# Introduction to the Aron Regimen<sup>™</sup> for the treatment of atopic eczema

PREPARED BY A GROUP OF PARENTS OF PATIENTS OF DR RICHARD ARON, CONSULTANT DERMATOLOGIST MAY 2018

# Who is Dr Richard Aron

- Human Sciences Research Council of South Africa registration MP 0110817
- GMC ref no. 3151727
- M.B. Ch.B. M.Med. (Derm) U.C.T.
- Practising Consultant Dermatologist for over 40 years
- Current clinic: South Africa: Christiaan Barnard Memorial Hospital, Cape Town 8001
- Online consultation service commenced in 2008; over 10,000 patients treated to date
- More information on the online service can be found at www.draron.com
- The map shows just some of Dr Aron's patients, there are currently over 400 patients in Australia.



# Fundamentals of the Aron Regimen

Extract from Dr Aron's website www.draron.com:

"I believe that the single most important factor causing the inflammation in Atopic Eczema and contributing to flares is the presence of bacterial infection (Staphylococcus Aureus) in a large percentage of cases.

A common flaw in conventional therapy is the use of potent steroids in short bursts followed by so called steroid holidays.

This results in eczema rebound on a regular basis. The Aron Regimen uses significantly diluted steroids for longer periods. The steroid dilution allows for more frequent mixture application with reductions when control is achieved. This reduces the potential for rebound."

Reference: NATURE 2013 Nov 21; 503:397 Blaming the staph – the role of delta toxin in Atopic Dermatitis – Nakamura Y et al.

### Case Series Study of the Efficacy of Compounded Antibacterial, Steroid, and Moisturizer in Atopic Dermatitis

Fatima Lakhani , B.S., Kachiu Lee, M.D., M.P.H., † and Peter A. Lio, M.D.

"Our findings suggest that CASM (compounded antibacterial, steroid, and moisturizer [CASM]) is an effective therapy in treating patients with AD, including those previously using medium-potency or stronger corticosteroids or systemic agents. The reduction in eczema severity and extent in these patients suggests that CASM may be more effective than some conventional approaches.

CASM contains mupirocin, a moisturizer, and a medium-potency corticosteroid, resulting in significantly lower corticosteroid potency. Despite this lower potency, almost 70% of the patients previously taking medium-potency steroids or stronger responded to CASM. Although there are many unknowns, it is possible that this approach could have a lower risk of corticosteroid side effects."

> ACKNOWLEDGMENTS We are indebted to Dr. Richard Aron for stimulating the idea for this report.

PEDIATRIC DERMATOLOGY VOL. 34 NO. 3 322-325, 2017

# The Aron Regimen in practice

- For most patients, the treatment will involve applying a compound cream combining a topical steroid, antibiotic and moisturiser.
- The components and concentrations will be tailored to each patient but typically the amount of moisturiser will be 9-12 times the amount of steroid in the compound cream.
- The cream is typically applied 4-6 times per day in the first week, with the number of applications quickly tapering down over time.
- The speed of the tapering down will depend on the severity of the eczema and how the eczema responds to the Aron Regimen.
- For example, after 6 months some patients have been able to stop regular use of the cream completely and others are able to maintain control of the eczema on a single application of the cream daily, every second day or 2 to 3 times weekly.
- The antibiotic element is essential in the first phase of treatment but it may be possible to remove the antibiotic from the mix at a future point.

### Patient case studies

### There are over 50 CASE STUDIES. To view visit http://eczemasense.org/case-studies, password: Sk!ncare

### CASE STUDY 1

### Case study 1 (Dec 2014) Female, aged 20 months when started on Aron regime (Feb 2014)

Prior to commencing Aron regime	Age when diagnosed with atopic eczema	8 months
	Under treatment of GP or Dermatologist prior to commencing Aron regime	GP
	Most recent treatment prior to commencing Aron regime (immunosuppressants: any time; rest: previous year)	Topical steroids: Betnovate, Eumovate, Hydrocortisone 1% Oral steroids: No Topical immunosuppressants: No Oral immunosuppressants: No Antihistamines: No
	Any hospital emergency or elective admissions related to atopic eczema since diagnosis? If yes, how many?	No
	Any absences from school due to eczema (other than clinic appointments)?	N/A
Since commencing Aron regime	Duration under Dr Aron's care	9 months
	Current treatment	Mix of Diprosone, Fucidin & Diprobase July 2015. Only only small areas (handxivits, left ankle, right knee) every 3 days Feb 2015: Antibiotic removed from the mix Dec 2014: Applied once every 3 days
	Any hospital emergency or elective admissions related to atopic eczema since commencing Aron regime?	No
	Any absences from school due to eczema (other than clinic appointments or initial week of Aron regime)?	N/A

Case study 1 – female, aged 20 months Photos before commencing Aron regime



She was covered head to ankle and could not sleep more than 2 hours at a time. We were all miserable.

Case study 1 – female, aged 20 months Photos after commencing Aron regime



Note from parents: She sleeps all night, every night. Flares are manageable and she is happy.

### CASE STUDY 2

#### Case study 2 (Dec 2014) Female, aged 12 when started on Aron regime (Jan 2014)

Age when diagnosed with atopic eczema	3 months	
Under treatment of GP or Dermatologist prior to commencing Aron regime	Dermatologist	
Most recent treatment prior to commencing Aron regime (immunosuppressants: any time; rest: previous year)	Topical steroids: Oral steroids: Topical immunosuppressants: Oral immunosuppressants: Antihistamines:	Elocon Predisonole Protopic No Yes
Any hospital emergency or elective admissions related to atopic eczema since diagnosis? If yes, how many?	Yes, 8 admissions	
Any absences from school due to eczema (other than clinic appointments)?	Yes	
Duration under Dr Aron's care	10 months	
Current treatment	Mix of Diprosone, Fuddin & Diprobase July 2015: Applied twice per week all over body Feb 2015: No. of applications reduced to twice a week on legs/ lower body and 3 times a week on top halt/face Dec 2014: Applied twice a day to body and once every 2 days to face	
Any hospital emergency or elective admissions related to atopic eczema since commencing Aron regime?	No	
Any absences from school due to eczema (other than clinic appointments or initial week of Aron regime)?	No	
	Under treatment of GP or Dermatologist prior to commencing Aron regime Most recent treatment prior to commencing Aron regime (immunosuppressants: any time; rest; previous year) Any hospital emergency or elective admissions related to atopic ezema since diagnosis? If yes, how many? Any absences from school due to eczema (other than clinic appointments)? Duration under Dr Aron's care Current treatment Any hospital emergency or elective admissions related to atopic ezema since diagnosis?	Under treatment of GP or Dermatologist prior to commencing Aron regime         Dermatologist           Most recent treatment prior to commencing Aron regime (immunosuppressants: any time; rest; previous year)         Topical steroids: Oral steroids: Oral steroids: Oral inmunosuppressants: Arbitistamines:           Any hospital emergency or elective admissions related to atopic eczema since diagnosis? If yes, how many?         Yes, 8 admissions           Any absences from school due to eczema (other than clinic appointments)?         Yes           Duration under Dr Aron's care         10 months           Current treatment         Mix of Diprosone, Fucidin & Diprobase Fieb 2015: No. of applications reduced to la bore tody and 3 times a week on this mear tody on the race           Any hospital emergency or elective admissions related to atopic ago on the commending Aron regime?         No

#### Case study 2 – female, aged 12 Photos before commencing Aron regime



#### Note from parents:

Note from parents:

Constantly flared skin. Constant itch. No sleep. Unable to attend school. Massive impact on family. No quality of life.

#### Case study 2 – female, aged 12 Photos after commencing Aron regime



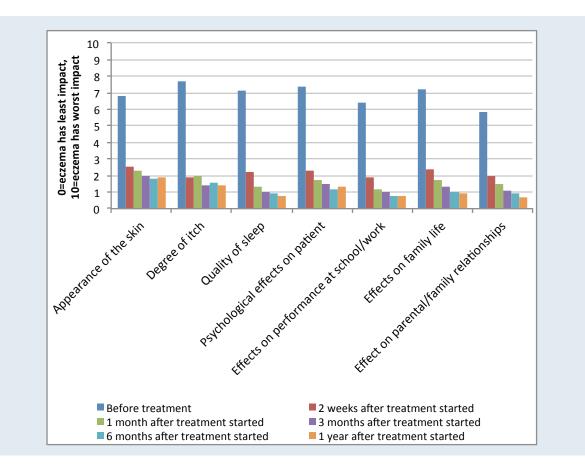
Note from parents:

No itch. Normal family life. Normal sleep. Back to school full time. Normal quality of life.

## Patient feedback

For a more **DETAILED SUMMARY OF THE RESULTS** visit http://eczemasense.org/case-studies, password: **Sk!ncare** 

- Between 2014 and 2016, Dr. Aron gathered patient feedback via anonymous online forms which asked the patient (or their parent) how things were immediately before treatment on the Aron Regimen began and 2 weeks, 1 month, 3 months, 6 months and 1 year after treatment began.
- The patient (or their parent) was asked to rate 8 factors (appearance of the skin, degree of itch, quality of sleep etc) from 0 to 10, with 0 being the least troublesome and 10 the most troublesome.
- Responses from over 900 patients were received to date. The graph opposite gives a high level summary of the results.
- To read further information regarding the graph: http://eczemasense.org/pdf/ar-feedbacksummary-to-1-year.pdf



#### SEPTEMBER 2015 CHICAGO INTEGRATIVE ECZEMA CENTER

Dr Aron presented a session on "The Aron Regime". The session was hosted by Dr Peter Lio, MD, co-founder and co-director. Dr Lio now has scores of patients on the Aron Regimen. Here is an article written by Dr Lio about the Aron Regimen: https://nationaleczema.org/innovations-ineczema-care-the-aron-regime/

# Timeline

AUGUST 2016 ANNUAL CONGRESS OF THE SOUTH AFRICAN DERMATOLOGY SOCIETY

Dr Aron gave a presentation on Cyber Medicine - Evolution of the concept of using the internet as a vehicle in the treatment of Atopic Eczema; and the Aron Regimen

#### JUNE 2017 NATIONAL ECZEMA

ASSOCIATION INTERVIEW DR RICHARD ARON https://nationaleczema.org/ old-treatment-approach-offersnew-option-eczema-patients/

#### DECEMBER 2017 UPCOMING TRIAL: RED CROSS HOSPITAL IN CAPE TOWN

The trial, called "Efficacy of combining topical antibiotic/ steroid/moisturiser in treating atopic dermatitis", is a major stepping stone in investigating the place of staph aureus bacteria in activating and maintaining atopic eczema. If successful, the trial will be a crucial addition to the research available to support the Aron Regimen

JUNE 2018 DR ARON WILL BE PRESENTING AT THE NATIONAL ECZEMA ASSOCIATION ECZEMA EXPO '18

#### AUGUST 2015 ANNUAL CONGRESS OF THE SOUTH AFRICAN DERMATOLOGY SOCIETY Dr Aron gave a presentation on "Tele-Dermatology – the management of Atopic Eczema via the Internet"

#### FEBRUARY/MARCH 2016 NATIONAL ECZEMA ASSOCIATION FOCUS ON THE ARON REGIMEN

The Aron Regimen was the lead feature in the NEA's February newsletter (eInsights) and also shared on their facebook page. As a result, over 100 patient testimonies were received:

http://eczemasense.org/recognitionin-the-medical-community/ MAY 2017 CASE SERIES STUDY OF THE EFFICACY OF COMPOUNDED ANTIBACTERIAL, STEROID, AND MOISTURIZER IN ATOPIC DERMATITIS

Fatima Lakhani , B.S.,\* Kachiu Lee, M.D., M.P.H.,† and Peter A. Lio, M.D.\*,‡,

Pediatric Dermatology Vol. 34 No. 3 322–325, 2017

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MAY 2018 Now over 40 medical professionals WORLDWIDE practising the ARON REGIMEN directly

# More information

If you are a medical professional and have questions or would like more information then you can contact Dr Aron via aronregimen@gmail.com.

Website: www.draron.com

Facebook (patient-run): Information page: https://www.facebook.com/draronpage Support group: https://www.facebook.com/groups/draron/