians, a pediatric dermatologist, allergist, and specialist I drove two hours to see, is that they knew nothing of widespread skin candida nor how to go about diagnosing it. However the fact that this phenomenon is showing up on multiple medical websites across the world confirms the knowledge is out there- perhaps it is not publicized because of the concern over steroid fears. Many parents on our forum have had similar experiences with doctors not having anything to say about widespread skin infections, though a lucky few have found supportive doctors willing to work with them so its always best to try to get your doctor on board before treating. It would be irresponsible of me to encourage anyone to go about self-diagnosing or treating without their doctor's guidance, however, as was our case, sometimes when doctors will not be of help you need to go with your intuition and look outside the box for a more effective cure.

Posted by CJ at 9:54 PM     

23 comments:

Anthony April 16, 2013 at 3:11 PM

Great article. There are many aspects that can cause damage to you and your children's skin. Thanks for sharing.

[Dr. Macariola](#)

[Reply](#)

▼ Replies

Anonymous August 3, 2014 at 5:48 PM

Great article. I am 31 w excema. My 1st fungal infection was misdiagnosed as scabies!!! When it comes to my already sensitive skin, I hate the guess-tamation!

[Reply](#)



itchylittleworld.com April 17, 2013 at 3:50 PM

Very interesting. I know antibiotics can lead to candida yeast overgrowth internally, but didn't realize topical steroids could cause the same issue externally. Scary. I'm going to share this now. Thank you for the post.

[Reply](#)

Anonymous May 8, 2013 at 8:17 AM

Can't thank you enough for posting all this info! It really helps me a lot, and really rings true for me. I need a few more weeks before I can make that a solid, for I've just switched back to Nystatin cream and Miconazole powder after three weeks with the topical steroid Triamcinolone. But in those weeks, the rash started crawling to all my extremities, and became totally baffling and frightening and discouraging to me because it met with no known description. I'm still 8 days away from my earliest available derm visit - will be interesting to see what he says.

I've also just started using Benadryl, because I've been going out of my mind with the itch.. so this is definitely not a controlled experiment... but something's working! So I'll see how it goes: but after much research, your info was the key that opened a door: so again, thank you so much - and all my best to you and baby Sam!

[Reply](#)

Anonymous [October 12, 2013 at 1:06 PM](#)

I developed a widespread cutaneous lupus rash and was treated with a potent topical steroid. I had never even used an over the counter topical steroid. The rash began to clear up, but my skin was drying out severely. I stopped using the topical and within a couple weeks an even worse and different rash exploded over 95% of my body, including my eye and small parts of my face. I haven't began treating it yet, but I am convinced that it is a skin yeast infection. Unfortunately my dog is dealing with the same issue, so I need to be able to treat us both at the same time, as to not get her skin yeast rubbed over myself. Thanks for this info. I hope that treatment works for me. I've been dealing with skin issues for too long now.

[Reply](#)



Stephanie Miller [October 28, 2013 at 3:46 PM](#)

All of this is very overwhelming. My son is covered in a full body rash that for the past 7 days. The doctors don't know what to think. They say it might be alot of different things but noone said eczema which he has had since birth but it went away after using aveeno products and then this pops up and spread starting at his hands and on his fingers since last week. I would love to talk more with you I need help. Your sons pictures remind me alot of my son. smillerbusiness@hotmail.com

[Reply](#)

Anonymous [November 15, 2013 at 1:09 PM](#)

This is amazing post. I'm a 60+ year old woman dealing with eczema and also fungal repercussions from it. Doc casually prescribed a normal eczema corticosteroid cream, and my rash became angry red and unbearably worse. Stopped meds myself and started baking soda and water washes several times a day and eating yoghurt throughout day. Slow but steady improvement in 3 days. When I returned to another doctor to report worsening with steroid cream, and now lessening of rash with baking soda self treatment, he admitted that the baking soda improvement indicated fungal infection vs. the standard eczema, and that steroid creams are incorrect treatments for fungal infections that result from "simple" eczema outbreaks. Thanks for confirmation of my instincts, thanks for your patient and dogged pursuit, and please keep your observations coming!

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CJ [November 22, 2015 at 11:55 AM](#)

Isn't it amazing what can happen when we trust our instincts!? I believe modern medicine is a huge blessing, but this is one area where doctors tend to exacerbate the problem and do more damage than good with steroid treatments.

[Reply](#)

Anonymous [January 15, 2014 at 8:16 AM](#)

Hi! I am a nursing student and one of the main points driven home to us in my Pharmacology class was that "steroids feed yeast!". This alone helped me treat my own "eczema" (that I was diagnosed with as a child) for what it really was -- seborrheic dermatitis ("seb d" and also known as "cradle cap" in newborns). This skin condition is suspected to be caused by a type of yeast (*Malassezia globosa*). Since then I have been treating with an OTC antifungal for a week, with huge improvement and am now transitioning to a homeopathic combination of oregano oil and tea tree oil. I have read these are tremendous for the treatment of fungal infections of the skin (and even toenails). I wish more doctors were aware of the relation between steroid and yeast/fungal infections, b/c I wouldn't have spent my whole life suffering with this! Good luck to you guys on your quest for healthy skin!

[Reply](#)

Anonymous [February 7, 2015 at 1:19 AM](#)

I just had whirlwind 3 weeks after being on antibiotics, prednisolone (steroid) and Inhaler (steroid). The Candida infection spread across my whole body and I was breaking out in sores. No one knew what it was. I was asked to take STD tests after I used a steroid cream on something that was itching below my belly button and it broke out in pustular bumps and it looked like Herpes! All Negative of course.

Turned out I had oral thrush and the doctors thought I had strep throat. So Antibiotics and more Steroids, getting me even further.

[Reply](#)

Anonymous [February 7, 2015 at 1:36 AM](#)

BTW to add to my comment. I was on antibiotics and prednisolone for 3 months. It's taken 3 weeks of probiotics and yoghurt to get better

[Reply](#)



Jeff Collins September 21, 2015 at 5:21 PM

Thank you for putting all this info in one spot. I'm a 54 year old male that is obese. I started working out on my elliptical machine 5 months ago. About 3 months in I started having a burning rash in my groin. I didn't know anything at the time and started using OTC cortisone . It was slow, but the area got much worse over a few weeks. Going from small rash to a burning, itching (very itchy) large area. Itch was so bad I couldn't sleep, I have never felt anything like that before. Went to my Dr who looked at it for 10sec (no lie) and told me it was a fungal infection. RX me Econazole for the fungus, and Triamcinolone for the rash & itch. Once I started the Triamcinolone the fungus spread like wildfire. Since the Dr didn't take a scraping to make sure what I really had, I had no clue. So jock itch is not supposed to live on a man's scrotum or penis. Yet that's where the infection went. I thought it was bad before. I had no idea once it spread. The burning & itching was 100x worse. I talked to my Dr. and he told me "oh that can happen " I did get things under control, still using both products. Took less then 2 week's. I was so happy, then 3 days later my foreskin got very red (like before) and the itch hit right away. Called Dr , never called

me back. This was just 3 days ago. So today I started doing more research, even though I'd spent hours reading about fungal infections. Then I found your blog and it told me exactly what I was thinking. It's the steroid RX that is the root of the whole problem. I even told my Dr that I thought it was a yeast infection from pictures I found online. He was clueless along with the nurse's I've been talking to. Going to just use the Econazole (it also kills yeast) and hope for the best. Thanks again, your info is for people of all ages.

[Reply](#)

▼ Replies



CJ November 22, 2015 at 11:52 AM

I am glad you found the information helpful. I hope you were able to solve your problem.

[Reply](#)

Anonymous September 27, 2015 at 7:11 PM

I have lichen sclerosis and am currently suffering from recurrent yeast infections in my private area - doctors seem unsure about the uses of steroid cream and antifungal medicines and I am trying to balance this out. I also regularly need anti biotics for skin/bladder infections so this does not help. This article and the replies are very interesting and give me something to consider in a new way to approach the problem as, you are right, yeast infections like this are hellish to live with. Thank you.

[Reply](#)

▼ Replies



CJ November 22, 2015 at 11:52 AM

Try daily baths with Bragg's Apple Cider Vinegar with the raw "mother" enzyme. I swear by it for yeast. It can take several months and then I would continue treatment for up to a year... yeast is so very stubborn. But you should see improvement very quickly. Good luck, sorry you are suffering.

[Reply](#)



CJ November 22, 2015 at 11:51 AM

This comment has been removed by the author.

[Reply](#)



Letha June 28, 2016 at 3:41 PM

In the picture above is the child infected with infection or yeast? Or eczema with yeast?

[Reply](#)

Karen January 13, 2017 at 11:37 AM

Thank you so much for this post. This could be a photo of our son, and we have had several 'unusual' skin infections, the latest being him hospitalized with eczema herpeticum (viral) when we almost lost him due to multiple misdiagnosis. Thankfully he has since recovered, but now months later he has a flare up of what I fully believe is candidiasis. It is presenting in a very different way and is mostly in the folds (underarm, behind knees and all across his shins, ankles and wrists (his traditional eczema spots). We had an excellent doctor who has previously prescribed Nystatin, but since I was still missing the long term topical steroid connection (from a pediatric dermatologist and even hospital staff for long term 'treatment' of his viral infection, I was still baffled at why he was dealing with so many of these 'unusual' infections. Because he also has food allergies we would

try and find the culprit there when it probably was not related at all. Maddening!
Thank you again as this is exactly what I was suspecting, but was searching for more concrete ties that would link these conditions.

[Reply](#)

Anonymous [April 27, 2017 at 8:32 AM](#)

Have you heard of red skin syndrome? Or topical steroid withdrawal? That's what our baby has and it causes the bright red skin.

[Reply](#)

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CJ [January 8, 2018 at 4:49 PM](#)

I have heard of it, yes. I had many try to tell me that is what Sam was dealing with, it wasn't. He would have suffered far more than necessary if we just "waited it out" with no treatment. By taking other avenues, he was healed of the read skin in just 10 weeks without suffering.

[Reply](#)



oureczemastory [December 17, 2017 at 5:16 AM](#)

Very interesting article. Thank you for sharing your experience and knowledge. Sharing is caring and you've helped lots of people by taking the time to write and share this. Well done

[Reply](#)



J Snider [February 3, 2018 at 12:35 PM](#)

Very interesting. Ive been breaking out in a rash for four months now. At first I thought it was bed bugs, then I thought it could be scabies and then I finally realized it was eczema. My friend told me to try some anti fungal cream. I had tried everything, from benedryl pill form, benedryl creams, hydrocortizone creams, nothing would help. I finally tried the antifungal cream an within three days it was cleared up. Sure wish I tried this early because now I have scars from the previous times I broke out. The antifungal cream works for me. I hope it does for you too. It itched so bad also. I never had a itch like that before. Everyone thought I had hives also. The doctor was dumbfounded. He put me on a steroid lotion which only made it worse. I am so thankful for my friend and this new found treatment. Its almost gone now. Thank god.

[Reply](#)



scott pentecost [March 6, 2018 at 7:06 AM](#)

very helpful 1 month now rash has grown doctor put me on antibiotics and steroid pill rash got worse friend said use anti fungal it worked well right away went to dermatologist just to be safe and she put me on steroid cream after one application rash has seemed to look worse and spread finding your post confirms my immediate thought steroid cream is wrong so am going back to the Terbinafine Hydrochloride 1% which seemed to have a very positive healing affect on my rash its an over the counter anti fungal cream

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Thank you for your comment. I will do my best to reply as soon as possible, but there are often delays as this blog is only a side project to share what I have learned with others. Life goes on with three busy little ones and homeschooling so I ask for your patience. If you want to make sure you do not miss my reply, include your email in "emailaddress at dot com" form and I will email you directly.

Any product promotion or spam including business links are not permitted and will be deleted. Thanks and happy healing.

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