



DR. JONATHAN V. WRIGHT'S
NUTRITION
& HEALING
With **ALAN R. GABY, M.D.**

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Acne Vulgaris, Acne Rosacea

by Jonathan V. Wright, M.D.

Jason Jeffries didn't look happy, and didn't say much, so his mother spoke first.

"You can see Jason has a bad case of acne," she said. "It started when he was 12, and he's 15 now. We've been the antibiotic route — he's been using that antibiotic cream, taking antibiotics, and it just barely controlled it. Besides, I know continuous antibiotics aren't good for anyone.

"He's also tried Retin-A and benzoyl peroxide, but they both really irritated his skin. I've been reading more about health — not just for Jason, but for our whole family — and my mother gave me a copy of your book, the one that told about the Eskimos and acne."

"I'm not an Eskimo, Mom."

"That's not the point, Jason. Those Eskimos didn't have any acne at all — they have photographic proof for over fifty years — until they started eating refined

food, especially all that sugar. Then all the teenagers got acne right away!"

"That sums it up," I said. "Not to mention an enormous and sudden increase in diabetes, heart and blood-vessel disease, gallbladder disease...."

"And everyone in the family says Jason's acne has improved since we all switched to whole foods and no sugar about eight months ago. I can tell when he's been eating sugar and junk food again away from home."

Jason looked uncomfortable, and wiggled in his chair. "It's tough, Mom."

"I know it is, Jason," I said, "but it's really better for our whole bodies, including for acne. There are some other things you can do, though, in addition to sticking with the natural, whole-food plan."

"I was hoping there were,"

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Commentary

by Alan R. Gaby, M.D.

Acne (also called acne vulgaris) occurs in most American teenagers and, to a lesser extent, in young adults. The severity of acne can vary from a few scattered lesions to severe inflamed pustules that result in permanent scarring. Acne results in part from excessive stimulation of the skin by androgens (male hormones). Bacterial infection of the skin also appears to be involved. Conventional treatment includes topical application of benzoyl peroxide, retinoic acid (Retin-A; a Vitamin A derivative), and topical or oral antibiotics. In severe cases, the drug Accutane (another Vitamin A derivative) is sometimes used. However, this drug can cause serious birth defects (if taken by pregnant women) as well as other significant side effects.

Zinc Therapy: A number of "alternative" treatments for acne are frequently effective. One such therapy involves zinc. In a double-blind study, 91 patients with moderately severe acne received either zinc (45 mg twice daily) or a placebo for twelve weeks. The skin lesions improved to

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Mrs. Jeffries said. "Jason's really tried, but unfortunately I didn't know enough to feed him the best food starting when he was very small. So he's not accustomed to it, and of course most of his friends tease him a lot."

"Are you taking any vitamins or minerals, Jason?"

"Yeah."

"Which ones?"

"Don't know, just pills."

"For now, I'm only giving him Vitamin C and a multiple vitamin. After I read your book, I was thinking about zinc, but then there's what you wrote about zinc and copper balance, so I thought I'd wait until I talked to you."

"Zinc is a good place to start. In small quantities for short peri-

ods of time, we usually don't need to worry about zinc-copper balance. But for acne, 30 milligrams zinc three times a day for several months is usually necessary, so we'll make sure to check zinc and copper along the way."

"Your book mentioned food allergies, too. As far as I know, Jason doesn't have any, and they're

"Those Eskimos didn't have any acne at all — they have photographic proof for over fifty years — until they started eating refined food, especially all that sugar."

not in the family as far as I know."

"In teenagers with acne, food allergies are sometimes important, sometimes not. Since you're not aware of them in your family, we'll postpone allergy testing for now."

"So we just add zinc to Jason's program?"

"Yes. Also, unless he eats much fish, or unroasted nuts or vegetable oils, it's wise to add a little 'essential fatty acid' such as flax oil or perhaps cod liver oil. Seems to help the zinc work better...and make sure there's Vitamin A, not just beta-carotene, in Jason's multiple vitamin."

"Any special amounts?"

"For now, 15,000-25,000 units of Vitamin A.... A few dermatologists years ago found that hundreds of thousands of units of Vitamin A worked against acne... but that's a lot, and now there are better alternatives, anyway."

"And those are...?"

"In addition to zinc...and for some boys, selenium...there are two very useful natural skin creams."

"First, 4% niacinamide cream. Researchers compared the 4% niacinamide against the most popular antibiotic cream, and found the nia-

cinamide worked better. As far as anyone knows, there aren't any side effects."

"And it doesn't alter the normal skin bacteria unfavorably, either, does it?"

"No. Secondly, 20% azelaic acid..."

"What's azelaic acid?"

"Actually a 'normal' fatty acid found in skin. People with acne appear either to have too little, or to need more. Researchers found azelaic acid as effective as benzoyl per-

oxide or Retin-A, with many fewer side effects. It was just as effective as the antibiotic tetracycline, also."

"Which one should Jason use?"

"Why not both? Perhaps one in the morning, one at night."

"They won't interfere with each other if he uses them at the same time, in case he wants to use them more often?"

"Not as far as I know."

Jason stayed with what he called his "health food" most of the time, his mother later reported. However, he took the zinc (in addition to his multiple vitamin and Vitamin C, along with added fatty acids) and used both the 4% niacinamide and the 20% azelaic-acid creams. After six months, his mother reported that his acne was "not totally gone, but much better."

One of David Flanagan's problems was obvious. His entire face was shiny and pinkish red, but more pink around the edges and more red and shiny on and around his nose and the central areas of his face. There were a few small nodules scattered at random on his forehead, cheeks, and chin,

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Acne Vulgaris, Acne Rosacea (continued from page 2)

and an unfortunately larger one on the end of his nose.

"I'm here from Chicago," he said. "And you can see why! I've had this 'rosacea' thing since I was twenty-two or twenty-three, and I'm now forty-one. I've had more tetracycline than I can remember, and it helps when I take it, but it's been helping less and less the last few years. I asked my dermatologist about cortisone ointment or cream, but she said if I kept using it for a chronic skin condition like this my skin would just thin out. She's tried other antibiotics, but they don't even work as well as the tetracycline. So my face just keeps getting redder and redder, and now I just use the tetracycline when the pimples" — he pointed to his nose — "get particularly bad."

"Like now?"

"Yeah, though I haven't had as many bad outbreaks as I've gotten older."

"Any other problems with your health?"

"Not really."

"Any heartburn, gas, indigestion...."

"Yeah, but no more than a lot of other guys my age. Besides, that happens more when I overeat."

"Tired?"

"I don't think so. 'Course I'm not as full of energy as when I was younger."

I asked other questions about possible symptoms; his answers were negative. After his physical exam, we returned to my office.

"So, what vitamins should I take? That's why I'm here from Chicago, my wife says your clinic does a lot with vitamins and minerals and herbs and all, and that's an approach I haven't tried. If I

need to be here a few days, that's OK, I'm staying with my brother here in Seattle."

"You'll just need a day or two at most," I said. "You'll need to have your stomach tested...."

"My stomach? The rosacea's on my face."

"I know. But your face is reflecting a gastrointestinal problem."

"Heck of a reflection," he laughed.

"After replacement hydrochloric-acid/pepsin capsules with meals, Lactobacillus acidophilus, and B₁₂ with B-complex injections, David's stomach function improved and his skin was almost normal."

"If rosacea 'reflects' a gastrointestinal problem, how come no one told me that before? Besides, the gas and heartburn thing is minor, and just started. I've had this rosacea business for years."

"I don't know why no one told you," I said. "Dr. Gaby and I have an article published in 1948 that says 'every dermatologist knows' about stomach malfunction — specifically low or no stomach acid — in cases of rosacea."

"No stomach acid? What's that got to do with my face?"

"What's tetracycline got to do with your face?"

"Kills germs, I guess."

"Where are the germs?"

"In these pimple things."

"How about all the red skin in between the pimples...or when you don't even have pimples? The redness of your skin doesn't go away then, does it?"

"Not really, I guess. So where are the germs?"

"Don't know for certain, but I can

guess. When you swallow the tetracycline, where does it go?"

"My stomach..."

"And into the intestines after that. Biggest reservoir of bacteria in the whole body, the intestines, especially the colon. And if we don't have strong hydrochloric acid produced by our stomachs, the pH — the acid-alkaline balance — of the entire intestines and colon is made more alkaline. When that happens, 'unfriendly' germs are more likely to grow..."

"And maybe that's why tetracycline works, at least some?"

"That's my guess. It's also probably why several hydrochloric-acid and pepsin capsules taken with every meal help control rosacea as well as or better than tetracycline."

"Because the hydrochloric acid changes the pH the acidity — back towards normal, and the 'unfriendly' germs can't grow as well?"

"Exactly right. And we get even better results when we use Lactobacillus acidophilus — those are 'normal' acid-loving bacteria — as well."

"That's certainly a different approach."

"Almost always works, though. Also, we add injections of Vitamin B₁₂, which isn't absorbed as well when our stomachs aren't working, or when we have 'bacterial overgrowth' in the intestines. And as long as we're injecting Vitamin B₁₂, we put the other B-vitamins in there, too, especially Vitamin B₂."

Like nearly everyone with acne rosacea, David Flanagan had very poor stomach function. After two years of replacement hydrochloric-acid/pepsin capsules with meals, Lactobacillus acidophilus, and B₁₂ with B-complex injections, he flew back in from Chicago to visit his brother again, and came by to show us that his skin was almost normal "for the first time in twenty years." □

a significantly greater extent in the zinc group than in the placebo group.¹ In another study, zinc was found to be as effective as oral antibiotic therapy.²

Other studies have failed to show a beneficial effect of zinc. As a result, zinc therapy has remained controversial and outside of the medical mainstream. However, the negative results were apparently due to inadequate duration of treatment (it takes about twelve weeks to see an effect) or to the use of a poorly absorbed form of zinc (zinc sulfate).

We prescribe one of the well-absorbed forms of zinc (such as zinc picolinate or zinc citrate) at a dosage of 30 mg, two or three times a day. Most patients notice improvement with this treatment. After three months, the dosage can often be reduced without causing a flare-up. Because large doses of zinc can promote copper deficiency, we recommend either a copper supplement (2-3 mg/day) or periodic monitoring of copper status by blood test.

Azelaic Acid: Azelaic acid^{3,4} is a nine-carbon compound that occurs naturally in some foods. It has been shown to kill the bacteria that are associated with acne. However, unlike tetracycline, azelaic acid does not cause gastrointestinal problems and does not encourage the growth of fungus or resistant strains of bacteria. Azelaic acid also exerts an anti-inflammatory effect on skin lesions.

In a double-blind study, topically applied azelaic-acid cream was significantly more effective than placebo. In other studies, azelaic-acid cream was about as effective as 0.05% Retin-A, erythromycin ointment, benzoyl peroxide, or oral tetracycline. However, the incidence of irritation

and other local side effects was lower with azelaic acid than with Retin-A or other topical treatments. These studies demonstrate that azelaic acid is a safe and effective alternative to antibiotics and topical agents in the treatment of mild-to-moderate acne.

Azelaic acid is not as effective as Accutane for individuals with severe cystic acne. However, as many as one-third of such patients have achieved good-to-excellent results after six months of treatment with azelaic acid. The combination of azelaic-acid cream twice daily and 100 mg/day of oral minocycline (a tetracycline derivative) was even more effective, with 90% of patients achieving good or excellent results. Thus, azelaic acid, either alone or in combination with antibiotics, is a valuable alternative to Accutane.

Azelaic acid is available as a 20% cream from Ecological Formulas at (800) 888-4585 under the name Melazepam. The cream is usually applied to the affected areas twice daily. Azelaic acid is also available by prescription under the name Azelex, but the prescription brand costs about four times as much.

Topical Niacinamide:

Seventy-six patients with inflamed acne lesions were randomly assigned to receive a gel containing either 4% niacinamide or 1% clindamycin (a commonly used antibiotic). The gel was applied to the face twice daily. After eight weeks, 82% of the patients receiving niacinamide were improved, compared to 69% of those treated with clindamycin.⁵ The only side effect of the niacinamide gel was mild stinging or burning at the application site. However, that reaction was apparently caused by the gel vehicle, rather than by the niacinamide itself. The beneficial results obtained with niacinamide are thought to be due to an anti-

inflammatory effect of the vitamin. Niacinamide for topical use can be obtained from compounding pharmacists.

Role of Diet: In our experience, a diet low in sugar and refined and processed foods is sometimes helpful. Food allergy appears to be a major contributing factor in some cases of adult acne, but the effect of allergy on teenage acne is less pronounced.

Other Treatments: Some 106 teenage females who experienced premenstrual flare-ups of acne received 50 mg/day of Vitamin B₆, beginning one week before and continuing through menstruation. A lessening of premenstrual acne was reported by 72% of the women.⁶ Very large doses of Vitamin A are also effective in difficult-to-treat cases.⁷ However, because of the potential for Vitamin A toxicity, this treatment should be monitored by a physician knowledgeable in its use. In another report, selenium was found to be helpful for males with acne.⁸ However, there was no control group in that study, so a placebo effect cannot be ruled out.

Rosacea is a condition in which the skin of the cheeks, nose and forehead become reddened as a result of capillary dilation. Acne-like pustules often occur as well. The cause of rosacea is unknown; however it appears to be associated with a bacterial infection, since oral or topical antibiotics are sometimes beneficial. Most doctors recommend avoidance of substances that cause blood-vessel dilation, such as hot liquids and foods, spicy foods, alcohol, external irritants, and excessive heat or cold. Coffee, seafood, pork, or allergenic foods may also cause problems in some cases.

Low Stomach Acid: Since the early part of this century, an association between rosacea and hypochlorhydria (low stomach acid) has been recognized. In studies performed about 75 years ago, the incidence of hypochlorhydria was approximately 30-60%. Treatment

with hydrochloric acid during or after meals resulted in considerable improvement in the skin of patients with rosacea.⁹ Dr. Wright has found the incidence of hypochlorhydria to be around 80%; higher than that found in the early studies. It is possible that pollution and other aspects of modern-day living promote autoimmune gastritis, which eventually leads to hypochlorhydria.

It should be noted that hydrochloric-acid therapy is not always advisable; in fact, an occasional patient with rosacea will actually have excess (not low) stomach acid. Gastric analysis (a test that measures stomach-acid production) can determine whether hydrochloric-acid therapy is appropriate for a particular individual.

The effectiveness of hydrochloric acid may be related to its capacity to kill unwanted organisms residing in the stomach or small intestine. Administration of hydrochloric acid may also promote the growth of friendly organisms in the colon. In that respect, hydrochloric acid might be functioning as a natural antibiotic, without causing the usual antibiotic side effects.

Nutrient Therapy: In one study, 96 patients with rosacea were supplemented daily with six tablets of brewer's yeast plus an iron formula. Most of the patients showed noticeable improvement.¹⁰ In another study, oral administration of brewer's yeast, liver extract and a B-complex vitamin formula, combined with injections of liver extract was also found to be helpful.¹¹ The authors of these studies attributed their good results to the B-vitamin component of the program. However, brewer's yeast and liver also contain a broad range of other nutrients, many of which can help promote healthy skin. In a study in which synthetic B-vitamins alone were used to treat rosacea, the results were not nearly as impressive.¹²

It is noteworthy that hydrochloric acid enhances the absorption of

B-vitamins, iron, and many other nutrients. This effect may provide another explanation for the beneficial effect of acid therapy in patients with rosacea.

Azelaic Acid: Described previously as a treatment for acne, azelaic acid is also effective against rosacea.⁴ In a three-month double-blind study, 32 individuals with rosacea applied 20% azelaic-acid cream to one side of their face and a placebo cream to the other side. There was a marked improvement or complete clearance of the lesions on 91% of the sides treated with azelaic acid, compared to only 34% of the sides treated with placebo. A second study of 114 rosacea patients showed similar results, although the difference between groups was not as dramatic. □

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Nutrient

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I prefer natural (Armour) thyroid for a very simple reason: it frequently works better than the synthetic form. Over the years I have seen dozens of patients who, despite "appropriate" treatment with L-thyroxine, continued to experience fatigue, depression, cold extremities, constipation, and other symptoms. However, after switching them to an equivalent dose of Armour Thyroid, their chronic symptoms became markedly better, often within as little as 48 hours.² On rare occasions, the opposite occurs: a patient responds to L-thyroxine, but not to natural thyroid. However, of those who can tell a difference between the two treatments, more than 90% prefer natural thyroid over the synthetic form.

Interactions: The absorption of thyroid hormone may be inhibited by dietary fiber. Therefore, thyroid hormone should be taken either on an empty stomach or with a meal that does not contain large amounts of fiber. Iron also inhibits the absorption of thyroid hormone, so the two compounds should not be taken at the same time. Supplementing with DHEA will in some instances increase the efficiency of thyroid hormone, necessitating a reduction of the thyroid dose. Individuals who are taking both of those hormones should be monitored closely by a physician.

Conclusion: Thyroid hormone is among the most powerful weapons in the natural-medicine arsenal. However, as with any potent therapy, it should be treated with caution and respect. Although thyroid hormone can cause side effects, it is remarkably safe when used appropriately and wisely. □

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