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ORIGINAL ARTICLES

ALLERGY *

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INTRODUCTION

Allergy and eczematous dermatitis constitute a difficult problem in dermatology because of the diverse causes underlying the pathogenesis, its variegated symptomatology and the varying prognosis of the different clinical types. It is also true that many dermatoses are diagnosed loosely as allergic dermatitis and eczema, and nothing more is done to come to a proper understanding of an individual case. We believe that a large majority of the allergic patients can be helped without much laboratory and other ancillary aids. The first step is to assess the allergy into one of its many diverse clinical forms. These are recognizable by training and a familiarity with their pictures. Once this is achieved, the way the allergic mechanism operates in a particular individual, becomes understandable. This gives an idea of the prognosis, the modalities which one is going to use to control the process and further investigative procedures, if required. This will make it clear that no tests by themselves are going to do the "thinking", although the allergy tests have a field of utility.

Finally the term, allergic dermatitis connotes a suspicion of a "process" underlying the dermatitis in an individual case and is not a diagnosis. The most important step in the understanding of an individual case is an intelligently taken detailed history and a clinical assessment. Both these are interdependent, as many times the latter itself aids a pointed history-taking, because the mechanism of allergy may be obvious enough by a look at the case (e. g. contact allergy, some cases of auto-eczematization, bacterial eczema). The next step in the clinical approach is to ask oneself a question: is this case caused by an external or an internal allergic process? In the majority of cases an answer to this question could be given by history, clinical picture, the location and evolution of the dermatosis. Thus, adequate investigative facilities are required only for a minority of cases,

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SLIDE No. 1 Approaches in Allergy.

- (a) Intelligent history.
 - (b) Clinical assessment of presenting pictures.
 - (c) Routine laboratory tests and sometimes x-ray.
 - (d) Patch testing for contact allergy.
 - (e) Intracutaneous testing for some drug, microbial and food allergy.
 - (f) Serologic diagnosis, cultural investigations, and selective pathogen cultures.
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