

# Case Histories

## Adult Acne resolved with Nutritional Therapy

<b>Gender, Age, Occupation, Nationality, height and weight.</b>	Mrs F.D. is a 39 year old mother of 2 children, aged 8 and 6. She works full-time & is a director of her company. She is 5 ft 5 tall and weighs 8 stone 5 lbs (165.10 cm, 52 kg).
<b>Presenting complaint – list and duration</b>	<p>Mrs. F.D. told me that her skin had never been in perfect condition but that over the past 3 years, for no understandable reason, it kept on breaking out in spots on her face. The spots appeared on her jaw-line and were painful, on her chin and close to her mouth.</p> <p>The spots appeared and then became more like boils and were lumpy on her jaw-line. They wept at first and then became submerged under the skin with no visible head. At the same time, her neck and ankles and feet had become itchy.</p> <p>Her energy levels had declined, she admitted, and the stress at work and looking after 15 members of staff was something that took its toll on her she told me. Her memory and concentration were also less good than they had been, but her main reason for seeing me was to resolve her skin issues, and frankly she did not care if anything else changed.</p> <p>As a teenager, she had some acne, but nothing out of the ordinary and she ate a poor diet then and a lot of sugar. When she was pregnant, both times her skin had deteriorated. She could not think of any reason why she should have these issues now and was fed up of the unsightly nature of the spots and the discomfort they brought with them. The itching however, was entirely new, and had coincided with the onset of the skin breakouts and spots and lumpy boils three years previously. The itching of her neck, ankles and feet was more frequent than the spots and she felt they were connected but could not be sure.</p>
<b>Any Investigations</b>	<p>F.D. had not visited her GP for more than 2 years, when she had sought some help, but was offered antibiotics and a cream that really dried out her skin and so had not used it for more than a week. She also had taken one course of antibiotics but they did not make a difference, in that short time, and had given her thrush so she had not continued with this either.</p> <p>No other tests had been conducted and she had been very busy and put off seeing anyone about it, until now. The spots and the pain had also reduced her libido which was a further frustration.</p> <p>F.D. had stopped using the contraceptive pill 2 years previously, but this had not really changed these specific skin symptoms but she felt better off it, so had not re-commenced any other form of hormonal</p>

contraception.

F.D. had no digestive symptoms other than some bloating in the week before her periods (which were regular).

F.D. had been a lacto-vegetarian from the age of 15 until she was 30, but now ate fish and poultry and eggs. She did not avoid any specific food such as wheat or dairy, and consumed a relatively high amount of cow's products in the form of milk, yogurt and cheese. She was not aware that any food she was eating could contribute to her spots or itching, but she did want to resolve these annoying signs and symptoms and was unaware of how specific nutritional therapy could help.

## Strategy

There was no single obvious priority on which to focus in this case. Here are the considerations I made before making recommendations to F.D.

She did not appear to consume much refined sugar at all from the 3 day diet diary; sugar consumption is something I always check out with anyone with spots. On double-checking, she confirmed that she rarely ate any refined foods and no sweets and rarely ate chocolate.

It is true that F.D. could have had an intolerance to the cow's products she consumed, which could have occurred over time and therefore changed in time, producing the skin symptoms later in her life and not before. If this was a factor, then a 100% dairy free diet would be needed.

There also could have been a role for stress hormones leading to hormonal imbalances such as abnormal cortisol, insulin and an increased level of androgens and dihydrotestosterone causing or contributing to her spots / boils. The stress factor could also have been involved in a diminished SIgA & mucosal immunity leading to increased risk of food intolerance, and increased intestinal permeability. If this was relevant, then specific stress tolerance supplements could have helped, along with mucosal immune & gut lining support. Equally, support for hormonal metabolism would have been required.

The itching could have been related to an allergic response to washing powder / liquid, but F.D. had changed these from time to time and there was no difference; although this in itself did not prove there was no link since there could have been a common ingredient to which she was reacting, and this may also helped to have explained the itching ankles and feet. Whether or not this was a causative factor for the itching, or a contributory factor for F.D.'s spots, the use of a natural anti-histamine such as quercetin could have been useful to reduce the itching.

It is also possible for there to have been some sort of local skin dysbiosis

**Diet & Supplements: name and dose**

as opposed to a GI dysbiosis, or both (referred to as multi-focal dysbiosis) which could have occurred at random, or worsened due to the antibiotics she had taken for 2 weeks a few years before, or from contact with her children. The skin on her face looked like there could be a bacterial involvement of some kind, but this perspective was only from my clinical experience.

Lastly, there could have been a compromised hepatic detox process leading to the spots, and this could also explain the itching, but not the location of the itching.

With the whole case history known to me, and bearing in mind all of these factors, the decision I made was to approach this case as being caused by a dysbiosis, and I targeted this potential dysbiosis of her skin, and recommended a comprehensive stool analysis with parasitology. F.D. declined to do the test for a few reasons including financial, but mostly because she wanted to do something right now and not await a test which may or may not reveal what was causing her spots.

She referred to the mind map that re-presented her case to us both and said that she agreed that the most likely cause was imbalanced bacteria and that she would embark on the anti-microbial trial.

I advised F.D. that after the first phase of natural anti-microbials that, if there was no change in her skin, it may be necessary to exclude food groups, namely cow's products and possibly gluten for a trial period of elimination. The first phase was for 21 days before a review, at which time dietary changes were to be made if there was no improvement.

F.D. took the specific anti-microbial supplements and collagen powder for 21 days and then reported back to me by phone at a pre-arranged time.

She did also drink more water, and due to her prompted awareness, she ensured that she concentrated more on whole and fresh food.

First supplement programme for 21 days:

Product	Dose
<b>A.D.P. Oregano Extract (BRC)</b>	3 with each meal
<b>Caprin (BRC)</b>	2 with each meal
<b>Arthred Powder (ARG)</b>	1 scoop before breakfast & dinner

After 21 days we spoke and F.D. reported that her spots had not re-appeared, but the lumpy small boils on her jaw-line remained. The

itching had become worse and then lessened in the previous few days, but still remained.

She was not unhappy with the progress but still there was some way to go to achieve spot-free, pain-free and blemish-free skin.

As a result, we proceeded with the dairy free diet, and maintained the same supplements, plus an additional one to support healthy bile flow.

Product	Dose
<b>A.D.P. Oregano Extract (BRC)</b>	3 with each meal
<b>Caprin (BRC)</b>	2 with each meal
<b>Arthred Powder (ARG)</b>	1 scoop before breakfast & dinner
<b>Beta-TCP (BRC)</b>	2 with lunch & 2 with dinner

Five weeks later we met again for a second follow up after she had avoided all cow's products (& goat's and sheep's products). F.D.'s skin had improved further but was not yet clear. The itching, interestingly, was no better and possibly worse than it had been. Given the improvement and her motivation to have clear skin, she was prepared to take another step toward her goal.

To this end, I recommended a revised programme that maintained some anti-microbial activity but also introduced a probiotic (taken away from the oregano extract). She maintained her dairy-free diet.

Product	Dose
<b>A.D.P. Oregano Extract (BRC)</b>	2 with each meal
<b>Arthred Powder (ARG)</b>	1 scoop before breakfast & dinner
<b>Beta-TCP (BRC)</b>	2 with lunch & 2 with dinner
<b>Lactobacillus P,R,S (ARG)</b>	2 caps mid morning and later afternoon

We met for the fourth time after five weeks, and F.D. reported that her skin was improved again, but did still exhibit a rhythm, meaning it deteriorated and then it got better. The itching was still present.

I revisited the original mind map and then prepared another, with dairy products featuring more than they had along with dysbiosis.

I also reviewed F.D.'s current food intake – she brought in a revised 3 day diary to this appointment for me, as requested. She was sugar-free, dairy-free and ate a very sound diet. I admit that I was puzzled as to why the skin had not improved more, and why the itching was there. We considered dust mite intolerance and other contact allergens. We then considered other foods and explored which foods she had consumed more of whilst stopping the cheese & yogurt.

During this conversation about individual foods, F.D. declared that her mother had amplified arthritis when she ate potatoes, something that I was unaware at this stage. She admitted that she had not thought about this before either. F.D. had eaten more potato in the past few months, as she had reduced her wheat intake without any specific direction from me.

So, for the next period of four weeks, we agreed that F.D. would also avoid all potatoes in all forms. At the same time, F.D. took a reduced schedule of supplements.

Product	Dose
<b>A.D.P. Oregano Extract (BRC)</b>	2 with breakfast & dinner
<b>Beta-TCP (BRC)</b>	2 with lunch & 2 with dinner
<b>Lactobacillus P,R,S (ARG)</b>	2 caps with lunch

We met again after the month of potato-free existence and F.D.'s skin was blemish- and spot- and boil-free. It had cleared up completely after two weeks of potato-free eating. The itching was completely resolved, and this helped to confirm the relevance of potatoes and her under-the-skin spots and the itching.

We agreed that there were almost certainly a variety of contributing factors to her spots which included local, skin-borne dysbiosis, possibly a gut dysbiosis, a dairy intolerance of some kind, and an adverse reaction to potatoes – the perennial nightshade *Solanum tuberosum* L. It is known that there are a number of toxic compounds found in potatoes known as glycoalkaloids, of which the most prevalent are solanine and chaconine. Whether these were involved in worsening F.D.'s skin is unknown, however.

### **Supplement Information**

#### **[A.D.P. Oregano Extract \(BRC\)](#)**

This patented oregano extract is a very effective broad-spectrum anti-microbial. Its emulsified form enables it to reach tissues and cells that other oral anti-microbials are less effective at.

### **Caprin (BRC)**

Caprylic acid is a natural anti-fungal and anti-bacterial agent. 3 caps provide 1,200 mg of calcium & magnesium caprylate.

### **Arthred® Powder (ARG)**

A patented, pre-digested collagen powder that has been proven to reduce articular joint arthritic pains and reduce the need for pain medications. In addition, it has also been useful to heal the gut lining and support skin health. It is also very effective as an adjunctive healing support post injury of any kind.

### **Beta-TCP (BRC)**

This is a formula containing beet concentrate, pancreatic lipase, taurine and vitamin C. It is designed for promoting bile flow.

### **Lactobacillus Plantarum, Rhamnosus, Salivarius (ARG)**

Provides particularly hardy strains of lactobacilli that help to maintain a healthy intestinal probiotic balance. They support the structure and functional integrity of the epithelial lining in numerous ways & may boost immune response and support resistance. They can also produce vitamins, enzymes, and organic acids that support normal intestinal pH.

## **Duration**

F.D. followed the nutritional advice for four months, and her skin gradually improved and then recovered completely in the fourth month thanks to the discovery that potatoes were a contributory factor.

She maintains her dairy and potato free diet, which is not easy to abide by and quite challenging.

## **Outcome**

F.D.'s skin was completely better after five months on a change of diet and taking the specific supplements. We do not know what a dairy free and potato free diet alone would have achieved in the same time, however. It is not straightforward to confirm a localised dysbiotic state, but F.D. and I both believe that the emulsified and sustained release oregano extract had a vital role to play in resolving the skin issue.

Her itching ankles and feet were resolved when the potatoes were stopped.

Her energy and mood did improve when her skin got better, and when we discussed this, we could not determine if this was because her skin was better and she was emotionally feeling better or whether there might have been a biochemical component involved relating to the potato.

F.D.'s efforts were rewarded in time, and as she herself said, it is almost

unthinkable she would ever have stumbled across this particular 'cure'.

## Comments

After at least 4 hours of conversation in our consultations, focusing on her nutrition and other potential causative factors, we found that the humble potato was the last factor that played a definite role in this woman's spots.

We do not know if the potato was the prime causative factor at all, since there had been at least a 50% improvement before the potato free diet, but this case does represent a relatively unique way by which to uncover a culprit food. I believed that I had asked all the right questions at the first and second and third consultation.

I have no frame of reference that potatoes had any role to play in poor skin, or itchy skin come to that. It was only a spark of memory from the patient about her mother's arthritic trigger food that led us to a trial of a commonly eaten food, and one with a record of reactivity (i.e. a deadly nightshade).

However, the potato proved to be the final factor to achieve the desired outcome for this patient, after addressing a dysbiotic state (unproven), instigating a dairy free diet (we believe this was important), taking remedies to support the gut lining & skin health & to support bile flow, and then adding in a probiotic supplement too.

## Practitioner

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