Acne: A Holistic Approach

Duyen T. Faria, DO
Lynda Tang, DO

May 11, 2011
Objectives

- Case presentations
- Work Up
- Literature Review
- Letter to Editor
- Survey
- Discussion
A Long Lonely Journey?

- “Complete dermatologic care is about more than skin. It’s about taking care of the whole person.” ~ Dr. J. Wu, MD

- Address six factors:
  - Immune
  - Endocrine
  - Stress/Emotion
  - GI barrier dysfunction
  - Infection
  - Food or Chemical Sensitivity/Intolerance/Allergy

- Can food/chemical be one of the crucial factors?
Over and over I heard variations on the same theme: "I know that my diet doesn't have an effect on my skin, but I seem to break out every time I eat [fill in the blank]."

It didn't take long to notice some definite patterns and to realize I was on to something. Maybe food did affect the skin, despite what I had been taught in medical school.
Yours Truly,
Dr. Perricone, MD

- Graduate of Henry Ford Dermatology
- Publications, books
- Extolled importance of food for healthy skin
- We are not alone in our thinking and curiosity after all...
“... the results spoke for themselves: Skin looked smoother. Acne cleared. Rashes subsided. Even women who already had beautiful, blemish-free complexions swore that their skin looked more radiant than it had in years.”
There are many pieces of the puzzle to fit in a 15-20 minute office visit!!!
CASE 1: “Dr. I am in pain.”

10/18/06: 30 yo female with severe cystic painful acne; had 2 courses of Isotretinoin. “I’ve tried all acne medication & not controlled well.”

10/06 – 05/07: Routine topical, oral antibiotics, Nicotinamide, Spironolactone, Hydroquinone; began a series of IPL alternating with Jessner chemical peel, micro-derm, IL Kenalog, acne extraction; episodic break out of painful cysts

10/07: Acne on buttock, back, bad seborrheic dermatitis

06/08: blood work r/o gluten-sensitivity

08/08: Ketoconazole po for 14 days - bad seb. dermatitis

10/09: persistent large deep painful cysts- suggest gluten free elimination & challenge diet; absolute compliance for 90 days

4/10: totally free of cysts face/chest/butt after 3 months on diet
<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULT</th>
<th>FLAG</th>
<th>UNITS</th>
<th>REFERENCE INTERVAL</th>
<th>LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gliadin IgG/IgA Ab Prof, EIA</td>
<td>0.8</td>
<td></td>
<td>U/mL</td>
<td>0.0 - 10.0 BN</td>
<td></td>
</tr>
<tr>
<td>Deamidated Gliadin Abs, IgA</td>
<td>0.7</td>
<td></td>
<td>U/mL</td>
<td>0.0 - 10.0 BN</td>
<td></td>
</tr>
</tbody>
</table>

Class Interpretation: 0
This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.

Results for this test are for research purposes only by the assay's manufacturer. The performance characteristics of this product have not been established. Results should not be used as a diagnostic procedure without confirmation of the diagnosis by another medically established diagnostic product or procedure.
Words of Advice from Patient

- Remember to look at other body sites
- Diet diary – when “break out” occurs -- 2-3 days after eating wheat
- Treat the yeast, “The Yeast Connection Diet”
- Take Probiotics, avoid sugary food
- Absolute compliance - Elimination & Challenge diet
- Wheat, stress, genetics, hormones, infection, sugar, fatty food, chocolate
- Life style changes: change in diet, avoid wheat, significantly reduce beef, process food, MSG, more fresh fruit & vegetables, cut out the yeast
CASE 2: “I am depressed, can’t sleep, get bronchitis”

09/08: College student with facial infection seen 2 wks ago given topical, oral antibiotics; weeping painful cysts; Change oral antibiotics, cleansing with Hibiclens, hydrogen peroxide, Domeboro soak, topical Mupirocin

9/08 – 2/09: Insomnia, recurrent bronchitis, stomach ulcers, abdominal cramp and frequent acne flaring

3/09: GI diagnosis – Celiac /wheat allergy; Continue with topical skin care, oral antibiotic, chemical peel; Developed bad seb. dermatitis on & off

10/09: Clear complexion after total compliance with gluten-free diet + Probiotics + Ketoconazole po & shampoo + topical skin care

6/10: painful inflamed cysts; “Broke out this weekend after eating wheat.” Diet compliance! Diet compliance!
Tissue dx via colonoscopy:

(+) Celiac’s disease
Words of Advice from Patient

- Staying away from wheat
- Keep Diet diary – when “break out” occurs -- 2-3 days after eating wheat
- Treat the yeast
- Take Probiotics, avoid sugary food, alcohol
- Absolute compliance-Elimination & Challenge diet
- Stress, genetics, hormones, sugar, chocolate, food sensitivity, infection
- Life style changes: avoid wheat, significantly reduce stress, quit drinking alcohol
CASE 3: “I need help, nothing has worked for me”

2/1/10: 23 yr old female with persistent acne after 2 courses of Isotretinoin in high school and college, had IPL 03/09, irregular menses on Orthotricycline; ice cream & cheese cause gas/bloating; Blood work, continue on topical tx.

2/26/10: Dx--- PCOS + Diary allergy; add Spironolactone, Nicotinamide, Cipro, suggest elimination/challenge diet for wheat & dairy (casein + whey)

4/2/10: Diet compliant, sleep better, no gas/bloating, less deep cysts, change topical treatment to control oil.

5/7/10: Back to eat drink lactated milk- broke out again

6/25/10: “Listen to you, not eating wheat & diary”; less cysts

9/10: Stop Spironolactone; con’t topical to control oil
<table>
<thead>
<tr>
<th>TEST</th>
<th>RESULT</th>
<th>FLAG</th>
<th>UNITS</th>
<th>REFERENCE INTERVAL</th>
<th>LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. pylori, IgM ABS</td>
<td>&lt;0.80</td>
<td></td>
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</tbody>
</table>

Current studies suggest that H. pylori IgM testing should be performed concomitantly with H. pylori IgA and/or IgG tests to support a diagnosis of Helicobacter pylori infection.

For research use only, not for use in clinical procedures.

<table>
<thead>
<tr>
<th>Vitamin B12 and Folate</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Vitamin B12</td>
<td>586</td>
<td>pg/mL</td>
<td>&gt;21.0</td>
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</tr>
<tr>
<td>Folate (Folic Acid), Serum</td>
<td>&gt;24.0</td>
<td>ng/mL</td>
<td>&gt;5.4</td>
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</table>

<table>
<thead>
<tr>
<th>FSH and LH</th>
<th></th>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LH</td>
<td>8.5</td>
<td>mIU/mL</td>
<td>&gt;3.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FSH</td>
<td>4.5</td>
<td>mIU/mL</td>
<td>&lt;3.4</td>
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<td></td>
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</tbody>
</table>

| Gliadin IgG/IgA Ab Prof, BIA               |        |      |       |                    |     |
| Deamidated Gliadin Abs, IgA                | 2.4    | U/mL | 0.0 - | 10.0              | BN  |
| Deamidated Gliadin Abs, IgG                | 0.7    | U/mL | 0.0 - | 10.0              | BN  |

<table>
<thead>
<tr>
<th>Prolactin</th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Prolactin</td>
<td>37.3 H</td>
<td>ng/mL</td>
<td>4.8 -</td>
<td>23.3</td>
<td>BN</td>
</tr>
</tbody>
</table>

| Estradiol, Sensitive                       |        |      |       |                    |     |
| Estradiol, Sensitive                       | 8      | pg/mL|       |                    |     |

37.3 H

Ratio = 2
(nL = 1:1)
Words of Advice from Patient

- Bloating/gas after eating milk & cheese
- Hormones, chocolate & diary & wheat, genetic & stress
- Life Style changes: Diet/food restriction, medication, vitamin, exercise
- “Recently, I have not been as strict on my diet, the repercussion is almost instantly”
CASE 4: Bugs, Bumps, Butt & Food

6/15/07: 21 yo with penile itchy bumps lasts 4-5 d, on/off; facial acne on T-zone; constipation; shallow erosion on prepuce, micro-comedones on T-zone; Aclovate, topical acne med. & oral antibiotics

6/07 - 9/08: seen by many Drs., tx for herpes genitalis; acne, anxiety attacks, insomnia, stress.

3/09: persistent symptoms on & off; on Valtrex prophylactic, Bactrim DS, Lysine, topical acne medication

7/10: upset stomach, diarrhea for 2 mos, itchy rash spreads to thigh; follicular pustules on thigh, buttock; order blood work
<table>
<thead>
<tr>
<th></th>
<th>KU/L</th>
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</thead>
<tbody>
<tr>
<td>LETTUCE (F215) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>ORANGE (F33) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>TOMATO (F25) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>CELERY (F85) IGE</td>
<td>0.54</td>
</tr>
<tr>
<td>PARSLEY (F11) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>ALMOND (F20) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>COCONUT (F36) IGE</td>
<td>&lt;0.35</td>
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<tr>
<td>PEANUT (F13) IGE</td>
<td>&lt;0.35</td>
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<tr>
<td>BACON NUT (F201) IGE</td>
<td>&lt;0.35</td>
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<tr>
<td>SESAME SEED (F10) IGE</td>
<td>0.39</td>
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<tr>
<td>CARROT (F31) IGE</td>
<td>0.35</td>
</tr>
<tr>
<td>CORN (F8) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>PEA (F12) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>POTATO (F35) IGE</td>
<td>&lt;0.35</td>
</tr>
<tr>
<td>WHITE BEAN (F15) IGE</td>
<td>&lt;0.35</td>
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</tbody>
</table>

**Vitamin D, 25-Hydroxy**

Recent studies consider the lower limit of 32.0 ng/mL to be a threshold for optimal health.


<table>
<thead>
<tr>
<th></th>
<th>Units</th>
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<tbody>
<tr>
<td>Antigliadin Abs, IgA</td>
<td>2 units</td>
</tr>
<tr>
<td>Deamidated Gliadin Abs, IgA</td>
<td>Negative (0 - 19)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Antigliadin Abs, IgG</td>
<td>4 units</td>
</tr>
<tr>
<td>Deamidated Gliadin Abs, IgG</td>
<td>Negative (0 - 19)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NEGATIVE
But wait...

**Verified by repeat analysis**

H. pylori Breath Test: Positive

Environmental Exposure: 0 - 9
Dialysis Patients: <40
Detection Limit = 3

LAB: BN LABCORP BURLINGTON
1447 YORK COURT
DIRECTOR, BURLINGTON, NC 27215-3361
Cont.: Bugs, Bumps, Butt & Food

- 7/10 - 9/10: H. Pylori
  (-) IgG, IgM; (+) Breath test
  Food: (+) IgE [celery, carrot, sesame seed]
  Treat H. Pylori med x14 d; topical antibiotic & skin care;
  elimination & challenge diet

- 12/10 – add Probiotics, support Adrenal, eliminate offending food

NO BUMPS ON THE BUTT, NO GI, NO ANXIETY ATTACK
Words of Advice from Patient

- Diarrhea/constipation, mood swing, anxiety, insomnia, acne and other bumps
- Absolute compliance with diet
- Infection control, stress, hormones, food (carrot, celery, sesame seeds)
- “I highly recommend the holistic approach has been effective, calming, and beneficial”
This is How We D.O. It
DATE: ___________________ NAME: ___________________

To better serve you with your acne concerns, please answer the following questions.

1. Please list the name and brand of all products (soap, cosmetics, etc.) that you apply on your face from morning to night.
   - AM washing with:
     - medication applied: ____________________________
     - sunblock: ____________________________
     - cosmetic products: ____________________________
     - others: ____________________________
   - PM washing with:
     - medication applied: ____________________________
     - sunblock: ____________________________
     - cosmetic products: ____________________________
     - others: ____________________________

2. After washing your face, how many hours pass before you notice your skin getting shiny or oily again? _______. What parts of your face get shiny/oily? ____________________________

3. Please list the name(s) of all medication(s) you have previously used or tried in the treatment of acne.

4. Do your acne flares seem related to certain event(s) or food(s)? ____________________________

5. Please check any of the following symptoms that you currently experience:
   - ☐ Fatigue
   - ☐ Constipation
   - ☐ Other Gastrointestinal issues
   - ☐ Stress
   - ☐ Irregular periods
   - ☐ Weight Gain
   - ☐ Weight Loss

6. If you have begun menses, please describe your menstrual cycle, birth control pill usage, and/or other gynecological issues:
   ____________________________

7. Please describe your typical diet during the week (ie sugar, soda, water consumption)
   ____________________________

8. Do the dark spots that remain after the acne resolves concern you? Yes No

9. Do you work in a hot and humid environment? Yes No

10. Do you use processes such as exfoliation, waxing, steaming, etc? Yes No

11. If there is something else you would like to address, please list below:
   ____________________________
First Visit: **Initiate**

- **History**
  - Acne/Skin questionnaire
  - Timing of flaring episodes; ie 24 hours or 2-3 days after eating offending food, time in monthly cycle
  - ROS: endocrine, food, GI symptoms, stress, infection, topical skin care etc.

- **Exam & Photo**
  - Location/Number lesions

- Initiate discussion about diet for motivated/educated pts
- Labs (?) regular blood testing or looking for the root cause
- Topical +/- oral Rx to address the skin issues
Lab Testing

- CBC with platelet, Comp Metabolic Profile
- FSH/LH, Estrogen, Estradiol, Testosterone (free & total), Prolactin Progesterone
- Thyroid: TSH, FT3, FT4, Thyroid-antibodies
- Gliadin IgG, IgA; Celiac Profile, IGF-1
- Food IgE or IgG
- H. Pylori IgG, IgM, Breath test
- Vitamin B12, Folic Acid, Vitamin D, Zinc, Ferritin
<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-9 Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne; Scar; Hypo/hyperpig</td>
<td>706.1; 709.2; 709.09</td>
</tr>
<tr>
<td>Dermatitis d/t ingested food</td>
<td>693.1</td>
</tr>
<tr>
<td>Contact dermatitis d/t food</td>
<td>692.5</td>
</tr>
<tr>
<td>Celiac</td>
<td>579.0</td>
</tr>
<tr>
<td>Diet counseling/surveillance</td>
<td>V65.3</td>
</tr>
<tr>
<td>Constipation; IBS; GI symp</td>
<td>564.0; 564.1; 787</td>
</tr>
<tr>
<td>Skin Infection; H. Pylori</td>
<td>686.9; 041.86</td>
</tr>
<tr>
<td>PCOS; Dysmenorrhea</td>
<td>256.4; 625.3</td>
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<tr>
<td>Vitamin D; Vitamin B12</td>
<td>268.9; 266.9</td>
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# CPT Codes

<table>
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<tr>
<th>LABCORP</th>
<th>QUEST</th>
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<tr>
<td><strong>Allergen Profile, Basic Food</strong></td>
<td>Food Allergy Profile Adult 10715X</td>
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<td>86003 (x9)</td>
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<td><strong>Allergen Profile, Birch Plus</strong></td>
<td>Allergy Panel 15, Cereal Group 7915X</td>
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<td>86003 (x10)</td>
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<td><strong>Allergen Profile, Latex Plus</strong></td>
<td>Allergy Panel 16, Vegetable 7916X</td>
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<td>670654 (x5)</td>
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<td><strong>Celiac Profile</strong></td>
<td>Allergy Panel 17, Salad Group 7917X</td>
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<td><strong>Gliadin IgG/ IgA Ab</strong></td>
<td>Allergy Panel 18, Nut Mix Group 7918X</td>
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<tr>
<td>163402</td>
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<tr>
<td><strong>IGF-1 (milk allergy)</strong></td>
<td>Allergy Panel 19, Seafood Group 7919X</td>
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<tr>
<td><strong>Gliadin IgG/IgA Ab</strong></td>
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<tr>
<td><strong>H. pylori IgM/IgA</strong></td>
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<td></td>
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<tr>
<td><strong>IGF-1</strong></td>
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</tr>
<tr>
<td></td>
<td>839X</td>
</tr>
<tr>
<td>Basic Food (adult and children)</td>
<td>Corn, egg white, fish/shell mix, milk (cow), peanut, pork, soybean, wheat, sesame seed, scallop</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Cereal</td>
<td>Rye, barley, rice, buckwheat, gluten</td>
</tr>
<tr>
<td>Latex</td>
<td>Avocado, banana, chestnut, kiwi, latex</td>
</tr>
<tr>
<td>Vegetable Tray</td>
<td>Corn, pea, white bean, carrot, potato</td>
</tr>
<tr>
<td>Nuts Mix Tray</td>
<td>Sesame seed, peanut, almond, coconut, pecan</td>
</tr>
<tr>
<td>Seafood Tray</td>
<td>Codfish, crab, shrimp, tuna, lobster</td>
</tr>
</tbody>
</table>
FOOD ALLERGY TESTING

Quest, LabCorp
ALCAT (Ag-Leukocyte-Cellular Ab. Test)
NEI (Neuro-Endo-Immune Solution) NeuroScience
Genova Diagnostics
Second Visit: Educate

- Follow up visit: if improved -> continue; if not -> seeking alternative options
- Other tx options: (Isotretinoin, IPL/laser, Chem. peels, Microderm, acne extraction), BCP
- Educate:
  - Discuss Lab results
  - Diet/food/water; GI issues; Hormones/PCOS; Infection
  - Elimination/Challenge; Rotational Diet
  - Lifestyle changes, stress reduction, exercise
  - Answer questions, change medication(s)
Elimination/Challenge Diet

- Eliminate the allergenic food/chemical for 30/14 days, then add one suspected food/chemical back at a time for 3 days, in abundant amount. Wait for 1 week before adding another suspected food/chemical.
- Faithfully keep a diary.
- Most impressive if have confirmation of blood tests via IgG or IgE food testing.
- Desensitization treatment?
Rotational Diet

- Avoid **most sensitive** allergenic food/chemical for 60-90 days, then add one food/chemical back every 4-6 days in small quantity.
- Avoid **moderate** allergenic food/chemical for 30-40 days, then add one food/chemical back every 4-6 days in small quantity.
- Consume/use liberally non-sensitive food/chemical
- Make sure body waste elimination process is adequate + hydration w/ lots of water
Third visit: Motivate

- Nutrition supplements: Vitamin, Food
- More education on diet
  - Books to read
  - Websites
- Motivate and encourage regimen/tx; compliance
- Acne extraction & Intra-lesional Kenalog
- Chemical peel, IPL treatment
- Isotretinoin or appropriate oral antibiotics
Fix the **GUT** after Antibiotic Use

- Use probiotic/prebiotic food: **LIVE** *Lactobacillus, Saccharomyces Boulardii, Bifidobacterium, Fructooligosaccharides*
- Lots of green leafy vegetables, fresh fruit, nuts, omega 3, healthy oils & non-frozen food
- Rebuild GI-lining: Aloe Vera, Chia seed, etc.
- Intestinal cleanse: constipation, IBS, fiber
- Remove sugar, soft drinks, milk
Fourth visit: Congratulate

- Follow-up with systemic issues
- Compliance with diet, lifestyle changes, emphasize local skin care
- Continue with care plan for 2 - 2.5 months
- Repeat the blood work after 3 - 4 months
Fifth Visit: Graduate

- Review previous systemic issues
- Return PRN for skin care regimen
- Return q 6 months for prescription refill or nutritional blood testing
Literature Review
Methods

- PubMed, OVID/Medline, Clinicaltrials.gov
- CINAHL: Cumulative Index to Nursing and Allied Health Literature
- EMBASE:
- CCTR: Cochrane Central Register of Controlled Trials

- Early: observational studies
- Late: interventional studies, editorials, reviews, guidelines
Diet and acne spans 200 years

**Approved**: Acnegenesis = follicular hyperkeratinization, sebum production, P.acnes, inflammatory mediators, androgens

**Consideration**: factors that affect clinical manifestation, progression, severity and duration of acne

- 1956 - Bourne et al, cross sectional 2,720 male; adult acne correlation with obesity
- 1988 – Walton et al, twin study; sebum excretion is genetically linked but clinical disease development possibly through environmental factors
Does it do your patient’s acne good?
Dietary correlates of plasma insulin-like growth factor I and insulin-like growth factor binding protein 3 concentrations

- Cross sectional; n = 1037 ♀

Higher energy, protein, and milk intakes correlate with higher levels of IGF-I. These associations raise the possibility that diet could affect cancer risk through influencing IGF-I levels
High school dietary dairy intake and teenage acne

- Case control; n = 47,355 ♀
- Positive association with acne for intake of total milk and skim milk
- Hypothesize presence of hormones and bioactive molecules in milk
Milk consumption and acne in adolescent girls
- Prospective cohort
- n = 6,094 ♀; 3 yrs
- positive association between intake of milk and acne

Milk consumption and acne in teenaged boys
- Prospective cohort
- n = 4,273 males; 3 yrs
- positive association between intake of skim milk and acne
Milk consumption: aggravating factor of acne and promoter of chronic diseases of Western societies
- Review article

Multidisciplinary/systemic effects of IGF-1
- (+) adrenal and gonadal androgen synthesis
- a/w fetal macrosomia
- a/w accelerated linear growth (Mongolia)
- a/w carcinogenesis (prostate, breast, lung, colon)
Figure 2: Mesenchymal-epithelial interaction between IGF-1- and FGF7/10-mediated signal transduction in the pilosebaceous follicle. FGF=fibroblast growth factor; FGFR=FGF-receptor; T=testosterone; A=androstenedione; DHEA=dehydroepiandrosterone; GH=growth hormone; IGF=insulin-like growth factor; IGF1R=IGF-1-receptor; PCOS=polycystic ovary syndrome; MAPK=mitogen-activated protein kinase; PI3K=phosphoinositide-3 kinase; PLCγ=phospholipase Cγ; MMPs=matrix metalloproteinases; SREBP-1=sterol response element-binding protein-1; IL-1α=interleukin-1α.
got zits?
Bread and Bumps
Arch Dermatology 2002
Cordain L, et al

- **Acne vulgaris: a disease of Western civilization**
  - *Cross sectional; n = 1315*

- Difference in acne incidence rates between non-westernized and fully modernized societies cannot be solely attributed to genetic differences among populations but likely results from differing environmental factors.
Tete a tete

- **Arch Dermatol 2002: Diet and acne revisited.** [Thiboutot, DM, Strauss, JS]
  - Menarche in Kitavan and Ache girls later than US girls
  - IGF-1 alone not causative of acne; IGF-1 present in menarche

- **Arch Dermatol 2003: The unwelcome return of the acne diet.** [Bershad, S]
  - US meat and dairy diet vs primitive nations diet of starchy foods like boiled rice, corn products, potatoes, and refined flour
  - Measurement of diet/glycemic index oversimplifies etiology of acne; genetics strongest determination
Smith RN, et al

The effect of a high-protein, low glycemic-load diet versus a conventional, high glycemic-load diet on biochemical parameters associated with acne vulgaris

- Randomized, investigator masked, controlled trial
- n = 43 ♂

Association of IGF-1 with acne. Nutrition-related lifestyle factors play a role in acne pathogenesis
Guidelines of care for acne vulgaris management

Dietary restriction (either specific foods or food classes) has not been demonstrated to be of benefit in the treatment of acne.
- Diet: Recommendation B; Strength II

Unchanged from Gollnick et al (2003), Management of Acne, Report from Global Alliance to Improve Outcomes in Acne
Acne improves with a popular, low glycemic diet from South Beach (SBD)

- Survey, web based; $n = 2995$

- 80% acne patients on SBD improved with reduction of acne treatment (~3 mos)

- SBD as additional modality in the treatment of acne
“Guidelines for the Diagnosis and Management of Food Allergy in the United States: Report of the NIAID-Sponsored Expert Panel”

- *J Allergy Clinical Immunology, Oct 2010*

- No mention of acne but rather atopic dermatitis

- **Recommend**: skin prick testing, serum IgE testing, oral food challenge

- **Suggest**: elimination of 1 or few specific foods from diet may be useful for dx food allergy, esp for non-IgE mediated food induced allergic disorders

- **Oral food challenge + medical hx + labs** = Food Allergy
Prospectus: Another Lonely Journey?

- **Current clinical trials:**
  - Barnard et al, *Plant based Dietary Intervention for Treatment of Acne*
  - Caperton et al, *The Effect of Chocolate Consumption in Subjects with History of Acne*

- **An Update on the Role of the Sebaceous Gland in the pathogenesis of Acne,** (Evgenia et al, *Dermato-Endocrinology* Jan-March 2011)
  - Diet may be important source of substrate for synthesis of sebaceous lipids
  - Inflammation is key pathogenetic component (*IL-1* \(\rightarrow\) hyperproliferation \(\rightarrow\) (+) keratinocytes)
“manner in which data collected powerful influence on outcome” (Treloar, JAAD 2008)

“shift to outcome measures from patient-reported and quality of life outcomes” (Ingram, Clin Exp Derm 2010)

- Use proper controls and populations
- Use appropriate scoring modalities
Non-Dermatitis Herpetiformis Gluten-Sensitive Dermatitis: A Personal Account of an Unrecognized Entity

- 55 yo female c/o dermatitis @ dorsal hands with pruritis. Used topical steroids, tacrolimus ointment. Over two years spread to elbows, knees, buttocks, nucha, upper back, etc. Poor quality of life. ROS: NO GI symptoms. Weight loss #15lbs over 1 year

- Morphology and distribution typical of DH
  - Multiple bxs: NEGATIVE; (-) DIF; non specific dermatitis
  - LABs: (-) IgA, IgG anti-tissue tranglutaminase, anti-endomysial Abs
Dermatitis Herpetiformis

Cutis. 2010;86:285-286
KS Korossy, MD

- Diagnostic hallmark of DH – presence of cutaneous IgA deposits
- Takes many years to develop the (+) pathology findings
- Do you wait to earn the diagnosis or follow clinical suspicion?
- Suggest elimination/challenge diet?
Letter to Editor

KS Korossy, MD

- Gluten free diet despite (-) objective data
- 50% improvement 2 mos; 95-99% improvement in 2 yrs; 3 yrs symptom free
- Resumed regular diet; 3 mos symptoms re-appeared

“Think of gluten-sensitive dermatitis when a clinical picture suggests DH but lacks laboratory confirmation.”
Our Patients Teach Us...

School of Athens – Raphael Sanzio

Educational Advancement

- 415 patient charts with Dx code 706.1 pulled from Dec 2010 to March 2011
- 40 surveys - snail mail and in office
- 45% (18) responded – still collecting
- 10 questions total
  - 6 Y/N
  - 2 fill in blanks
  - 1 symptom ranking
  - 1 open comment
Survey

1) Do you feel that you benefit from the integrative holistic health care approach?
   100% Yes

2) In the time period before you were seen and treated by Dr. Faria for your acne, did you ever have any other general health symptoms?
   72% Yes
   **Top 5: GI > Resp > Psyche > Gyn**
3) Since being treated for your acne, have you felt/noticed improvements in the symptoms you listed above?
   77% Yes

4) Since your initial visit and treatment(s) under the guidance of Dr. Faria, have you noticed improvement(s) in your acne?
   94%
5) Which of the following factors do you feel are related to and/or **make your acne worse**?

<table>
<thead>
<tr>
<th>Rank</th>
<th>Aggravating Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Food 38%</strong>&lt;br&gt;Hormones 27%&lt;br&gt;Stress 16%</td>
</tr>
<tr>
<td>2</td>
<td>Stress 38%&lt;br&gt;Sugar 22%&lt;br&gt;Chocolate 22%</td>
</tr>
<tr>
<td>3</td>
<td>Genetics 22%&lt;br&gt;Stress 22%</td>
</tr>
<tr>
<td>4</td>
<td>Hormones</td>
</tr>
<tr>
<td>5</td>
<td>Chocolate</td>
</tr>
</tbody>
</table>
Survey

6) The part(s) of the treatment plan that you believe is/are most effective in improving your acne (e.g. lifestyle changes, diet/food restriction, medications, infection control, etc) is/are:

83%: elimination/restriction of food
22%: medication, lifestyle changes
11%: vitamins, laser treatment
7) Do you still follow the lifestyle and dietary changes recommended to you by Dr. Faria for your acne? 

94%

8) Would you recommend the integrative holistic health care approach to others who have acne? 

100%

9) Would you recommend the integrative holistic health care approach to others who have other health issues? 

83%
“Treasure your exceptions...”
~ William Bateson

“... for they guide where research should go.”
~ Katalin Soltesz Korossy, MD
Discussion

THANK YOU!
References

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