

Community Dermatology: A branch of Dermatology Embracing all Skin Carers in The Restoration of Skin Function

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Abstract

This is a commentary based on "The wow factor as a determinant of funding for disorders of the skin" Ryan 2015 published in Medical Military Research. It emphasises skincare for all practiced by all professions attending a failing skin. The functions of the skin are barrier, thermoregulation, sensory and communication. Community Dermatology is a branch of Dermatology seeking many partners focusing on low technology self help and repair of absent skin. It flourishes where there is altruism and both an attitude and technologies of caring.

Introduction

The article "The wow factor as a determinant of funding for disorders of the skin" published in Medical Military Research addresses a new skin care approach to meet the need of both individuals and communities with skin problems. It is believed that a special branch of dermatology must be set up to cover the public health requirements for interventions that provide repair of the skin in the fields of dermatology, wound healing, burns, lymphedema, and several neglected tropical diseases [1], viz: leprosy, lymphatic filariasis, podoconiosis, onchocerciasis, leishmaniasis, Yaws, and Buruli Ulcer. This should appeal to young doctors and nurses with an interest in travel and many others who take a look first at the skin. The concept was developed by a subcommittee of the International Society of Dermatology [2]. The interventions can be of many types according to the needs of different age groups taking into account prolonged living in the developed world, diverse locations and skin conditions in the developing and transitional world.

The Principle Themes

Two kinds of approach are given emphasis. 1) low technology, low cost and self-help; examples being washing and 'oiling' the skin, protecting against a threatening environment inclusive of hats and footwear, keeping moving, and stopping smoking. 2) Managing absent skin such as ulcers from pressure, trauma, diabetes and gravitationally induced venous disorders. Causes of wounds must be detected and eliminated when possible. Systemic illnesses such as anaemia, diabetes and HIV/AIDs require to enhance healing. Space occupying necrotic skin, foreign bodies, haematoma, pus etc must be removed and oedema treated. Wounds should be moist and not macerated. Lymphoedema management focuses on body movement and reduction of overload. One example of interest is that of burn's surgeons of in the cities of China who are teaching how to manage prevalent epidemics. and include on their wards persons with diabetic foot ulcers and pressure ulcers in the elderly. Hopefully they will spread such interventions to Western rural and ethnic villages. Dermatologists in Bangalore, South India, are preparing simple skin care modules for family practitioners in the peri-urban regions. Twenty nine examples of the uptake of the concept are listed and a further 43 publications describing successful practice of community dermatology by many professions can be found in www.skincareforall.org. Herein is an ABC of various aspects of Community Dermatology [3]. In an outreach programme in rural India Narahari and the author have emphasised that interventions must be culturally acceptable and locally available. Consequently Ayurvedic herbs grown locally and the practice of Yoga play a successful part in managing elephantiasis affecting many millions of Indians.

The benefit for lymphoedema of good posture, body movements synchronised with deep breathing, and locally grown appropriate nutrition is an example of the integration of Ayurveda biomedicine and yoga delivered by health workers from varied disciplines.

Providing facilities and assistance for the practice of Yoga may be added to primary care buildings to enhance their attractiveness. Other primary care enhancement tricks are enabling young parents to work by use of volunteers to care for the youngest children and surrounding otherwise unattractive buildings with herbal gardens from which volunteer gardeners teach nutrition and care of the soil [4]. Just as grand parents have always provided help to the younger members of the family, as families get smaller, retirement gets earlier and many elderly get less frail, long term planning for an altruistic community looks to part time volunteering of the fit elderly as a stimulus for not remaining immobile.

The effectiveness of Yoga for those for whom it is culturally acceptable is an argument and example for integrated medicine in resource poor countries. So often Traditional Medicine is first on call and compared to biomedicine very numerous. It is unlikely to disappear. Traditional health practitioners are eager to learn and can be formed into well led associations through which the worst practices can be discouraged and better practice learned [5].

Skin Failure

Ryan focuses on skin function rather than on the naming of thousands of skin diseases. He seeks enhancement of barrier function, thermoregulation, skin sensation and skin communication.

Barrier Function

of the skin is lost in wounds and burns where the skin is absent but it also includes transepidermal water loss (TEWL). Loss of water is

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a feature of impairment of the health of the skin. It stimulates repair and switches on the production of cytokines acting on the dermis and initiating inflammation. It prefers an acid pH. It is easily managed by all means aimed at moisterisation of the upper epidermis preventing desiccation. In the human it is determined by Vaseline or glycerine [6,7]. The elephant uses mud and the Hippo rests all day in water

Thermoregulation

Preventing being too hot or too cold is an important function more likely to fail at the beginning and end of life. Surviving the hazards of climate change requires a range of devices for protection and includes simple interventions such as clothing shade and shields [8,9] .

Skin sensation

Concerns itch, the most common symptom of skin disease, as well as pain and numbness, the latter featuring in the prototype of disfigurement, leprosy, as well as in the major epidemic of obesity and diabetes.

Communication

Is of particular concern due to the fact that the skin is seen usually before speaking with the observer. Whether it is love at first sight, colour prejudice or the 'look good feel good factor, body image is a concern. For those with an actual or perceived body image impairment it can determine life long failure to achieve.

The philosophic background to Community includes interventions based on altruism and both the attitude and technology of Caring. Its

aim is the utopian Health for all. Skin care for all is a more achievable objective. It is the purpose and 'Wow Factor' underlying the publication on which this article is based.

References

1. Ryan TJ (2015) The wow factor as a determinant of funding for disorders of the skin. *Mil Med Res* 2: 14.
2. Ryan TJ (2011) The International Society of Dermatology task force for skin scare for all; *Community Dermatology*. *Int J Derm* 50:548-552
3. Narahari SR, Bose KS, Aggithaya MG, Swamy GK, Ryan TJ, et al. (2013) Community level morbidity control of lymphoedema using self care and integrative treatment in two lymphatic filariasis endemic districts of South India: a non randomized interventional study. *Trans R Soc Trop Med Hyg* 107: 566-577.
4. Ryan TJ, Matts PJ, Snyder B, Orr V (2014) A seminar on gardens for the health of the skin. *Int J Dermatol* 53: 593-600.
5. Ryan TJ (2011) The International Society of Dermatology task force for skin care for all. *Int J Derm* 50:148-152
6. Ryan TJ, Hirt HM, Willcox M (2011) Collaboration with traditional health practitioners in the provision of skin care for all in Africa. *Int J Dermatol* 50: 564-570.
7. Ryan TJ (2004) The first commandment, oil it! An Appreciation of the science underlying water and emollients of the skin. *J Com Derm* 1:3-5.
8. Fluhr JW, Darlenski R, Surber C (2008) Glycerol and the skin: holistic approach to its origin and functions. *Br J Dermatol* 159: 23-34.
9. Narahari SR, Bose KS, Aggithaya MG, Swamy GK, Ryan TJ, et al. (2013) Community level morbidity control of lymphoedema using self care and integrative treatment in two lymphatic filariasis endemic districts of South India: a non randomized interventional study. *Trans R Soc Trop Med Hyg* 107: 566-577.