



Nutritional Influences on Illness

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Treating Eczema with Nutrients

Vitamin C

In a randomized, double-blind, crossover study, significant symptomatic improvement was found in 10 severely affected patients aged 3 to 21 years following 6 months of supplementation with 50 to 75 mg/kg of slow-release vitamin C.

Treated patients required half as many courses of antibiotics for skin infections as those given placebo. Improvements in lymphocyte transformation and neutrophil chemotaxis were also seen, suggesting that vitamin C may act by boosting the immune response.¹

Selenium Deficiency

Patients sometimes have reduced erythrocyte levels of glutathione peroxidase, a selenium-containing enzyme,² suggesting the possibility of a marginal selenium deficiency.

In an open trial, patients who had low levels of glutathione peroxidase showed encouraging improvements as enzyme levels rose over 6 to 8 weeks following supplementation with selenium along with vitamin E.³ When, however, an unselected group of patients were given similar supplementation in a double-blind study, the supplement was found to be ineffective.²

Sodium Restriction

Sweat sodium is reported to be increased in atopic eczema.⁴ Back in 1912, it was reported that reducing salt intake was beneficial to certain patients, primarily those with a major secretory component to their rash. Responders noted a lessening of lesions and improvement in pruritus within 3 to 4 days, with major improvement in about 3 weeks.⁵ More recently, a preschool girl was described whose eczema improved following a change to low-salt table water.⁶

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Electrotherapy

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Zinc Deficiency

A sub-group of patients appears to be hypozincemic.⁷ It appears that reduced serum zinc levels are correlated with the severity of the lesions⁸ and a tendency towards recurrent skin infections.⁷ There is also evidence that both serum⁹ and hair¹⁰ copper may be elevated in children with eczema. (Elevated copper would decrease zinc absorption and increase its urinary excretion).¹¹

An anecdotal report suggests that supplementation with 50 mg of chelated zinc 3 times daily, together with other indicated nutritional treatments, may be strikingly effective, with full remission occurring in 3 to 8 months in most patients.¹² However, an 8-week double-blind trial using less than one-third the zinc dosage (and nothing else) was unsuccessful.¹³ Obviously, a longer double-blind study using a larger dosage of zinc – and preferably limited to patients with marginal zinc deficiencies – is needed to resolve the issue of its efficacy.

Essential Fatty Acids

Patients with atopic eczema may have impairment of the enzyme delta-6-desaturase causing defective desaturation of alpha-linolenic (omega-3) and linoleic (omega-6) acids. The resulting changes in prostaglandins and leukotrienes could affect the immune response and thus promote the condition.¹⁴

Omega-3 Fatty Acids

In a double-blind study, patients supplemented with 1.8 gm EPA daily had reduced scaling, itching, and overall subjective severity of skin lesions compared to olive oil-treated controls.¹⁵ However, another double-blind study – which neglected to state the EPA dosage and used a mixture of saturated fatty acids as the placebo – failed to confirm these findings.¹⁶

Omega-6 Fatty Acids

In a meta-analytic analysis of 9 placebo-controlled studies, evening primrose oil (a source of GLA) was significantly more effective than placebo, especially in reducing itching.¹⁷ Since then, however, additional placebo-controlled studies have failed to confirm the efficacy of GLA,¹⁸ leaving the issue unresolved.

Doctor Werbach cautions that the nutritional treatment of illness should be supervised by physicians or practitioners whose training prepares them to recognize serious illness and to integrate nutritional interventions safely into the treatment plan.

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Modified from Werbach MR with Moss J. *Textbook of Nutritional Medicine*. Tarzana, CA, Third Line Press, Inc., 1999.

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