The Diet and Acne

To the Editor.—Rosenberg and Kirk's thoughtful article in the April Archives (1983;117:193-195) regarding the influence of diet on acne stirred a memory or two. My formative years were spent in the closing phase of paleodermatology. Medical training at that time treated sluggish bowel elimination as a causative mechanism in disease with hostility.

In a day when few effective medications were available for the treatment of acne, diet and other general measures were employed in addition to the contemporary topical use of sulfur and salicylic acid.

Stokes et al. set great store in the systemic aspects of treatment, with emphasis on management of the gastrointestinal (GI) tract.

I believe correction of constipation is a favorable influence on acne, an opinion admittedly anecdotal, circumstantial, empirical, and tinged with folklore. I recall several highly motivated patients with acne who had a rapid, indeed almost abrupt, clearing of their acne through correction of faulty bowel elimination by means of a daily serving of 30 g of an “all-bran” breakfast cereal.

It is possible that diet and correction of constipation had nothing to do with these favorable events, or that their effect was nonspecific and supportive, ie, the “presence of the therapist.” It could be argued that the constipation was the result of the faulty habits encountered so frequently in adolescence, and that readjustment in this area coincidently favorably influenced the acne process.

With the passage of time and the arrival of more certain methods of dealing with acne, the results of these experiences were deemphasized. Acne endures as a difficult and frustrating problem in many patients, despite the progress of treatment. Therefore, it would seem appropriate to investigate the relationship of bowel function and the effect of a high-fiber diet in the management of acne.

Such studies would perforce involve a large number of patients appropriate to the investigation of a disorder that is almost universal, and would, as a beginning, include measurements of bowel-transit time, as well as the evaluation of the number and consistency of stools. Not in the least of the difficulties in such a study would be the difference with which adolescents greet questioning on the subject.

Is a diet low in fat, salt, and refined carbohydrates, and high in vegetable fiber, and relief of constipation of any value in the management of acne?

The newer knowledge of GI physiology, the broad views of Burkitt and others, together with the closer dermatologic scrutiny of Rosenberg and Kirk, suggest that a carefully contrived study of diet in acne might be worthwhile.

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The Leech: Of Dermatologic Interest?

To the Editor.—A patient visiting the office of a dermatologist unknowingly deposited an unusual object on the floor. Examination of this most unexpected object disclosed that it was a leech. The patient had no complaint referable to it and was apparently unaware of its presence. No bleeding point had been noticed.

Inquiry of various colleagues indicated little experience or even knowledge of leeches. A review of the literature disclosed the following short statement taken from an article by Heldt: “The fresh water leeches which occupy a small but important niche in the history of therapeutics are also of interest to the dermatologist.” Nothing was found in the dermatologic literature.

There is voluminous material available on this subject in nonmedical sources, in journals of biology, zoology, and even biochemistry. The leech is a species of worm, an annelid (Annelida Hirudinea). Used for therapeutic purposes, it has also been called Hirudo medicinalis. It is further described as an aquatic annelid—phylum—Annelida, class—Hirudinea. It is segmented and possesses sucking parts both anteriorly and posteriorly, which may attach at both