A Case of Eczema And Contact Dermatitis in Both Hands Cured By Using Moist Burn Ointment

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[Abstract] "Burn is a combination of wounds and ulcers of all kinds." This is the theory which is the foundation of the medicine of burns and surface ulcers. On this basis, the author used Moist Burn Ointment for treating eczma and contact dermatitis for many years and got satisfactory results. The author recognized through his clinical practice that improvement of local micro-circulation as well as analgesic, antipruritic and antinfective effects can be achieved when moist exposed therapy and Moist Burn Ointment is used for treating dermatosis, just as it is used for treating burns. It helps to enhance local immune function and to regulate nerves. Stubborn dermatosis can be cured and the short term results are very satisfactory. The long term results remain to be further observed. Case Data:

Zhang XX; Male; 64 year-old; AD: 58947. His two hands had suffered from cutaneous pruritus, papular ulceration and pachylosis for over 10 years. Three months ago, the old injures aggravated after contacting paint. The fingers, palms and dorsums of two hands and partial forearms underwent violent itch and burning pain with yellow secretion. The patient could not sleep at night. Finally, he was hospitalized for the dysfunction of his two hands caused by swelling. Examination: Normal systemic condition; the local skin on the fingers and dorsums of two hands and partial forearms was red, swelling and covered with erosion and rhagades. There is amount of exudate at the pathologic area. The skin of the palms underwent pachylosis, desquamation and lichenoid appearance. (See Photo1 on Insert 3) Diagnose: Chronic eczema complicated with contact dermatitis on the fingers, palms and dorsums of two hands and partial forearms. Area: 8%.

Therapeutic Method & Curative Effects:

The patient was treated with antiallergic agents to restrain further development of allergic reaction and locally applied with MEBO according to the Instruction of MEBO. After drug application, burning pain and violent itch soon disappeared and the symptom alleviated. Therefore, the patient can sleep again. After 3 days of drug application, the injured dermatic wounds of rhagades, erosion and desquamation appeared ruddy, as well as had no exudate and obvious swelling, but the hands still occasionally itched (This probably concerned with the prolonging of drug application for 8 hours). After continuously applied drug for 7 days, the skin on injured area was cured to be bright, ruddy, flexible and no swelling. The patient recovered and discharged (See Photo 2). After 2 months, the follow-up visit showed that the disease did not recur.
Discussion:

1. This patient suffered from ulcers and injuries on the body surface resulting from eczema and contact dermatitis. It can be classified into the field of burn wounds & ulcers, so it is fit for the functional principle of MEBO. Consequently, compared with other traditional therapies, this one gained better curative effects and spent less time.

2. Because MEBO can improve local microcirculation, take excellent analgesic function, abate swelling and simultaneously increase local blood flow, it can improve the anti-infectious ability of wounds and maintained the balance of local microbes. Other medicines cannot achieve this effect.

3. During the treatment observation of this case, we believe that MEBO can perhaps strengthen local immunity, regulate nerve and take antipruritic function for dermopathic injuries. Therefore, this case gained satisfying short-term curative effects treating with MEBO. How about its long-term curative effects? It still requires further observation in our later work.

References


【Brief Introduction of the Author】
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