



Is BIOPTRON Light Therapy the same as laser therapy?

No, light therapy is *not the same* as laser therapy. Light emitted by a BLT device differs from laser light in several ways.

- **BLT** contains light from a *wide range* of wavelengths (vs. the narrow bandwidth of laser light).
- **BLT** emits light that is of *low-energy* so there is only a minimal heating effect, making the treatment safer (vs. the high-energy beam from a laser that may generate a great deal of heat).
- **BLT** devices emit light with a *wide beam* to allow exposure of *larger treatment area* (vs. the usually much narrower beam from a laser).

Is BIOPTRON Light Therapy expensive?

BLT is cost-effective - [ADD COST INFORMATION HERE.](#)

Is BIOPTRON Light Therapy safe?

Yes, light therapy with BLT is safe. To date, there are no known adverse effects associated with BLT.



BIOPTRON Pro1



BIOPTRON 2



BIOPTRON Compact III

Please add local contact details here:

What is eczema?

Eczema, also called *atopic dermatitis* or *allergic eczema*, is a skin disease that appears as itchy, red, scaly skin patches that can occur anywhere on the child's body. Eczema comes from the Greek word meaning 'to bubble' up or 'boil', as that is how the skin can appear. Children who develop allergic eczema commonly have allergies to items usually found in their environment, such as grass pollen, animal hair, and certain types of food, etc. These allergies result in the development of conditions such as hay fever, asthma and allergic eczema.

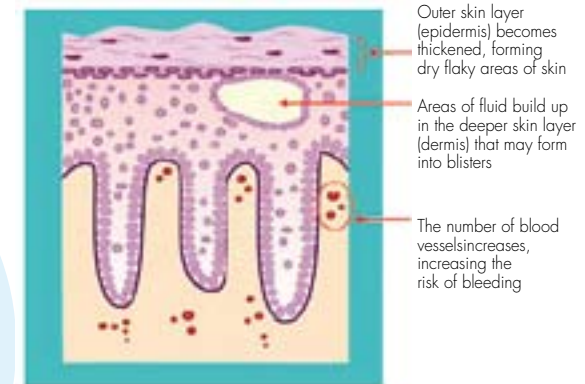
Who gets childhood eczema?

Allergic eczema is a common condition, affecting 5% of the general population and up to 15% of children. The disease affects babies and young children and the skin lesions often appear within a few months of birth. Boys and girls are affected equally. Allergic eczema has a variable progression; some children suffer with it for a few years and then their skin clears up, while other children have more severe, long-term disease.

What causes childhood eczema?

The exact cause is not yet known. Some children are more likely to develop allergic eczema than others, particularly if their parents or brothers/sisters have had it, or if there is a family history of asthma or hay fever. For example, if one parent has allergic eczema, his/her child has a 20% to 30% risk of also developing the condition; if both parents have it, the risk goes up to more than 50%. Allergic eczema is not infectious. Children who have allergies often have an overactive immune (defence) system, which means their bodies 'overreact' when they come into contact with certain triggers (grass pollen, animal hair, etc). In allergic eczema this results in the skin becoming red and inflamed, which impairs its normal functioning as a protective barrier.

External factors can also make allergic eczema worse. These include exposure to detergents, chemicals, woollen clothing, and cat/dog hair. Certain types of food, such as dairy products (cow's milk, cheese, butter, etc) may also have a role in some people. Skin infection by viruses (such as herpes simplex – the 'cold sore' virus) or bacteria can aggravate allergic eczema. Feeling unwell or getting stressed may also cause the disease to flare up.



What are the common symptoms of childhood eczema?

In babies and young children, eczema commonly begins on the face and outer surfaces of the knees/elbows, the chest and nappy (diaper) area. In older children (and adults), eczema commonly presents as red patches on the skin inside the elbows and knees, on the hands/wrists, on the ankles and around the neck.

The first sign of allergic eczema is the appearance of small blisters, which leak a watery fluid and make the skin wet. The skin then becomes inflamed and sore, appearing as patches of red, scaly skin. The affected areas often become very dry.

The main symptom of allergic eczema is intense itching, which can be extremely severe in many cases and may interfere with sleep. Scratching or rubbing of the skin often causes further damage, worsening inflammation and soreness and making the skin thicken. Broken skin can become infected by viruses or bacteria.

In addition to the physical problems, allergic eczema has a negative impact on quality of life for the child and his/her family. The constant itching and skin soreness can be extremely distressing to a child and often prevents them (and their parents) from getting much sleep. This in turn can affect the child's schoolwork. Older children may also be embarrassed or self-conscious about the appearance of their skin, and may be laughed at by other children about the way they look.



Apply for 2-3 mins. 2 times a day.



What happens to children with eczema?

The majority of children who have allergic eczema will spontaneously improve as they get older; 50% will be free of the disease by the time they are 6 years old and more than 75% will be clear as teenagers. However, a minority will suffer from recurrent disease during their teenage years and in adulthood.

What treatment is available?

Allergic eczema cannot be cured but it can be controlled. General measures include avoiding known irritants (such as animal hair, strong soaps, etc) and wearing cotton clothing. Young children and infants may need to have their hands gently wrapped in bandages to prevent them scratching their skin.

Most children have mild to moderate disease and treatment applied directly to the skin (topical therapy) is usually sufficient. Topical therapy consists of creams such as emollients (to moisten the skin and reduce skin scaling), barrier cream (to prevent water loss and protect the skin) and steroid cream (to reduce inflammation). Antibiotics may be required if secondary skin infection has occurred. Anti-histamines can help to reduce itching and allow sleep.

More powerful treatments are available for children with severe eczema, such as phototherapy (with a type of ultraviolet light) and/or the use of drugs to suppress the immune system. These treatments are given in hospital under medical supervision, as the possible side effects can be serious.

BIOPTRON LIGHT THERAPY is a new and effective treatment for relieving the symptoms of allergic eczema in children.

BIOPTRON Light Therapy in childhood eczema

BIOPTRON Light Therapy may help to treat eczema in children by relieving pain and inflammation, by promoting a healing response and by stimulating the immune system.

How do I use BIOPTRON Light Therapy if my child has eczema?

It is so simple! BIOPTRON Light Therapy is completely safe and easy to use. The BIOPTRON Light Therapy device can easily be positioned so the healing light shines on any areas where eczema is present (head, face, arm, leg, chest, groin area, etc.). Treatment should be applied to each affected area for 4 to 10 minutes per session and for 1 to 2 sessions per day for as long as required until improvement is observed.

What is BIOPTRON Light Therapy?

Light is a form of energy and has 'wave-like' properties; the difference between the various colours of light is determined by their *wavelength*. Light has been used as a healing tool since ancient times. Scientists now have a better understanding of which components of natural light are useful in the stimulation of healing. This has led to the development of optical devices to produce various types of 'medically useful' light, such as the *BIOPTRON Light Therapy (BLT) System*.



What effect does BIOPTRON Light Therapy have on the body?

BIOPTRON Light Therapy devices emit light containing a range of wavelengths that correspond to visible light plus infrared radiation, both of which have been reported to stimulate biological reactions.

Importantly, *no harmful ultraviolet (UV) radiation* is present in BLT. When the BLT device is held over the skin surface, energy from the emitted light penetrates the underlying tissues.

This produces a biological response, called *photo-biostimulation*, causing various reactions within these tissues that may result in the reduction of pain and promotion of healing.

