

Freedom From Eczema in as Little as 10 Days

Q&A



1. How do I prevent my eczema from being irritated?

- Consistent moisturizer
- Avoiding triggers: heat, spicy foods, allergens, fragrances, etc.
- Controller medications: Aron Regimen & non-steroidal medications
- Reducing staph bacterial infection

2. How do I control the itching? It becomes worse at night-time.

- Keep cool and wear loose clothing (cotton fabrics preferred)
- Liberal and frequent use of moisturizers
- Do not routinely use sedative antihistamines (Benadryl, hydroxyzine, doxepin, etc.)
- Prevention of flares
- To help at night-time: add a night-time application of AR

3. Are there alternatives to steroids for sensitive areas? (groin, face, etc.)

- Calamine lotion, Bepanthen barrier cream, or zinc oxide barrier ointment
- Non-steroidal medications: Elidel, Protopic, & Eucrisa
- Systemic non-steroidal medications like Dupixent can sometimes be effective for eczema in sensitive areas when lessor treatments are not sufficient

4. What are the effects of the daily use of steroids? Long term use? Am I at risk for steroid withdrawal?

- Unfortunately, some eczema is not controlled by using non-steroidal treatment options. Side effects of topical steroids are less likely with the Aron Regimen because of the diluted strength of topical steroid that is used. More importantly, side effects are lessened when the eczema is brought under control and a coordinated step down method of applications is followed.
- Topical steroids are extremely less likely to cause systemic side effects than oral steroid use; less oral steroids are typically needed when using Aron Regimen.
- Multiple studies also show that better outcomes are seen for patients with eczema when managed by an eczema specialist compared to a primary care provider. Further, these



studies have shown that an eczema specialist's consultation and their ongoing treatment is more likely to induce long lasting control than using non-specialist care.

5. What are the long term effects of using AR for more than a year? Is it safe?

- There have been no official studies done, but Dr. Aron and my combined experience of over 50 years has not shown any significant long-term side effects with the use of the Aron Regimen of treatment. Few exceptions have been seen, but overall, the risk of local and even systemic side effects has been much less (and close to 0) compared to that seen when traditional therapy is used by most practicing physicians. Our close follow up requirement allows us to specifically tailor our treatments and avoid side effects that could occur.

6. What is the longest someone should stay on the Aron Regimen?

- Some patients have required many years of treatment- typically on a very infrequent application regimen of once per week or only as needed after remission is achieved.

7. Does the Aron Regimen affect the bloodstream and/or internal organs?

- No, it is very unlikely to have any systemic effects.

8. Are the steroids used in the Aron Regimen safe, or more safe than other treatments?

- The steroids used in the Aron Regimen have an excellent safety profile given the diluted nature of the compound, which is typically a 10-18 times diluted topical steroid, as compared to single agent use of undiluted topical steroids

9. How do steroids/AR affect growth and weight gain?

- Most long-term studies show that low potency topical steroids are very unlikely to have systemic side effects of growth suppression and/or weight gain. Exceptions have been reported, but mid potency and high potency topical steroids are more likely to cause local and/or systemic side effects with long-term use. The Aron Regimen is, more importantly, much less likely to cause any systemic side effects given its diluted preparation. Also, because of the regimen's requirement of frequent follow-ups, we are able to help patients avoid adverse issues.

10. How does the Aron Regimen compare to Dupixent in controlling eczema?

- Most moderate and severe cases of eczema can be managed with the Aron Regimen. Many patients that have failed to reach adequate eczema control while on Dupixent have been shown to respond to the Aron Compound. My many years of experience with the use of both methods of treatment show that there is a place and time for Dupixent. I do have a sizable number of patients that do not respond to the Aron Regimen and have shown excellent results with Dupixent. Dupixent is a relatively safe and effective therapy for those that have failed on the Aron Regimen.

11. Can allergy testing and elimination of allergies help my eczema?

- Yes. As a Board Certified Allergist, I use allergy testing extensively in many of my local patients with childhood eczema as well as adult eczema. However, adult-onset eczema is not likely to be triggered by environmental allergies and even less likely to be caused by food allergies; thus allergy testing of adults with adult-onset eczema is less likely to be helpful. Further, it is not likely that allergy testing is beneficial in infantile eczema. Most



cases of infantile eczema are genetic in origin; they tend to be significantly triggered by a staph infection and are not typically due to a food allergy.

12. How can I get access to the Aron Regimen if I do not live in the United States?

- The Aron Regimen is available throughout the world. Currently, Dr. Michael Wetzler is available for consultation in the United Kingdom; Dr. Richard Aron is available for all other countries except the United States. Dr. Van Wagoner is the only designated provider within the United States.
 - To contact Dr. Michael Wetzler, send a message to info@hillmedicalcentre.co.uk.
 - To contact Dr. Richard Aron, visit draron.com.

13. Why do swimming pools aggravate my or my child's skin so badly?

- Chlorine can exert an irritant response and also lead to an increased evaporative drying effect to one's skin, especially those with atopic dermatitis that is already hypersensitive to specific and non-specific factors. The problem is that some children and adults are irritated by swimming pool water (depending on the mix of chemicals used by the individual pool) however, not everyone with eczema will necessarily experience the same degree of irritation, as eczema is a condition that is specific to each individual.

14. How do I control my eczema when it gets bad and flares up?

- Customized treatment plans can help reduce intrinsic inflammation, restore hydration and eliminate infection, if applicable. Topical treatment is preferable, but some patients may need systemic treatment to provide adequate control when flared.

15. When do you recommend removing the antibiotic from the Aron Regimen compound?

- Every case is different, but most patients can have the antibiotic removed from the Aron Regimen compound once control of eczema is achieved and maintained. A similar goal of less antibiotic exposure is achieved as we reduce the frequency of the applications of the compound once control is maintained. Note the half life of Mupirocin (the most commonly used antibiotic in AR) is about 30-45 minutes.

16. How can I manage my eczema on my hands and feet?

- This can be very challenging. Treatment for the hands and feet typically requires more potent topical steroids and/or other anti-inflammatory products like coal tar or calcipotriene (vitamin D), and may require occlusive therapy. Contact dermatitis and psoriasis are common conditions that look like hand eczema.

17. I have been on steroid medications on and off for over twenty years. My skin is thinned out and delicate from withdrawal symptoms. If I eventually want to eliminate steroids from my life completely, is AR the right treatment for me?

- Every case is different. I have many patients that were previously steroid dependent, both to topical and/or systemic steroids, and we witnessed excellent responses with the Aron Regimen compound. The mere fact that topical steroids did not "fix" the problem in the past does not suggest one will not respond to the Aron Regimen of treatment.

18. Are there any therapies or treatments to reverse skin thinning/atrophy that has been incurred with prolonged topical steroid use?

- No specific therapy has been shown to reverse the rare, but sometimes experienced, side effects of chronic topical steroid use. You are more likely to see the redevelopment of



healthy skin if the chronic eczema can be adequately controlled. Unchecked eczema in combination with potent steroid use can cause long term changes in the skin; sometimes it is difficult to determine if the skin atrophy/thinning is due to the topical steroid and/or the eczema itself.

19. Do you have advice for children less than 1 year old that have mild, but persistent eczema? Can AR be used on babies younger than 2 months?

- I have successfully used a very mild Aron Regimen compound in babies, even those that are a couple of months of age; I use an AR compound that contains a very diluted form of hydrocortisone and have seen excellent responses. All cases are different, however, and some young infants with mild, persistent eczema may respond to the use of emollients by themselves.

20. How important is it to wash your hands and keep the area clean before applying the cream?

- I do recommend washing your hands before applying any topical medicated cream. Do not use scented soaps and/or antibacterial gels, since these can be irritating.

21. Will my child's eczema come back after being clear for a few days or weeks?

- Yes, most cases of eczema are chronic and will reappear without adequate use of a controller medication to prevent recurrence.

22. How do young infants get eczema, and what is the cause? Do you think vaccinations play a role in this?

- Most cases of infantile eczema are genetic in origin. Despite this, most cases are outgrown by 1 or 2 years of age. Many cases of infantile eczema are worsened because of overgrowth of the staph aureus infection. Vaccinations may flare one's eczema, but have not been implicated in causing eczema.

23. Why do new areas of eczema appear during the AR process?

- Great question; new areas of eczema may appear because of the natural history of eczema in the patient. However, in some cases, they may appear because of the untreated spread or contamination of other body parts with the existing staph aureus infection.

24. How long should one use this treatment after the major problem has cleared up?

- Every case is different and depends on the severity of one's eczema. Rapid removal of the suggested treatment medications can cause a rebound worsening of one's eczema. Unfortunately, most cases of eczema are chronic and there is no cure available. The Aron Regimen is not a cure but a better way to manage chronic eczema and provide immediate and long lasting improvement in the health of one's skin.

25. What is the process of weaning off the treatment medications? What percentage of patients are able to successfully wean off of the treatment?

- Every case is different; a coordinated professional treatment plan is more likely to induce remission and ultimately allows for a successful reduction of treatment.
- I would say that most of our patients are able to wean off chronic daily treatment once control is achieved. Please note that most infantile eczema is outgrown over time and weaning off treatment is much more likely for infants with significant infantile eczema.



26. Regarding scalp eczema, what is the best way to apply the cream to the scalp without getting longer hair gummy? Or, as a patient, should I ask for a different application vehicle, instead of a cream? How many times a day should I be applying to the scalp?

- There are multiple means of treating eczema on one's scalp. Use of foam forms of medication on the scalp provide a much more aesthetically pleasing application of treatment. Solution forms of topical steroids are also a more pleasing form of treatment for the scalp. Some patients with significant scalp eczema may need 3-4 times per day applications. Infantile cradle cap patients will typically respond nicely to the Aron Regimen compound of medications applied to the scalp. Additional use of antifungal medications like ketoconazole (Nizoral) may be needed. Nonsteroidal medications like Elidel, Protopic, and even Eucrisa have been shown effective for scalp eczema and even seborrheic dermatitis.

27. Will this treatment help seborrhea of the scalp? Is seborrhea of the scalp caused by allergies? Patient would be an 83 year old female who still gets her hair colored and gets perms - should she stop doing those things?

- Seborrhea of the scalp is not typically caused by allergies.
- Yes, avoiding the application of irritating and/or sensitizing topical chemicals to the scalp can help prevent and/or improve scalp eczema. If one is experiencing body eczema, avoiding exposure to any foreign chemical like hair dye to any part of the skin, including the scalp, would be beneficial.

28. Can you help with psoriasis?

- Yes, in some cases. I have seen the effective treatment of patients with mild to moderate cases of psoriasis with the Aron Regimen. Topical steroids are considered first line treatment of psoriasis; there is ongoing research on the role of skin bacteria and its role in the pathogenesis of psoriasis. Some patients with psoriasis also have concurrent eczema.

29. Will the Aron Regimen cure moderate to severe atopic eczema and ichthyosis as well?

- There is no cure for atopic dermatitis. The Aron Regimen is an effective treatment regimen for most cases of atopic eczema; mild, moderate and severe cases. The AR may help some patients with ichthyosis, but it is recommended that these patients with ichthyosis be managed by a local dermatologist.

30. Will the Aron Regimen work to treat dyshidrotic eczema?

- Yes, the Aron Regimen can be effective for most cases of dyshidrotic eczema. These patients may need a more potent topical steroid for these areas of concern compared to what is used for the rest of the body.

31. How should you treat eczema scarring? Can the skin improve its appearance over time?

- Scarring from eczema is typically not permanent. While lichenification (thickening of the skin, also called hyperkeratosis) is not uncommon in chronic eczema, most cases will see healthy skin reappear once adequate control of eczema is achieved and maintained. Further, please understand hypopigmentation and hyperpigmentation are common skin findings in long term eczema, especially in patients with naturally dark skin compared to



lighter skin complexions. These color changes of the skin will also see improvement in the appearance over time, but may take a longer period of time to achieve.

32. Should you use gloves if applying the compound on your hands?

- Using gloves is not necessary if applying the Aron Regimen compound to the hands.

33. Is eczema related to the food you eat, like dairy?

- Food allergy is not typically the major isolated cause of atopic dermatitis. However, it can be a major contributor in just a minority of cases. It is more likely that food allergy plays a role in childhood eczema compared to adult-onset eczema.

34. My daughter is allergic to propylene glycol, Kathon (Isothiazolinone mix), benzoyl peroxide, and nickel sulfate. Are any of these ingredients in your regimen?

- Most of the ingredients found in the Aron Regimen compound are hypoallergenic. If you have a specific chemical allergy, please let us know. The moisturizer component of the AR compound is the most likely source of potential chemicals one could be allergic to. There also may be some chemicals you could be allergic to that are found in the preparation of the antibiotic and/or topical steroid we use. Because there are many manufacturers of the generic medications we use, we suggest you discuss your specific chemical allergy with the pharmacist that provides your medications for your use with those sensitivities in mind.

35. Why is eczema still incurable?

- Most cases of eczema are not curable because most cases are due to genetic/hereditary factors which cannot be permanently corrected solely by using any currently available specific treatment. Research is ongoing regarding the use of modulatory genetic therapies that correct the altered DNA abnormalities that are responsible for atopic dermatitis.

36. The Aron Regimen transformed my son's life. We are very grateful! Question: My son is 5, and has been on AR for 2 years now. The lowest frequency he can go down to is still just once a day. Will he be relying on the regimen for the rest of his life? How long will he be on the regimen before the side effects kick in? What is it like when the side effects show up? Like antibiotic resistance?

Thanks!

- Glad he is better, what a blessing! Most cases of childhood eczema will improve overtime and may allow for the termination of daily or more frequent application of the Aron Regimen compound. Every case is different and it is hard to predict an individual's future need for treatment. The risk of side effects from the long term use of the Aron Regimen is low, but needs to be monitored with regularly scheduled visits with our office/professional. Antibiotic resistance is a rare complication of using the Aron Regimen but has been seen. We attempt to remove the antibiotic once stability is achieved.

37. What is the number one thing a parent can implement to help their child with eczema?

- Follow the advice from a board certified medical professional that has extensive experience in childhood eczema. Because every case is different and one general treatment regimen does not necessarily work for every case, it is important to get advice from a specialist that can provide a customized treatment plan. You need a professional that has been



successful in the management of all severity levels of eczema and is experienced in both the diagnosis and management of eczema.

38. Is there anything that can be done for the hyperpigmentation specifically suffered by brown-skinned or African Americans suffering from eczema? Also, what are some of the reasons that the Aron Regimen may stop working as well as it did in the past?

- Some reasons the Aron Regimen may “stop working” are variable and are not always because the aron regimen is ineffective.
 - Expired medications
 - Contaminated medications
 - Secondary unchecked bacterial, fungal and or viral infection
 - Wrong diagnosis
 - Worsening eczema because of new allergic sensitivities
 - New irritant exposure
 - Hormonal influences
 - Chemical allergy
 - Inadequate follow up

39. Are most cases of eczema just a bacterial infection due to compromised immunity? Does the mupirocin antibiotic kill more than just staph on the skin, including good bacteria? What is the best way to replenish the skin microbiome?

- Most cases of eczema are multifactorial in its origin, and further there are many other exacerbating factors that can promote/aggravate atopic dermatitis. Most patients with chronic eczema, as well as infantile and childhood eczema, have hereditary/genetic factors that cause alterations in many important skin barrier proteins that are important for healthy skin. These skin barrier abnormalities can cause several secondary downstream immune related responses that can contribute to the chronicity and severity of eczema. Superinfection with staph aureus has been shown to be a quite common cofactor that can cause multiple adverse issues for those that have atopic dermatitis. Colonization with staph aureus has been seen in up to 90% of patients with chronic eczema. This staph infection can cause an exaggerated hyperimmune response causing increased inflammation (patients can become allergic (IgE mediated) to some of the toxins that are released from the staph bacteria). The staph infection can also cause an increased inflammation due to nonspecific toxic effects (non IgE mediated inflammation). Chronic staph infection has been shown to cause a relative steroid resistance in many patients, making the skin less likely to be receptive to low dose topical steroids.
- Mupirocin can kill many common bacterial organisms, including Methicillin resistant staph aureus (MRSA), and Methicillin sensitive staph aureus (MSSA). Specifically, mupirocin (pseudomonic acid A), an antibiotic produced by Pseudomonas fluorescens, shows a high level of activity against staphylococci and streptococci and against certain gram-negative bacteria, including Haemophilus influenzae and Neisseria gonorrhoeae, but was much less active against most gram-negative bacilli and anaerobes.
- Most studies show that it is the over predominance of either pathogenic strains and even more commonly commensal strains of Staphylococcus aureus in or on the skin that

contributes to the hyperimmune exaggerated local skin response in chronic eczema. Our goal of treatment with mupirocin in the Aron Regimen Compound is to reduce the overabundance of this infection with staph aureus. Mupirocin works to kill a number of common bacteria on the skin, both “good” and “bad”, which include strains of Staphylococcus aureus and Streptococcus pyogenes. Since the half-life of mupirocin is only 20-40 minutes, it is unlikely to sterilize the skin completely of both the “bad” and “good” bacteria. Studies show it eliminates the overabundant infection and probably allows a healthy reestablishment of a healthy microbiome.

