Skin Deep

Bitchy itchies plagued Marlene Diaz, and a too-high type of white blood cell could have spelled allergies. But after self-care for other causes, she's no longer crawling out of her skin.

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This month, Frank Lipman, MD, a complementary-care physician with a large HIV practice in New York City, analyzes the elevated eosinophil reading and skin problems of this AIDS activist.

In general, Marlene's health has been quite good lately, with her HAART regimen helping to keep her CD4 count at 610 and her viral load undetectable. But two months ago, she started being plagued by very dry skin with scaly, itchy patches on her wrists, calves and scalp. The problem was making her miserable, and she only found relief at night after applying the mineral oil–based cream Eucerin (except on her scalp) and wearing flannel pajamas.

Shortly after her symptoms started, she had routine bloodwork done. Almost every reading was normal except for an elevated Eos measured at 11%, far outside the reference interval (normal range) of 0–7. Eos is short for eosinophils, a type of white blood cell involved in producing allergic reactions. One part of the immune-system disorder caused by HIV is the overactivation of certain immune cells, which produces a high rate of allergies to certain foods, drugs and other chemicals.

An elevated eosinophil percentage can have several possible causes. One to consider when itchy skin is present is eosinophilic folliculitis, a skin infection caused by the fungus Pityrosporum ovale. This can be diagnosed by a biopsy and has several effective pharmaceutical and herbal treatments, especially the prescription drug itraconazole (Sporanox).

Another common reason for an increased Eos is a parasitic infection. Chronic infestations of these nasties are often overlooked in HIV disease. Thus, even without the classic symptoms (abdominal pain, bloating and diarrhea), a stool test should be performed. Also, someone with severely itchy skin plus a rash, regardless of Eos levels, should probably be biopsied for scabies, a highly contagious infection caused by a mite.

All too often, physicians fail to explore possible underlying dietary and nutritional causes whose correction might eliminate the problem. An elevated Eos may be due to a food sensitivity (an abnormal reaction that often occurs long after eating) or allergy. Gluten sensitivity, in particular, is quite common among HIVers. If you have any chronic symptoms—whether skin problems like Marlene's or fatigue, pain, headaches, brain fog, sinusitis or digestive problems—a worthwhile

diagnostic test is stopping all gluten products (anything made of wheat, barley, rye or oats) or other foods you suspect may be culprits. If you do have a sensitivity, you'll usually feel better after two or three weeks without the offending foods. Blood tests are available through certain labs, but my experience is that the best diagnostic test is the elimination diet.

In Marlene's case, two months before her condition began, she became less careful about her diet, and stopped taking supplements regularly. A month after that, she quit essential fatty acids (EFAs). It's quite possible that Marlene was suffering from an EFA deficiency. This is very common in HIV positive folks—and many HIV negative as well—and produces symptoms similar to Marlene's, as well as dandruff, brittle nails, allergies, poor wound healing, frequent infections and sensitivity to pain. Unfortunately there is no accurate lab test to confirm an EFA deficiency. The cheapest and easiest remedy is taking one to two tablespoons or several capsules daily of flaxseed oil (preferably organic). It may take a few weeks to see results.

Another relevant detail: Marlene was assaulted and traumatized about a month before her symptoms started. This physical, psychological and emotional shock may well be a factor in her skin condition—a far from rare correlation. Her short-term counseling and ongoing psychotherapy are certainly helpful.

In my practice, I often find that many factors can cause symptoms and diseases. All need to be considered and, if present, addressed. But with skin conditions like Marlene's, many doctors simply prescribe corticosteroid cream and antihistamines—which can stop the itching—without addressing the underlying causes. That's like putting a Band-Aid over your car's oil light when it goes on.
After Marlene learned that a fatty-acid deficiency might be involved, she restarted EFAs (in the form of fish oil capsules). She also took some general health-boosting steps: resuming daily intake of many vitamins and minerals, and improving her diet to greatly reduce refined carbohydrates (white flour and sugar) and boost protein (fish and nuts). With these changes and continued use of Eucerin cream, she's become virtually symptom free. The lesson? Before rushing to take meds for a skin condition, you may want to consider addressing the possible underlying factors.

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