

Understanding Red Skin Syndrome

Dr. Marvin Rapaport



[HOME](#) [ABOUT ME](#) [BLOG](#) [RSS FAQ](#) [CONTACT](#) [TESTIMONIALS](#) [ARTICLES](#)

[WHITE PAPER ON STEROID ADDICTION](#)



Read Dr. Rapaport's White Paper On Topical Steroid Addiction. During The Month of November We Will Be Releasing His Definitive Work.

Red Skin Syndrome: Stop The Suffering

A continual avalanche of new and long-suffering "eczema" patients who have found me over the Internet has prompted me to begin a new website and daily blog. The simple fact is that these patients are unique and identifiable through many simple and time-tested methods. They do NOT have eczema but instead are manifesting symptoms of another kind.

The doctors that these patients have seen believe that they are treating chronic eczema when indeed they do not recognize that their patients have severe vasodilation and redness from the steroids that they themselves are prescribing! Their patients have developed Red Skin Syndrome (RSS) and a topical steroid addiction (TSA) from using the increasing amounts and strengths of the corticosteroids prescribed to help them.

The time has come for eczema societies and physicians to stop exposing these patients to dangerous misguided therapies.

I will dismiss detrimental recommendations, invalid explanations, and other faulty advice and on the part of many physicians.

I will discuss the appropriate methods to make the right diagnosis that will lead to a CURE for Red Skin Syndrome.

The blog will be based on my life experience and medical practice solving the problem of Red Skin Syndrome one patient at a time over the past 35 years. The content of each blog will address a specific topic in the scientific understanding of Red Skin Syndrome and the ordeal of topical steroid addiction that so many patients continue to experience. There will be ongoing commentary on the misdirected myths and the often misguided medical advice and therapies that exist on the topic including raising caution about enlisting patients into new drug studies that are treating the wrong diagnosis and can potentially cause even more harm to patients.

My goal is to end the current tragedy of needless patient suffering. It may take the patient months or even years to recover but the reward is a lasting cure.

DIAGNOSES & DERMATOLOGICAL TERMS CONCERNING 'RED' PATIENTS

- ✓ Red Skin Syndrome
- ✓ RSS (Red Skin Syndrome)
- ✓ TSA (Topical Steroid Addiction)
- ✓ Steroid Addiction
- ✓ Steroid Withdrawal
- ✓ Eczema
- ✓ Atopic Dermatitis
- ✓ Red Scrotum Syndrome
- ✓ Vulvodynia (Painful & burning in the vulvar area of women)
- ✓ Atrophoderma (Thinning of the skin)

Thank you from the bottom our families hearts for the work you do and the help you provide Rss sufferers. My daughter is fully healed and would never be living the like she is now with out the Rss community and your involvement in that. Today she turned 7 and has perfect skin and is able to enjoy being eczema free.

Kirsten Lyle



– My Mission

Despite lectures to dermatologists and papers published in the most prestigious Dermatology journals, the mainstream medical community will not accept the concept that it is their medical therapy that causes and promotes Red Skin Syndrome. Instead, they continue to mislabel the disorder and insist that "chronic eczema" is an incurable condition. I am determined through my blog, the media, and the numerous cured patients to take this concept into mainstream thinking.

+ My Philosophy

+ My Experience

+ My Promise



The man who goes alone can start today; but he who travels with another must wait until that other is ready, and it may be a long time before they get off.

— **Henry David Thoreau**

Latest From The Blog

Every three or four days I will publish new commentary on the blog. Drawing on 35 years of experience treating patients suffering with Red Skin Syndrome I will include an array of patient histories, photographs, patient stories in their own words, appropriate comments from the dermatology literature, and details on physicians in the world who understand this problem and are willing to help. I know that you will find yourself and your tale on these pages and I am confident that you will find the cure that will end your suffering. Every patient that I have seen, over 3,000 in 35 years, has been cured or is on the road to recovery. I look forward to this adventure together.

Dupilumab – Hocum

By Dr Marvin Rapaport, MD | April 3rd, 2018 | Categories: Dupilumab

"VERY INTERESTING" This was the often used comment by Arte Johnson on the decades old 'Laugh In' show on NBC television. He played a German spy or professor with a strong German accent and used this comment when things appeared very peculiar to him. I repeat the same comment when I quote a Dr Andrew Blauvelt talking at a European dermatology conference and stating that "Dupilumab displayed

Dupilumab: More Peculiar Happenings

By Dr Marvin Rapaport, MD | March 28th, 2018 | Categories: Dupilumab


Here's a new comment on Dupilumab. Patient 1: A 20ish healthy male with life-long use of steroids for eczema and with resultant RSS is admitted to the hospital for nearly 4 weeks to have various forms and strengths of steroid creams and oral medication to be applied to the whole body. Then, once he is 'cleaned up' he is placed on Dupilumab. Why the clean-up? I thought the drug was to be used

ITSAN Rebuke

By Dr Marvin Rapaport, MD | March 26th, 2018 | Categories: False Treatments

I take a detour today from more Dupilumab stories by concentrating on a new ITSAN appeal for donations over heading "I wish I would have known (about steroids)." The implications of this new campaign are that it is an expensive drug. Steroid creams used properly in the proper strength for the correct amount of time are a wonder drug and solve thousands of medical prob

consistently strong efficacy across all patient groups in a new analysis from the Landmark 52 week CHRONOS trial." "Dupilumab with concomitant topical corticosteroids improved signs and symptoms of atopic dermatitis compared with placebo injections regardless of age, sex, BMI, or prior history of asthma, allergic rhinitis or food allergies." "Indeed, he quipped, that the biologic proved to be boring in its broad effectiveness." VERY INTERESTING says Rapaport. 1. Why are all the patients still on steroids if this is a wonder drug? This is a very poorly organized protocol - in fact outrageous compared to well done studies in the past. 2. What does he mean by strong efficacy? - that always meant to me that it didn't do very much in bettering the disease. 3. What does he mean by broad effectiveness? [...]

Read  3
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Some thoughts about Dupilumab We all need input from patients who have been taking or took the drug. Information on patients on the drug has not been forthcoming. Tell us if you have had good results or no results. Yes, this is anecdotal, but we need some direction. The drug is extremely expensive - why? In my experience seeing patients in the office, I have seen several patients who failed while taking the drug, one patient being given the drug free for a year - why? - to increase the numbers of patients for the FDA, patients on the drug and still using steroids, patients on the drug and stopping steroids but still flaring. What are the real answers in a large group of patients? The studies published were not very positive and many patients dropped out of the study. Where do we stand? I still contend that all of the patients using this medication are RSS individuals and not having bad


for these types of patients? Was this to make the results look good? They will probably see flares as he enters into the 4th to 6th month.

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
Prescribing Dupilumab

By Dr Marvin Rapaport, MD | March 25th, 2018 | Categories: Dupilumab


Something is peculiar with the new drug Dupilumab and its marketing. Patient 1 - a moderately symptomatic RSS patient, functioning fairly well, received a near 3 page letter from his dermatologist to take the new 'wonder drug' Dupilumab. The letter contained all kinds of compliments for the drug and the doctor has probably had little experience with it since it is a fairly new drug. I read the letter and in reading between the lines it was evident to me that the doctor was going to benefit (rebate ?). I have never seen marketing like this in 40 years of medicine. The 2nd patient, a young woman with a continual red face, addicted for 3 years to steroids, was given 'free' a year's supply of Dupilumab by her doctor. What rebate process went on here? I have never heard of a \$37,000 a year drug being given free - again she was 'induced' to start the medicine (being not that symptomatic). What is the company gaining? In my experience the results have not been that good.

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every day. They can easily fruitfully be used in eczema patients under proper medical management for very short periods of time. The ITSAN comment above is comparable to saying that opioids for a period of time are evil when in fact they are magical in relieving severe pain when used properly. It is totally inappropriate for ITSAN to be giving this type of uninformed and unscientific medical advice.

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All addicted people (not people yet), whether it be opioids, amphetamines, alcohol, or steroid creams - all have the same comment - "I'm only a little," "I can stop anytime," "I'm not addicted," "Leave me alone." There is always a hint of arrogance in their comment because you might take away their 'fix.' Aron's acolytes act as abusers. There is no way to change this belief - so be it - I strongly suggest that other patients not be influenced by this pipe dream. It is evident by all of the withdrawal patients that stop for 2 to 4 years that they have been misled by using 'only a little bit' of steroids for years.

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> Dupilumab – Hocum

> Dupilumab: More Peculiar Happenings

> ITSAN Rebuke

> Prescribing Dupilumab

> Suffering Patients

> Dupilumab

> False Treatments

> Hints

> Information on Eczema

> Information on Red Skin Syndrome

> Patient Histories

> Pediatric Patients

> Red Skin Syndrome

> Red Skin Syndrome Causes

> Red Skin Syndrome Cures

> RSS

> RSS Patients

> RSS The Disease

> Topical Steroid Withdrawal

> Treatment of Eczema

> Treatment of Red Skin Syndrome

> Uncategorized

> What Is Eczema

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