

Dr. Wright's

GUIDE TO

Healing Nutrition

WITH

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Widely known medical columnist and author of
Dr. Wright's Book of Nutritional Therapy

The 600-page, 150,000 copy
bestseller in hardcover—now in
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for the 90s and beyond!

The use of hydrochloric acid supplements clears up
a long-standing case of acne rosacea in just two
months—a simple solution for a complex problem.

A CASE OF ACNE ROSACEA

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Mrs. Cindy Krause came in cheerful and smiling. "I'm sure you can see what my problem is; everyone can. It's there all the time now. In fact, I seem to have worked up a particularly good demonstration for you today. My husband says I did it on purpose because I was coming in, but he's only teasing. It's been getting like this much more often in the last few years."

Her entire face was slightly reddened, like a mild sunburn or windburn. The redness was worse in the center of her forehead, over the bridge of her nose, onto the "blush" areas of her cheeks, and on her chin. She had two large pimples on her chin, three on her forehead, and one on her left eyelid. Her eyes appeared "bloodshot," and there were dilated capillaries in the worst of the reddened areas, particularly on her cheeks.

"You do have one of the most pronounced cases of rosacea I've seen in several months," I observed. "It's not always this bad?"

"No, but rapidly getting that way. My usual the last two or

three years has been redness mostly in the areas where it's bad today, with only a faint reddening anywhere else. My eyes are usually only a little red, and usually I don't have as many pimples. I've been taking an antibiotic, tetracycline, on and off, which does control the pimple part somewhat when I take it."

"What about the dilated capillaries?"

"Actually, I've had one of those on my right cheek and onto my nose since I was a teenager. But it was so faint that no one could see it except my boyfriends, and they mostly didn't get a chance because I covered it with makeup. The last three years the capillaries have gotten more numerous, and stay dilated all the time instead of just on and off. I've given up trying to use makeup. I'd have to use so much to cover all this that I'm thinking of going into the clown business. Why not take advantage of the situation?" She laughed.

"I suppose. Don't know if all that makeup would be good for your skin. Seriously though, have you noticed anything in particular that makes the capillaries dilate worse and your skin redder?"

"Alcohol will do it most of the time. I noticed that several years back when I first started getting rosacea, so I gave it up entirely. Haven't had a drink in over five years. Unfortunately it hasn't helped. It's really funny, too. One of my maiden aunts keeps telling everyone else in the family that I'm a secret alcoholic because my face keeps getting worse. But I don't drink, for sure—ask my husband. He tries to get me to have one with him every once in a while, but I won't."

"Anything else make it worse?"

"I don't go out in the sun much. That aggravates it a little. But what's odd is that just eating—it doesn't seem to matter what—will set my face off sometimes. It seems to go in spells. A few weeks, any meal will do it, then it stops for a while."

I made some notes. "Any other health problems?"

Lifelong Constipation

"Nothing major, thank goodness. A little constipation from time to time, but that's nothing new. Even this rosacea, if that's the

worst I get, I'm grateful. I could have cancer, or be disabled. No, I'm fairly healthy otherwise."

"Tell me about the constipation."

"It was worse when I was a little kid. My mother gave me enemas sometimes, otherwise I'd go a week or more. I got a lot better when I was a teenager. Now I sometimes go two or three days between bowel movements, sometimes every day. It varies."

"Were you an easy blusher as a child?"

"Wasn't I! I still am. Maybe this is just the natural consequence of all that blushing. You should have seen me when I was a teenager. I got embarrassed about being embarrassed, I was so bad. 'Stop Sign,' they used to call me, my face was always red." She smiled, then looked thoughtful.

"Do you think I got this just from overwork or wearing out of those blood vessels from too much blushing?"

"No. Although rosacea, acne rosacea technically, does seem to occur more often in the so-called easy blusher."

"That's good. Maybe there's some hope."

"Possibly. Besides constipation, do you have any other digestive troubles? Excess gas, belching, bloating?"

"Not that I've noticed."

We went through questions about her own and her family's health background. Except for tonsillectomy and a broken leg in a ski accident, she'd had no other problems. Her mother had developed high blood pressure at age 60, a cousin had hyperthyroidism, and her 16-year-old son had acne—"the regular kind, not this stuff," she observed.

Split Fingernails

Her examination was also mostly normal. With the exception of the rosacea, the only other notable findings were two split, cracked fingernails. I asked about those.

"My fingernails have always been bad. I gave up trying to grow long ones in my early twenties; they'd break off. I didn't think to mention it because they're not really a problem. I keep them short. Now that you mention it, though, they have been breaking a lot more the last two or three years."

"You're how old now?"

"Same as Jack Benny, 39, although not as cute." She grinned. "At least, not today." Her expression changed to a more serious, wistful one. "Is there anything at all you think we can do? Anything new? Any vitamins or anything? My dermatologist said I was foolish coming over here, just wasting my time, but it is my time, and I was hoping. . . ."

"Why don't you get dressed again, and come back to my office. I want to get something from my files."

After she came in and sat down, I showed her two papers. "There's nothing new I know of for rosacea," I said. "But there is something old that works very well in the majority of cases. You have clues that indicate you may have the problem."

She looked at the dates on the papers. "1920? 1949? One of these is older than I am. Isn't this kind of obsolete?"

"If it's accurate, and the treatment based on it works, I don't care if it's from 1492 or 3003 B.C. In the case of rosacea, what have we got that's modern that works, anyway?"

"You have a point there. So what do I do"—she handed the papers back—"take charcoal and sulfur, or what?" She smiled.

"No, although it's odd you should mention those. What you should do, please, is have a gastric analysis done, as well as other nutritional screening tests."

"To see if my stomach's OK?"

"Specifically, to see if your stomach's making enough hydrochloric acid."

"I can see what that might have to do with my constipation or digestion, but what's it got to do with my face? You're implying there's some connection?"

"Yes, and with your fingernails, too. Poor fingernails like that frequently are associated with hypochlorhydria, or low stomach acidity. But about your face: The large majority of persons with rosacea, acne rosacea, have low stomach acidity and improve remarkably with hydrochloric acid supplements. I've seen it happen numerous times."

"What's hydrochloric acid in the stomach do for facial skin?"

"Frankly, I don't know. Perhaps it improves digestion and gives you more nutrients. Maybe it reduces intestinal putrefaction and cuts down on toxic substances absorbed into your system. There are many other theories, but the important point is that it works in most cases. Here, let me read you a line or two. From the 1920 report: 'The results obtained with this treatment [hydrochloric acid supplements] have been very satisfactory and frequently almost magical, even in the very worst cases.' And from the 1949 editorial: 'It is fairly common with dermatologists to find hypochlorhydria in association with acne rosacea and it is already known that the administration of acid supplements appears to assist control of this skin condition.'"

Mrs. Krause grimaced. "It hasn't been common with the dermatologists I've seen, and I'm more than ready for something almost magical. So why don't I just try taking hydrochloric acid capsules? I've seen them at my health food store."

"Because if you don't need them, and you take the dose required by people who do, you could give yourself gastritis or possibly even an ulcer. They should never be taken with aspirin, or certain other drugs. If you do have low stomach acidity, we recommend vitamin B₁₂ by injection. And a few other details. . . ."

"I get the picture. It's a little more involved than just taking hydrochloric acid capsules. There are possible complications, and I should find out if I really need them."

"Right. Remember, I said the large majority of people with rosacea are helped, but not absolutely everyone."

"Which way to the gastric analysis? I can live with rosacea if I have to, but if there's a way out. . . . By the way, do I have to have my stomach pumped?"

"No, we use gastric analysis by radiotelemetry. It's been proven just as accurate, and I find it more versatile."

Results in Two Months

Mrs. Krause's gastric analysis was badly abnormal. She began taking 45 grains of betaine hydrochloride per full meal, an

average adult dose, and had substantial clearing of her rosacea in just two months. Only the worst reddened areas remained, and they had subsided to a faint red. Her pimples were completely gone, none returned, and even the capillaries were less prominently dilated. She scarcely noted any "blushing" at all.

She also observed that her lifelong constipation was gone, and her fingernails weren't breaking as much and "even beginning to grow."

We then added vitamin B₁₂ and folate by injection, vitamin B complex, zinc, and numerous other nutrients she appeared to need, some of them probably due to poor assimilation related to low stomach acidity.

Two years later, her facial skin remains completely free of rosacea, except for traces of dilated capillaries near her nose.

A Clue to Rosacea

Acne rosacea, sometimes called simply rosacea, is one of the many conditions commonly associated with low stomach acidity. The association is close, even in the mildest cases. In my experience, the use of hydrochloric acid supplements in adequate doses is extremely effective in reducing the severity of the problem, and in some cases nearly eliminating it. For reasons explained below, adding *Lactobacillus acidophilus* appears even more helpful than hydrochloric acid and pepsin supplements alone.

The usual present-day treatment for this skin condition is the antibiotic tetracycline. It's not known what tetracycline does for this condition, but it is partially effective.

According to the commentator in the 1949 reference below, "It is well known, however, that the administration of large amounts of dilute hydrochloric acid . . . alters the putrefactive flora ordinarily dominant in the upper gut of achlorhydric." Tetracycline kills bacteria. A reasonable explanation for the common effect of both of these substances on rosacea would be that it's a reaction of the facial skin to an as yet unidentified metabolite excreted by an "abnormal" intestinal bacteria. This would also explain why adding *Lactobacillus acidophilus* is helpful.

There's a small revival of research interest in the "intestinal toxemia" theory of the causation of some disease. Although I heard this theory ridiculed in medical school, it appears it may be true, after all, in problems other than rosacea.

Nicholas L. Petrakis, Ph.D., at the University of California, San Francisco, studied the cells in breast fluid taken from nonlactating women without cancer. Cells were classified as normal or showing "dysplasia." (As with dysplasia on a pap smear, this signifies "not normal but not cancerous, either." Dysplasia is sometimes considered precancerous; it's definitely an increased risk factor.) According to the researchers: "There was a significant positive association with dysplasia . . . in women reporting severe constipation, i.e., two or fewer bowel movements weekly, which was not seen in women reporting more than one bowel movement daily. Women who had one bowel movement daily or one every other day had [less chance of cell dysplasia]." Although the researchers made no mention of low stomach acidity, women and men with it are frequently constipated.

Whatever the cause of constipation, however, the researchers say: "Perhaps breast disease should be added to the list of conditions believed to be influenced by diet and bowel function."

British investigators, led by Dr. M. J. Hill, studied 44 individuals with colon cancer and 90 without. Eighty-two percent of the individuals with colon cancer had high levels of fecal bile acids, substances chemically similar to known carcinogens. Only 17 percent of those without colon cancer had similarly high levels. More important, 70 percent of those with colon cancer had both high levels of fecal bile acids and intestinal bacteria capable of transforming bile acids into carcinogenic form. Only 9 percent of those without colon cancer had both high fecal bile acids and carcinogen-producing bacteria.

Returning briefly to low stomach acidity, two papers in the *Archives of Internal Medicine* and *American Journal of Clinical Nutrition* note that it's associated with bacterial contamination of the upper intestine, an area whose bacterial population is usually sparse. The full range of diseases associated with bacterial contamination is just beginning to be investigated.

Finally, in a series of publications, a French physician whose

numerous works are reported in *The Biological Basis of Schizophrenia* has demonstrated that some causes of apparent mental disease have originated as reactions to toxic substances released by colon bacteria. He reports having cured some of them, relieving mental symptoms entirely, by treatment directed against the bacterial toxins. And he makes note of other European physicians who have published on the same topic.

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