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The most important medical source: Aunt Mabel knows best.

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**The Most Important Medical Source:
Aunt Mabel Knows Best**

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Not so long ago, one of us was consulted by a middle-aged woman with rosacea. For many years, she had had periodic flares of red papules and pustules on her nose and the adjoining areas. The confluent telangiectasia on her cheeks gave a permanent appearance of well-applied rouge. She had seen several dermatologists and had received a wide variety of medications, all of which seemed appropriate except to her as would be subsequently revealed. She wanted a new approach, but there were limitations placed upon her request: no pills or capsules; nothing odiferous; no agent that might bleach clothing; and nothing that would interfere with her night creams, eye restorer, or wrinkle control. All of these had been recommended by the cosmetic consultant – that is, the person behind the cosmetic counter who wears a white coat. [1] (Figure 1)

The remainder of the history was unremarkable, and the physical examination confirmed the diagnosis of rosacea, possibly with the addition of mild rhynophyma. A therapeutic approach was outlined which included the omission of occlusive agents and the use of an astringent and keratolytic gel. Oral antimicrobials were suggested but rapidly rejected.

It was obvious that her rosacea required treatment; at least, it was to the professionals. She wanted only natural products that were not adulterated by evil chemicals, the worst culprits being preservatives. After all, she had sensitive skin, or at least, she believed to did. [2] She elected to use a concoction of aloe vera, mixed with Vitamin E, and to take an herbal supplement. [3] [4]

Why Consult a Dermatologist?

We live in a free country, and there are no mandates about filling prescriptions, let alone using them. She informed us that Aunt Mabel always has the right idea about skin problems and how to treat them. If this would be correct, why did she ever consult a dermatologist?

One explanation might be that she was hoping for a miracle. Many a patient labors under the belief that the proverbial penicillin injection would remedy most situations. Opposed to this is the patient who claims allergy to all “-cillins” and “-cyclines.” Verifying the allergies becomes a tedious nightmare that leads to hostilities on the part of the patient. For example, penicillin once caused a sore on the lip, and this lesion reappears every few

months. The fact that this represents herpes simplex labialis might interfere with Aunt Mabel's dogma.

Along these lines are the concept that any condition might lend itself to plastic surgery, the idea being that the skin, like Silly Putty®, can be put back together without any scarring or marring of the surface. The fact is that rosacea cannot be eliminated by one pill or one injection, let alone removed by excisions.

Still another consideration might be that she wanted to confirm that the medical profession knew less about therapeutics than did her coterie of friends and relatives. There may be some merit to this, when one considers the names of several patent medicines and the pictures of the matrons either making the product or endorsing it. (Figure 2)

Another Conflict?

Sometimes, our own colleagues fuel the compliance problem. Not every physician is keyed into the use of dermatologics, but that does not prevent his or her interceding with the treatment. Because dermatologic diagnosis and therapy may be more involved than, let's say, that of cardiology, the caregiver may interdict the use appropriate topicals or systemic agents. [5] Aunt Mabel was once warned about taking antibiotics. She has fostered this admonition for four decades. In fact, she may politely accept the written prescription, but then it is filed along with unused recipes.

Another patient, a seven-year girl, had suffered from atopic dermatitis since infancy. There were periodic flares, sometimes accompanied by secondary bacterial infection. Her mother never objected to her pediatrician's prescribing of oral antimicrobials; when it came to the use of topical corticosteroids, anything more potent than hydrocortisone 1% cream was unacceptable. Again, Aunt Mabel's counterpart had warned against the use of topical corticosteroids for a variety of misunderstood reasons, ranging from confusion with anabolic steroids to hysteria over the supposed side effects that are actually associated with significant doses of systemic corticosteroids, given for lengthy periods. Counseling on the dermatologic formulary proved useless. Aunt Mabel knew best, despite the fact that the emollient she recommended contained lanolin to which the girl would later be proven to be allergic. [6] [7]

Conclusions

There will always be the Aunt Mabels of the world. Our problem is not necessarily their recommendations, but rather our concern is why it is brought to our attention. We did not solicit the patient, nor did we force our ideas upon the patient. The unanswered question is why the professional consultation in the first place. If Aunt Mabel's therapeutics had such high levels of efficacy, why was the medical opinion sought. This is much like the remedies huckstered on radio infomercials. If they really did what they claimed to do, then the service of the medical community would no longer be required.

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Figures:

Figure 1

Figure 2