

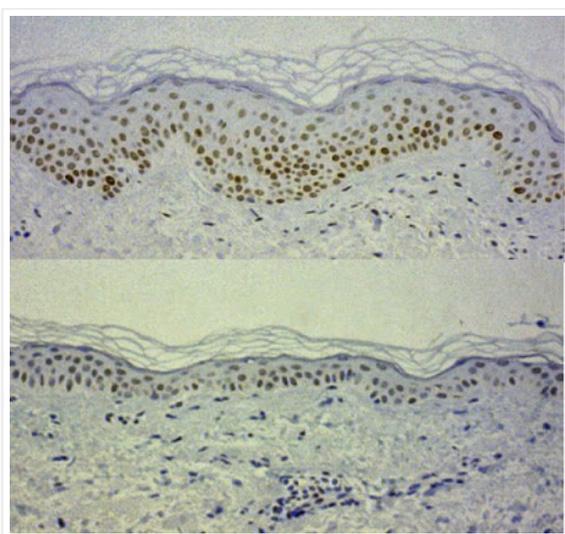
Dr. Fukaya's blog about TSA (Topical Steroid Addiction)

2014/7/16

Topical steroids cause two kinds of atrophy – the epidermal atrophy and the dermal atrophy

It is well known that topical steroids cause atrophy of the skin. However few people recognize that there are two kinds of atrophy. They are the epidermal atrophy and the dermal atrophy.

The skin consists of three layers, i.e., epidermis, dermis and subcutaneous tissue. Topical steroids affect epidermis and dermis. The turnover of the epidermis is about 4-8 weeks while the dermis much longer. So the effect of topical steroids appears on the epidermis first. The epidermis becomes atrophic after two weeks' application of topical steroids as shown in the following photo.



Upper: before application of topical steroids. Lower: after application of topical steroids for two weeks.

The macroscopic appearance of the epidermal atrophy can't be distinguished from the normal skin. The thickness of the normal epidermis is about 0.2mm which is equal to the thickness of two sheets of copy paper. The thickness of the atrophic epidermis is equal to that of one copy paper. One can't discriminate the difference of the two only by observation from outside though functional barrier ability is weakened in the atrophic epidermis of course.

So the atrophic skin which is to be imaged by patients is not the epidermal atrophy but the dermal atrophy. The appearance of the dermal atrophy is so called paper-like skin, fine wrinkles or unevenness of the skin between follicles.

Inside blog search

This blog posts extracts from Japanese original blog.
<http://steroid-withdrawal.weebly.com/>

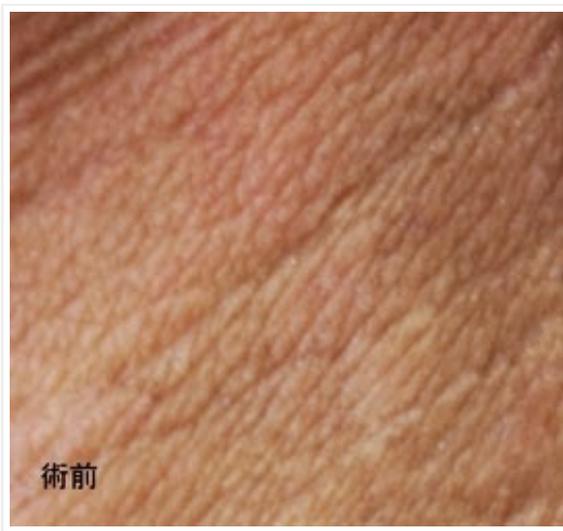
Dr Fukaya's skin repair lotion



Click the image and move to the online shop

☐☐

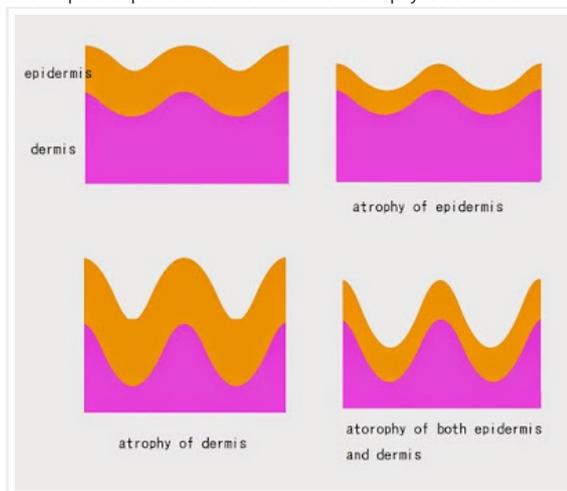
- 01 My personal story
- 02 What is topical steroid addiction (TSA)?
- 03 Kelly Palace and ITSAN organization
- 04 AAD American academy of dermatology guidelines for atopic dermatitis treatment.
- 05 The difference between (steroid induced) rosacea and TSA
- 06 Hyaluronic acid of around 100 thousand dalton (molecular weight)
- 07 Paradoxical idea of systemic steroids use for withdrawal from topical steroids
- 08 About cyclosporin A therapy
- 09 how can it be healed If my atopic skin is due to genetic abnormalities?
- 10 A case of withdrawal from TS oral steroids and CSA
- 11 How long does the rebound period continue? Am I really suffering from TSA now?
- 12 Disinfectant therapy to staphs on atopic skin and the topical steroid resistance (TSR)
- 13 Words
- 14 Phototherapy (narrow band UVB therapy etc)
- 15 The mechanism of TSA and TSR
- 16 Is moisturizing really a help to cure?
- 17 For parents of the children with atopic dermatitis
- 18 Online shop open
- 19 About house dust mites in the housing environments
- 20 Is there no need of topical steroids withdrawal if I apply Dr. Fukaya's lotion?
- 21 About Strong Neo-Minophagen C SNMC
- 22 Do topical steroids prolong atopic dermatitis?
- 23 The bankrupt of the regulation of cortisol level in the skin tissue might be the essence of TSA.
- 24 A report about a biological product for patients with atopic dermatitis.
- 25 Ophthalmological complications
- 26 Is Gloria Sam really a victim of topical steroid phobia?
- 27 Topical clofibrate (0.25%w/w) is available through Dr. Fukaya's web shop.
- 28 AAD (American Academy of Dermatology) guideline of atopic dermatitis has been revised.



Macroscopic appearance of the dermal atrophy

The dermal atrophy is developed by the decrease of collagens in the dermis. The collagens are produced by fibroblasts very slowly and steroids suppress the activity of the production. So the dermal atrophy becomes visible after long-term application of steroids for more than several months or years. There is no mechanism which causes the dermal atrophy in atopic dermatitis itself. So I suspect most of dermal atrophy is the result of long term use of the topical steroids.

The illustrated conceptual explanation of the two kinds of atrophy is as follows.



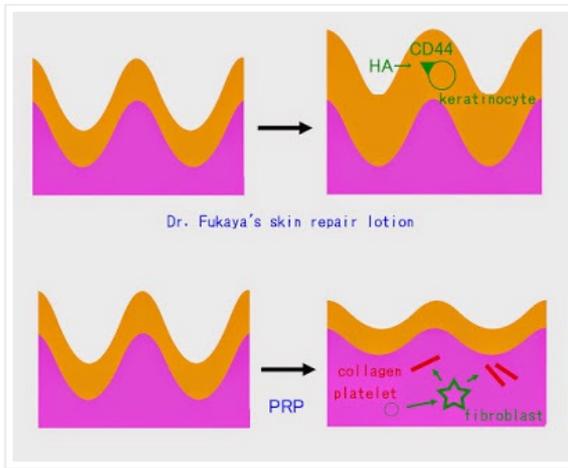
When we discuss the atrophy of the skin due to topical steroids, we should be careful which of the atrophy is discussed. For example, one person might say 'I don't believe the skin atrophy occurs in only two weeks.' He must be talking about the atrophy of the dermis. He is right in the dermal atrophy but the epidermal atrophy surely occurs in every human being in only two weeks though it is not visible and instinctively unacceptable.

The epidermal atrophy occurs more rapidly than the dermal atrophy and it is reversibly recovered by discontinuance of topical steroids. The dermal atrophy is hard to be developed but the recovery after withdrawal from steroids is also slow and delayed. Both atrophies occur by aging also. Maybe the mechanism of atrophy due to steroids and aging is alike.

Hyaluronan (HA) lotion works on keratinocytes through the receptor of CD44 against atrophy due to steroids. How can the atrophy of the dermis be treated other than the passing of time? There is one method which I know, i.e., the PRP (platelet rich plasma) therapy.

- 29 The rejuvenating effect of the aged skin by Dr. Fukaya's skin repair lotion was published as a medical paper.
- 30 The skin produces steroids by itself
- 31 Topical steroids cause two kinds of atrophy – the epidermal atrophy and the dermal atrophy
- 32 Eczema of infants may be prevented by moisturizing while moisturizing might disturb improvement of eczema
- 33 My recent articles
- 34 Is it possible to know the change of epidermis with the naked eye?

Translate



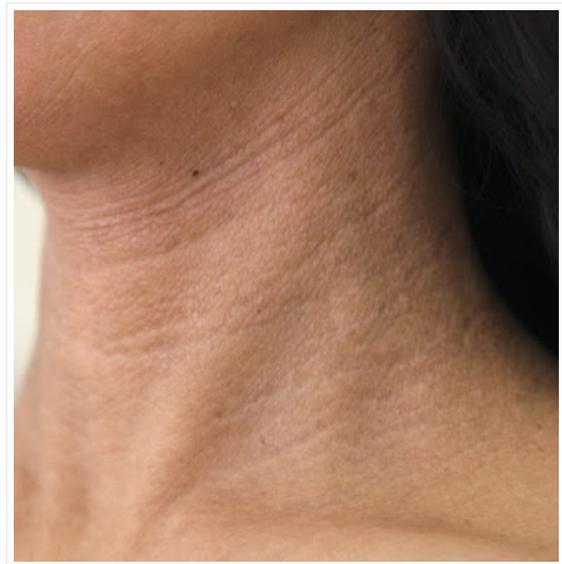
PRP is rather common in the field of sports medicine or anti-aging medicine. It is rather an expensive treatment. However, I developed the economic method for preparing PRP. Please refer to the medical article which I published last month .

http://journals.lww.com/prsgo/Citation/2014/06000/A_New_Economic_Method_for_Preparing_Platelet_rich.7.aspx

Platelets contain several growth factors which stimulate fibroblasts in the dermis. The activated fibroblasts produce collagens for several months and the macroscopic appearance is improved. The following photos are before and after the treatment.



Before PRP treatment



Two months after PRP treatment



The enlarged before and after photos.

I believe the PRP therapy is very safe because PRP is prepared from the blood of the patient one's self. I also believe the cost of PRP therapy becomes much more reasonable by adopting my method.

There is a Youtube movie which I uploaded showing how PRP can be prepared by my economic method.

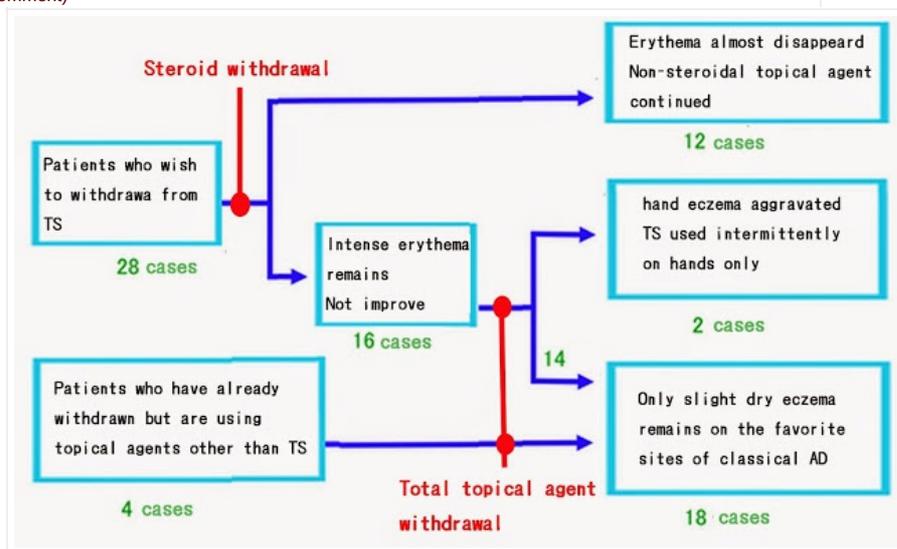
<https://www.youtube.com/watch?v=gpeikkJhm0s>

The mainstay for the healing of topical steroid addiction is the time. It is surely the safest one but there are some other useful methods. PRP therapy is one of them for patients annoying delayed recovery of the dermal atrophy.

Time can heal the topical steroid addiction. But time is not only one which helps your recovery. Believe and try to find your own way to exit.

=====

P.S. A figure from Dr. Sato's medical article written in 1996 (As an answer to Dan.D in the below comment)



Mototsugu Fukaya 1:34



31 Topical steroids cause two kinds of atrophy – the epidermal atrophy and the dermal atrophy



Blondie26 2014年7月16日 2:21

Thank you for this it was very helpful! So just to confirm- even the dermal atrophy will eventually improve over time? Even after many years of use? It will just take a long time to recover?

☺

▼ ☺



Mototsugu Fukaya 2014年7月16日 2:36

After a long time, all people become aged. Aging also causes dermal atrophy. I suppose dermal atrophy caused by topical steroids can recover but it is sometimes beaten by aging.

☺



Blondie26 2014年7月16日 3:49

Oh dear that was my worry! I'm only 30 but there are women in their 50s with eyes that look younger than mine! Fingers crossed I see some improvement. I'm currently only 3 Months into my withdrawal so hopefully things will look at least a little better at some point!

Thank you for your help!!

☺



Charles Zhou 2014年7月16日 4:55

Hello Dr Fukuya, I have 2 questions:

- 1) For someone interested in PRP therapy, where would the injection site be for someone with steroid withdrawal? I see that normally the injection site is the injury location in sports medicine.
- 2) There is a new article describing the phase 2 results of dupilumab (new biologic treatment). <http://www.nejm.org/doi/full/10.1056/NEJMoa1314768>. Would you be able to read it and help describe the results for those of us who cannot access or may not understand the full article?

☺

▼ ☺



Mototsugu Fukaya 2014年7月16日 10:06

- 1) Empirically the injection site is the atrophic area at even intervals. Platelets are large in size but growth factors are small. They seem to spread in rather larger area than expected after discharged from platelets.
- 2) Sorry, it is too early for me to comment to the phase 2 medication.



Charles Zhou 2014年7月30日 0:35

Thank you for your response Dr Fukuya!

Could you explain why it is too early for you to comment on phase 2 results? Many articles have shown the positive results of the treatment and as a TSA sufferer I am looking to participate in phase 3 trials and hope to have your expert opinion.

You have used research papers in the past to support your hyaluronic lotion and clofibrate ointment. This is a double blind study with a placebo control so the results should be scientifically valid. Again, as a patient that has suffered and still suffers from TSA/TSW I would hope that you could give more explanation into the new treatment as it might help other patients as well.



Mototsugu Fukaya 2014年7月30日 1:02

There are both good and bad possibilities in the therapy at that stage. I should not say anything because I am not a direct investigator of the therapy and don't know the details. That is why I think it is too early.

☺



Dan D. 2014年7月16日 14:32

Thank you Dr. Fukaya for making this easier to understand. I'm healed after just one year and owe a lot of my relatively fast healing to your work. I stopped moisturizing at the beginning of month three. I also used your skin repair lotion for my first 2-3 months. It may have helped. I have a question. I believe continuous use of moisturizers of any kind weaken the skin barrier, even with people that have what appears to be healthy skin and are not using ts or in tsw. Would you agree with that assessment? Once again, thank you. Dan

☺

▼ ☺



Mototsugu Fukaya 2014年7月16日 17:27

I added a postscript. There are surely patients who need withdrawal from total topical agent including moisturizers. On the other hands, there are patients who successfully

withdraw from steroids without stopping moisturizers. For such patients, moisturizing is comfortable and does no harm.

I suppose you are male. For most female individuals, moisturizing or cosmetics is a kind of culture. If you or we stress the importance of total topical agent withdrawal, such female will never agree. When I was a young dermatologist, as I experienced many patients with contact dermatitis to cosmetics, I stressed the importance of withdrawal from total cosmetics because I thought it is the best solution for preventing future contact dermatitis. But no patients obeyed. So I gave up.

Dr. Sato is now directing patients to withdraw from the whole topical agents from the first step. So Dr. Sato will agree with you. I agree with you theoretically but don't agree realistically.

The below medical paper might be useful. In the dry environment, keratinocytes produce more steroids. That might be one reason why withdrawal from moisturizers are useful in some patients.

<http://www.ncbi.nlm.nih.gov/pubmed/24079737>



Dan D. 2014:8:12: 11:25

Hi Dr. Fukaya, since I have healed a few weeks ago I had a couple small skin splits open back up in the area where the skin is weakest, where I used the most ts on my right palm. Apparently I'm not quite fully healed yet but must be very close though. I have a question. At this point in my withdrawal, (13 and a half months, nearly 100% healed), can I get away with using ts again for two weeks if needed when I go to Hawaii in a couple weeks? I want to play in the water and can't have any open wounds for fear of infection. I had to cancel this vacation last year and that isn't going to happen this year. And, I'm going in the water daily even if I have to use ts to keep any possible open skin splits healed that may arise. What is your opinion on using ts for two weeks (worst case scenario) at this stage in my recovery? It seems to me it wouldn't be difficult to withdraw from since it's for such a short period, a small amount, and not long enough to effect the dermis? Or, is my dermis still too weak to use ts without doing serious damage to the gains I've made so far? In other words, do you think I'm healed enough to get away with using ts for two weeks without serious ramifications? Thanks again.



Mototsugu Fukaya 2014:8:12: 12:04

I can't imagine any worst cases. You can use TCS safely for that short term. In the old days, bathing in the sea water itself was the treatment of skin diseases. I hope you enjoy your vacation with or without TCS. Either will do.



Dan D. 2014:9:8: 23:26

Hi Dr. Fukaya, can you please clarify what you meant by "either will do"? Surely it's too risky to go swimming daily in warm ocean water with skin rash or splits in today's world since these are not the old days before so much pollution? Or, are the risks of getting an infection very low with minor rash or skin splits? Do you think the sea water and long sun exposure will help my skin heal fast, therefore not at much risk for infection? I'm still trying to decide whether to take the risk or use steroids for a couple weeks. I'm down to the wire and need to make my decision. Many thanks.



Mototsugu Fukaya 2014:9:8: 23:37

Or, are the risks of getting an infection very low with minor rash or skin splits? Do you think the sea water and long sun exposure will help my skin heal fast, therefore not at much risk for infection?
Yes.



Dan D. 2014:9:9: 0:00

Dr, Fukaya, thank you again for everything! I'll let you know how it all turns out in about 3 weeks. I know previous times I got a few cuts on my skin from coral reefs and never got infected so I should be fine with a small rash or superficial skin splits. I think it will heal fast from the salt water and sun. Thanks again for your opinion. It is very much appreciated.



Dan D. 2014:10:7: 2:21

Hi Dr. Fukaya, my hands deteriorated a week before arriving in Hawaii and after talking to a few locals I decided to use my old betamethasone ointment topical steroid to clear them up before going into the water. My hands cleared in two days and I used very little. About 5 total applications of a very small amounts. I have several questions. It's been 3 weeks since I used the ts and my hands broke out again but didn't revert to where I started. I didn't expect they would since I've been nearly 100% healed for months now after initially stopping ts use about 15 months ago. My hands reverted back to where they were about 3-4 weeks ago. This experience raises some questions in my mind. It seems to me I could have used tcs for a couple of days every 3 months during my tsw and it would have made it much easier to get through. There was one time I certainly could have used some relief at month 7 during a super bad 6 week long flare. In retrospect, knowing what I know now, I would have used it sometime in the middle of that flare. What are your thoughts on this? Also, do you think it wise to use every 3 months going forward until I am finally fully recovered? It was such a relief to have normal hands again, I can not tell you how good it felt! I only experienced that once several months ago for about two weeks but they had broken out again and stayed that way. I think the reason was I had started taking showers again and using soap and shampoo for the first time in a year. I could tell the soap or shampoo had completely stripped all oils from my hands and saw it coming before it came.

On your work above, did you use tcs with or without the inactive ingredient propylene glycol? What are your thoughts on this ingredient as it pertains to the damage caused

in longer term use of a tcs drug with it in it? Will using Betamethasone Dipropionate without the added ingredients that are so damaging to the skin like propylene glycol and white petrolatum subject a person to tsa just the same?

When I was first prescribed this drug 22 years ago it did not have these ingredients. Nor did it have alcohol, but after about 2-3 years I was unable to find it without these toxic chemicals. Thanks again for everything! Dan



Mototsugu Fukaya 2014-10-07 18:39

It is a wise idea that you utilize TCS while caring not to be addicted or overuse. TCS is really a good medication if used smartly. Most of sufferers of TSA/W can't accept it psychologically.

It is a good news that TCS worked well on your skin. If you are still through TSA/W, it would not work well.

As you find, detergents or soaps are aggravating factors to eczema. Please find Dr. Cork's description in the following article.

<http://topicalsteroidaddiction.weebly.com/chapter-912288-dr-corks-quos-epidermal-barrier-disruption-theory---2.html>

Now your skin must be through hypersensitivities after TSW.

<http://topicalsteroidaddiction.weebly.com/chapter-2912288research-to-suppress-rebound---3.html>

You could use soaps again in a year or two.



Dan D. 2014-10-08 21:01

I have read those chapters before and reread them in their entirety again. Brilliant work. I learned so much more this time around. I wish every doctor in the world would read those chapters.

I can not find any research on the role of polyethylene glycol as an inactive ingredient in TCS and it's affect on the body. From what I have found over the months it seems to me this ingredient is an actual allergen itself to many people. It makes sense to me since it is a highly toxic substance. I see studies where vehicles are used separately, but no studies on tcs with this vehicle as an ingredient, compared to studies on tcs without it. All studies say "TCS", but do not differentiate between tcs with or without toxic additives. What validity can be placed on any study with tcs when they all have varying additives? Don't you think tsc without polyethylene glycol would be far less damaging since this ingredient is well known to be an allergen to people? It seems to me that when using a tcs with this ingredient, that it counteracts the positive effects of the tcs themselves, thus contributes to the addictive process and possibly to the body's lack of response to tcs over time. That seems to defeat the whole purpose of using the tcs in the first place. The tcs help the skin heal while the polyethylene glycol destroys the skin at the same time. Can you please comment on this?



Mototsugu Fukaya 2014-10-09 14:53

Anyway, it is a good thing you found your own aggravating factor.

There are so many different cases and aggravating factors are also different among patients.

Generally speaking, detergent or soap do harm in most patients.



Dan D. 2014-10-10 4:28

Dr. Fukaya, with all due respect, why do you not answer my questions about the role polyethylene glycol plays in tcs use? If you do not know please say as much. I've asked you very pointedly if your study above had it as an ingredient and you didn't answer. Surely you must know that answer. I also asked several times about the role it plays as a vehicle in tcs as it pertains to tsa and as to damage of the body and you continue to avoid answering. You are a true hero and have made many sacrifices in standing up against your peers, yet you won't address the questions about the role polyethylene glycol plays in all of this. I don't understand. Why do you not answer? Again, what validity can be placed on any study with tcs when they all have varying additives? Don't you think tsc without polyethylene glycol would be far less damaging since this ingredient is well known to be an allergen to people? Does polyethylene glycol counteract the positive effects of the tcs? Inquiring minds want to know. Sorry to be a pest but I really want to know more about the role this ingredient plays.



Mototsugu Fukaya 2014-10-10 10:16

I am not avoiding answering. I think you are only through hypersensitivity period and polyethylene glycol was an aggravating factor in your own case. That's all. I don't think all patients could recover painlessly if I stressed caution to additives. There are so many aggravating factors for AD or TSW and they varies among individuals.



Dan D. 2014-10-10 11:21

OK, I understand. Again, I can't tell you how much I appreciate everything you have done. If you were here I would give you a big hug. Thank you!



Dan D. 2014-10-10 23:57

Dr Fukaya, most prescription topical corticosteroids have the potential to cause allergic contact dermatitis owing to vehicle ingredients. In a recent study, PG was found to be the most common allergen in topical CS, being present in 64% of the steroidal products. Moreover, studies have reported a significant number of patients have a concomitant reaction to both topical CS and PG, which suggests the possibility of cosensitization. This is just one vehicle of many that are used in tcs. It seems strange

to me that people blame tcs for tsa when no one has done studies using tcs without these harmful additives in them. How do we even know synthetic cortisol causes addiction or damage to the skin if no one has ever studied it's effects without additives in the drug? There are many studies done that show the various vehicles used cause AD and other problems, especially polyethylene glycol (which is in most tcs), but again, none on the synthetic cortisol itself. Can you please comment on the above and also on this study? <http://www.ncbi.nlm.nih.gov/pubmed/18346395/> Again, it makes no sense to me to have known allergens as ingredients in tcs. I can't help but ask myself is it the vehicles that is causing the problems. Maybe this is why some people do not get addicted, because they are not allergic to these various additives? And people who do get addicted do so only due to an allergy to the additives? I guess I'm still a bit confused on this. I sincerely hope you can shed some light.

☐



Thomas Glenwright 2014-07-23 20:53

Hi Dr Fukuya, I wondered if I could ask your advice, After having a horrible time with an oozing face, neck and red to the wrist arms after stopping steroids a few months ago, I was told to resume steroids to allow the broken skin to heal (did so within a few days) and I started UV light therapy. I then began to taper the steroid down, at first my arms started to go red but then, after a few weeks, my arms started to peel in the flare areas, almost like sunburn and have been clear since, with the exception for my ring fingers, my wrists and my left arm fold which will not clear. I've now finished the light therapy and gotten off the 1% hydrocortisone, everywhere else is still clear aside from the areas mentioned above, these areas coincidentally have thickened skin with exaggerated fold lines. The only exception is my right wrist which is also thickened but is clear. Whether I had TSA or not is a unknown, but I feel like the flares in these areas may go if the thickened skin would but I don't know how to get rid of it, would this PRP treatment help? Or a TCA peel perhaps? I heard injection of steroids can help but i don't know if it's worth risking a rebound if this is due to addiction.

My face has been clear for about 3 months, then 2 weeks ago I had an impetigo infection of the scalp and the right side of my face flared up red, I've been on antibiotics/antifungals to clear the infection but the red/scaly skin on my face wont go away, although it doesnt itch or burn. I've tried resuming small amounts of hydrocortisone but it just comes back, and gets worse after a shower. Is it worth leaving it and see if it will go away on it's own or resume steroids for longer? Thank you and sorry for all the questions

☐

▼ ☐



Mototsugu Fukaya 2014-07-23 22:00

It sounds like a typical TSA/TSW. It is just the time which most of TSA/TSW sufferers go through.

I suggest you refrain from steroids now. Though you can't see anything in the dark tunnel, there is an exit. Never forget that it is the road so many sufferers have already walked.

Believe me. If you couldn't believe me, believe your own power of cure. Time is the best remedy for you at present. Watch comical movies and laugh.

☐



Eva 2014-08-08 0:05

Dear dr Fukaya,

I hope I can ask your advice. I applied a typical steps to the face, locoid, after prescription. I applied for 5 days, then not for 5 weeks, then another 7 days. After stopping, my chin became wrinkled, shiny, and red. I now believe the cream was too strong for the face. Can a too strong cream cause dermal atrophy in this short time? I am very scared my skin is damaged forever.

☐

▼ ☐



Mototsugu Fukaya 2014-08-08 0:32

Don't worry. Locoid is not so strong and the time is too short to make your skin atrophic.



Eva 2014-08-08 8:07

Thank you for your quick reaction!

I just saw a dermatologist, he wanted to prescribe hydrocortisone cream to calm the skin. That sounded very weird to me since that is another cortisone, and the skin is really thin and fragile right now so I don't want to thin it more. I decided so far to put nothing on it and hope it will heal.

☐



Renaud Perrier 2014-08-12 2:48

Hello,

Do you have any email adress to give me please?

I would like write to you and send you some pics of my situation but I can't do it here by

comment... I hope you will accept it, I really need your opinion about my case.

☐☐

▼ ☐☐



Mototsugu Fukaya 2014-08-12 10:56

Sorry, I don't like to answer to secret or personal questions. It is too hard for me.
If you upload your photos in some public website, I could comment to it. It is because all people visiting here also could share the knowledge.



Renaud Perrier 2014-08-12 22:24

No problem, I understand it. This is my story.

At 17 years old (I'm actually 22), I started to have both sides of nose and forehead a bit dry, sometimes with redness, sometimes without. I didn't take care of this. But two years later, my doctor saw it and she gave me "cream" without tell me anything about it. So I applied it and all disappeared. Even when I had redness, one application or two was enough for it goes away. At first, I used maybe once in month but with time I had to use more often cause all was back faster than before, and it spread on cheeks and all forehead. After 2 and a half years, I used everyday cause I had scales every morning, and rarely redness, so I still thought that it was dry skin and cream that I used was just normal moisturizer.

Then, I thought all was caused by low acne and I bought special cream (without steroid) to cure acne. On second day after first use, I had very dry and itchy redness on sides of nose like I sometimes had before. But my "moisturizer" didn't work after one application like usual and I needed 4 days for it disappeared. At first, I believed it was caused by cream for acne and this dry redness was just like allergy so I stopped this cream but 1 week later, dry and itchy redness was back. Usually, this kind of redness was every 2 months but this time, all was back after 1 week and it was harder to delete it every time.

So I started to make some research on Google and I understood that I have seborrheic dermatitis (SD). A lot of people said to avoid steroid cream so I ran to bathroom to check more my "moisturizer" and I saw that i was using since 2 years and 8 months TS, without know it. Then, I put in bin. It was low level of cortisone. But I didn't see information about "after cortisone" and TSW.

After stopping TS in last November, my SD was worsening a bit cause not only sides of nose was red and dry, but cheeks too. I started to use moisturizer by Nivea and it worked approximately 3 weeks. I had less redness and discret dead skin, but like I told you, it lasted 3 weeks. Then i got information that honey could be useful for SD so I tried and it made good effects one more time 2 or 3 weeks but in April, dry redness with yellow crusts spread. More skin than usual was with SD, and it was even part on which I have never used topical steroid. My scalp too started to be red with crusts. To finish about "treatment", I read a lot of good things about apple cider vinegar so I gave a try. It was miracle after 2 days cause my skin was 80% clear. Some people use it since 3 years without flare-up and I didnt have this luck cause after 3 weeks (one more time), SD was back.

Like nothing seems to work more than 3 weeks, I stopped two months ago to use anything on my face and I let my skin free and this is what happens every time:

- First 2 weeks: flare-up with very red skin, like burn, and itchy; a lot of yellow crusts; if i take them off, a transparent "liquid" appears
- Third week: this skin heals with big and hard crusts which fall down and a "new pink skin" appears
- Next 2-3 weeks: skin looks almost normal, some dead skin and weak redness are present
- After this quiet period, again flare-up for 2 weeks, healing with crusts, etc, etc, etc.

One week ago, after some researching on Google, I discovered bad effects of topical steroid and essentially TSW. I am writing to you to have your opinion about my case: do you think that I have TSW or it is just "normal SD"?

To help you with this question, this is few photos of "flaring-up-->healing process-->shedding". Jour7=Day +7 after first sign of flaring-up.

<http://i58.servimg.com/u/f58/18/82/82/11/jour710.jpg>
<http://i58.servimg.com/u/f58/18/82/82/11/jour811.jpg>
<http://i58.servimg.com/u/f58/18/82/82/11/jour1010.jpg>
<http://i58.servimg.com/u/f58/18/82/82/11/jour1210.jpg>
<http://i58.servimg.com/u/f58/18/82/82/11/jour1710.jpg>



Mototsugu Fukaya 2014-08-12 22:38

Your case is a normal SD. Not addicted now. It is because the appearance is very classical as SD. If addicted, the appearance becomes much stranger and complicated as SD.



Renaud Perrier 2014-08-12 22:47

So how do you explain my healing process? I have never seen somebody with SD and cycles like me.



Mototsugu Fukaya 2014-08-12 22:59

It is a natural healing process. There must be some unknown initial cause at every

worsening. But the healing process after that in your case is within normal variants.

☐



Renaud Perrier 2014-08-12 23:03

It is weird that worsening comes every 2-3 weeks. I hope i will find cause soon, but i'm actually lost...

☐

▼ ☐



Mototsugu Fukaya 2014-08-12 23:20

I am sorry I can't help you. But never be impatient. It is of no use. Continue to consider the initial causes and try everything. If you need temporarily quick improvement, you can use steroids. You will not become easily addicted because you have the knowledge about that.



Renaud Perrier 2014-08-12 23:26

No problem, it's already nice to answer me. I hoped it was TSW but I will have to find another cause. Are you sure there is a cause instead I have to accept it and live forever with this SD?



Mototsugu Fukaya 2014-08-12 23:43

I suggest you not consider that kind of ideological thing. Some people cures while the other not. You are too young to think you must live with SD forever.



Renaud Perrier 2014-08-20 6:04

I have last question. We know that eczema, dermatitis, etc are caused by Malassezia furfur's yeast. Then, with steroid addiction, it makes worst the condition of eczema, dermatitis, etc.

So during topical steroid withdrawal, what about this Malassezia furfur's yeast? This yeast still causes redness, dead skin, etc?



Mototsugu Fukaya 2014-08-20 10:43

There are many causes or aggravating factors in AD or SD and Malassezia in only one of them. Some people might be reactive to anti-fungal agent and Malassezia can be allergen or aggravating factor in those cases. Malassezia (and many other factors also) and TSA are equally the possibilities aggravating the eczema.



Renaud Perrier 2014-08-20 20:07

Anti-fungal? Apple cider vinegar for example?

For those who have TSA, apple cider vinegar can help?



Daniel Tan 2014-10-09 10:40

Hi dr fukaya I wanna ask bout ichthammol cream. Does it have any side effects? Will I have withdrawals after using it? Cause it claims to have anti inflammatory function and it is lanolin and cortisone free



Mototsugu Fukaya 2014-10-09 15:05

I think it is safe. Please visit the following article.
<http://topicalsteroidaddiction.weebly.com/chapter-3012288tar---1.html>
<http://topicalsteroidaddiction.weebly.com/chapter-3112288tar---2.html>
<http://topicalsteroidaddiction.weebly.com/chapter-3212288tar---3.html>

☐



Dan D. 2014-10-28 2:17

Dr, Fukaya, in your opinion how many days per year can one use a tcs like the more potent betamethasone and not get addicted? I can not find any literature on this at all anywhere. Not from doctors, pharmacists, or the drug makers them selves. Thank you in advance for your generosity.

☐

▼ ☐



Mototsugu Fukaya 2014-10-28 8:50

There is no study or evidence about the subject. But I believe continuous use for less than two weeks can be recovered by almost the same period of disuse. It is an impression by histopathological observation.

☐☐



sdg 2014-11-05 5:03

Dear Dr Fukaya,

In your observation, Does the 10 to 30% healing time also pertain to children under the age of 5? Midpotency steroid used over 18 months. avoiding face and genitals. Will using methotrexate help for these children as per your experience. I am thankful regarding your paper to the NEA. Hopefully this will help many patients. Lately the itsan forum is discouraging with many ppl not yet healing beyond 15 months. Thank you for your time

☐☐

▼ ☐☐



Mototsugu Fukaya 2014-11-05 9:26

There are few children and very few infants who are really addicted to TCS. I have written that in p136 in my paper you mentioned. Young patients are more liable to heal by themselves than adults but it is not due to TSW but natural healing itself. And Natural healing can occur even in the patients who continued to use TCS if the patients were not addicted.

So I don't say that young patients are to be healed after the time of 10-30 % of steroid application period. It is an estimation for patients with TSA. Young patients without TSA can be healed but I can't predict the time.

Please refer to the following article also.

<http://mototsugufukaya.blogspot.jp/2013/06/for-parents-of-atopic-children-some-of.html>

☐☐



sdg 2014-11-05 11:44

Thank you for your response. The patient has worsening eczema despite tcs application original areas of AD were feet and hands. now the rash is everywhere and confluent. Patch testing was inconclusive as patient had angry baack. So they decided to put immunosuppressive therapy as steroids did not resolve situation. pt was not sleeping and complaining of burning and intense itch. The physician believes contact dermatitis but unsure to what and did say possibly to steroid. So the family decided immunosuppressive treatment for 9 months to bring skin to baseline. If this child is tsa then it is likely to heal even despite addiction bc of age I am asduming. I did not read the entire paper yet but I have read your book and blog. I will go to your paper now. BTW the physician in this case did not discredit red skin syndrome but feels pt still has contact allergy. Thank you very much for your dedication.

☐☐

▼ ☐☐



Mototsugu Fukaya 2014-11-05 12:40

Maybe you are a kind person and want to help the patient and parents.

But the real kindness is not to argue with them or deny them as for the way they chose. You should not share their pessimism also. Pessimism is often contagious.

If they showed the photos of the child to you for example, I suggest you say "Oh, What a pretty child! I can understand how you love the child because the eyes of the child seem so happy." Never refer to the eczema on the skin. Such an attitude will really save those poor parents.

The parents can get much information from internet nowadays. They must have already considered and considered. What is short in them is not information but strength enough to battle with pessimism and their own broken self-confidence. A kind person like you could help them from such a viewpoint.

☐☐



sdg 2014-11-05 23:15

Thank you Doctor. I never said anything to them. It is their decision. I just wanted more information. Only they know what they are suffering. I can only listen. I read your article. The small percentage of children that are tsa will likely have tsw. But the question is due to their BSA is it correct to assume 10-30%. I am sorry if you feel annoyed with this. It really does help to know that their is someone who has helped these people improve . Thank you.

☐☐

▼ ☐☐



Mototsugu Fukaya 2014-11-05 23:34

I am not sure of that percentage as I have written in the following article. There are various cases.

<http://mototsugufukaya.blogspot.jp/2013/06/how-long-does-rebound-period-continue.html>

And there exist TSA cases in infants or children though the proportion is small. Moreover, I suppose atopic dermatitis is more likely to heal by itself if TCS was not applied. But it is only a hypothesis. There is not enough evidence.

📄



Zayed Khan 2014-11-24 1:28

Hi Dr.Fukaya,

Thanks for your brief explanation about Tropical Steroids. I have been using TS for almost 10 years on nose and cheeks, without knowing its side effects. i dont have any eczema. 2 times i have tried to stop them but due to the red flare ups i continued to use it. since am working now, cannot miss my job. how do i stop TS now. can i use hyaluronic acid and TS at same time and reduce the use of TS. Will this work for me please suggesst. Thank you

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▼ 📄



Mototsugu Fukaya 2014-11-24 11:24

My HA lotion will help to decrease the side effect of TCS. But I am afraid you can't avoid flare following withdrawal completely. I suggest you try to quit TCS as much as your situations allow. As long as you intend to quit it, you must be able to withdraw at last. Don't be too afraid or pessimistic. The problem is not so complicated. What is needed is your strong intention.



Zayed Khan 2014-11-26 0:52

Thanks for your quick response Dr. Fukaya. From past 3 months i have reduced the usage of TS to half. There is some itching and burning sensation but its managable. In this way i hope i can get rid of TS. Hope HA lotion will be useful in this journey. If so what will be the expire date of lotion, so as to order in bulk quantity. Thank You



Mototsugu Fukaya 2014-11-26 1:12

There is no expire date written. Hyaluronic acid is very stable chemical except to ultrasonic wave. It depends on the way how it is retained. Sometimes contamination occurs and the color changes. Discard it in that case.

📄

📄 2014-12-3 10:22

Dr. Fukaya,

Hello Is it possible to show you a picture to question if this is perioral dermatitis? Pt has bad asthma and allergies. Uses Nadal steroids three months a year and inhaled corticosteroids. Pls explain if you can treatment and prognosis. Thank you kindly. Also if are willing please let me know how to upload pictures.

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Mototsugu Fukaya 2014-12-3 11:01

It is possible. Please use an upload site whatever you like.

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📄 2014-12-3 12:01

https://www.dropbox.com/s/hju760x1ug61xzg/IMG_3082.jpg?dl=0
https://www.dropbox.com/s/3e7w60o2oqpvc47/IMG_3080.jpg?dl=0
https://www.dropbox.com/s/hvuzhq364zqwjr/IMG_3077.jpg?dl=0

📄

📄 2014-12-3 12:04

It is not itchy. Sometimes goes away in a day or so. The may have on another area. I notice when hair is loose it is more common. Stopped nasal steroid about 1 month ago. Used for 1.5 month. Usually twice a year. But on inhaled steroids all year via mouth.

📄

📄 2014-12-3 12:05

Also appears like a pimple. No.discharge. the weather is very dry. Uses a flavored toothpaste.

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Mototsugu Fukaya 2014-12-3 13:22

It looks ilike a common dermatitis due to dry weather. If you have not applied topical steroids much around the mouth, it is not TSA. I recommend my skin lotion. I believe it will work in your case.



2014/12/30 13:28

Ok she uses an inhaler with spacer for cold. Which may occur three times over winter. But we wash and rinse now thoroughly since I know about tsa. We were not that diligent before. I never have applied topical steroids ointment to her face. Only used ts three times in her life on other parts of body. Does your lotion ship to states? Thank You Dr. Fukaya. You have eased this mothers worry so much. You will have a place in my prayers.



Mototsugu Fukaya 2014/12/30 15:24

Maybe it is because she washed the skin around the mouth too frequently and removed the natural emollient of her own. Don't be so nervous.



Shane Young 2015/3/14 8:12

Hello Dr. Fukaya,

Thank you for all your help in providing the information that you have. I am most grateful and appreciative. I was wondering if you had any comments regarding the efficacy of Hyper Baric Oxygen Therapy with regard to eczema symptoms. I noticed your comments above regarding PRP stimulating fibroblasts in the dermis, and remembered reading a similar thing with Hyper Baric Oxygen Therapy here: <http://www.hypermed.com.au/Clinical%20Research/HBO%20Psoriasis%20Vulgaris.pdf> on page 2, paragraph 2... I look forward, and thank you for your comments.
Best Regards



Mototsugu Fukaya 2015/3/14 11:28

Those two therapies are completely different and the article you mentioned is about Psoriasis which is different from eczema.



compulsive blabberer 2015/6/20 17:35

oooooooooooooooooooooooooooo



2015/6/20 21:06

Hello Dr. Fukaya,

First of all I thank you very much for providing so much information on topical steroids.

I have a question about a unique problem for which I have found no answer.

I have used beclomethasone dipropionate 0.025% lotion prescribed by a dermatologist for hair loss, on and off for almost 8 years. I stopped in April 2013. The rest of the story is same as other sufferers, except there was no crusting or oozing.

So my question is this - my scalp has always looked normal so I haven't been able to know whether the damage has gone to deeper dermal level. But it has been two years and only the burning has reduced. It pains a lot, lot of hairfall and still no shampoo/oil/moisturiser or hair cream is tolerated on my scalp. Is it possible that the damage is extensive but scalp is tougher so not very visible?

PS : In the last few months of use, I was using enormous quantities of topical steroid, almost 3/4th of the bottle to control the itching and pain I felt. The last use, the scalp had flushed red and I had to run under the cold shower for the burning.

Apart from this, I also get nodules or boils on scalp. And even washing with water, I still get itchy. I also have had horrible urticaria all over my body and digestive issues. Facial skin is also terrible. Skin on other parts of body also seems thin. Cannot go for waxing my skin anymore like I could earlier.

Thank you and sorry to bother you.



Comments will appear after approval. Please wait for a while.

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