

THERAPEUTIC NOTES

INFRA-RED RAYS IN THE TREATMENT OF WEEPING (EXUDATIVE) ECZEMA

By

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Eczema is non-microbial inflammatory disease primarily of the epidermis and secondarily affecting the dermis, usually attended with itching, scaling and oozing. Exudation is a common sequel of rupture of the vesicles with weeping and oozing, the so-called weeping eczema. The opening made by the ruptured vesicles (eczematous pores) continue to drain an exudate which originates mainly from oedema of the papillary body.

MATERIAL AND METHOD

The 27 subjects for this study were selected from, varying age groups and from both sexes, attending Bombay Clinic, Bombay. Particular care was taken in selecting cases of the exudative type only (weeping eczema) Those with secondary infection were excluded,

A "Record 450 (Electro Vakuum Berlin), 750 Watt." Infra-red lamp was used for irradiation. Each lesion was irradiated for 5 minutes daily for either three days or till exudation stopped. Some patients required 4 to 5 days of irradiation. The Infra-red lamp was kept at a sufficient distance to warm the exuding area for 5 minutes. Particular care was taken to avoid erythema. None were irradiated for more than 5 days. Patients were observed for side reactions.

RESULTS

Table 1.

Showing the number of sittings required for relief:

No. of Sittings	No. of Patients.
3	20
4	1
5	3

Table 2.

Showing early results:

Nature of relief	No. of cases
Quick complete relief (3 days)	20
Slow complete relief (4-5 days)	4
No relief	3

On analysing results (table 1 and 2), it is obvious that good number of patients had relief from itching, oozing oedema and redness within three to five days of irradiation.

Analysis of complications reveal that most of the cases developed hyperpigmentation, which disappeared slowly or lessened after some time. However, exacebration and local oedema were observed in few cases who remained refractory to irradiation. Three cases developed erythema, which could be due either to sensitivity of the skin or to irradiation given at a short distance. One peculiar observation was that none complained of itching after irradiation which otherwise was a common feature. Incidence of recurrence was observed in 6 cases.

DISCUSSION

The current local treatment of eczema is complicated and unsatisfactory. Corticosteroids give satisfactory results in early cases but recurrence invariably is found. Moreover corticosteroid preparations are costly and to be given for long periods and their sudden withdrawal is dangerous. There are other known hazards of corticosteroid therapy if given for a longer time.

SUMMARY AND CONCLUSIONS

27 patients of exudating eczema were treated with infra-red. The response was very good and encouraging. No other treatment was given during irradiation. Erythema, hyperpigmentation and oedema occurred as side effects.

A rise in temperature increases capillary permeability, raises the filtration rate and flow of lymph and also opened up lymphatics which are obstructed around inflammatory region. These physiological effects help in drainage of exudates and thus make exudating are a dry and scaly. However, fibrinogen concentration also increases due to the damaging of local tissue by infra-red irradiation.

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