

SEBORRHEIC DERMATITIS

THE OWNERS MANUAL

1ST EDITION

An extensive look at the latest research on seborrheic dermatitis and suggestions for long term treatment.

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CHAPTER

1

Introduction

Why this book was written

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Why This Book Was Written

In my early twenties I started to have strange issues with the skin on my face. And it seems to have all started from a small spot on the right of my nose. However, within several months this single small spot spread to a significant part of my face and ears.

Countless doctor and dermatologist visits later I came to learn that I had what is called seborrheic dermatitis. They informed me that it is a chronic lifelong condition and there is not much that can be done about it.

Some doctors prescribed anti-fungals, while others anti-biotic steroid creams. For me this was unsatisfactory. First of all, these creams did not produce long-lasting results and secondly they did not fit well into my natural life style.

Plus, even when using the creams, the skin was inflamed, flaking, and looked relatively unhealthy. This was no way to go into my twenties.

At that point, I knew I had to take matters into my own hands. So it began, a quest to find the solution to my seborrheic dermatitis problems.

This book will look at my experience and provide you with all the information I have obtained to date. It is my hope that the knowledge contained within this book can help you overcome your skin condition and live life to your fullest potential.

Some Issues Encountered In My Journey

During my research endeavors, a significant amount of time was spent searching for a natural cure. My mind was set on finding the magical pill or dietary adjustment that will return my skin to normal. I wanted to

show those doctors (and dermatologists) who wouldn't listen that I was smarter and that nature was smarter.

This approach was one of the most stressful and unsuccessful experiences in my life. The internet is full of horrible information, scams, unproven claims and snake-oil salesmen. Putting critical thinking to the side, I continued along this path. I was like a drug addict searching for his fix.

The biggest issue seems to be that when you have a skin condition on your face, you become extremely eager to fix it. This eagerness can easily be taken advantage off. Particularly online, where anyone can be anyone.

After trying hundreds of different approaches and spending thousands of dollars on supplements, creams, and soaps my seborrheic dermatitis remained. Well actually, it didn't just remain. It seemed to have gotten worse at that point.

The Turning Point

At this point I was broken. Feeling betrayed by both the medical community and the internet that I had come to trust, I went inwards. It was definitely one of the lowest point in my life.

However, this was a critical turning point. It really was a point of no return. I made myself a promise to stop searching through Google and this was the most beneficial point of my recovery.

Being free from new information it seemed the information I had obtained to that point had a chance to settle in and organize itself in my brain. Things started to become much clearer, and seborrheic dermatitis finally started to make sense.

At the writing of this book I've been sharing my experience through

a website and have helped hundreds of people in their fight against seborrheic dermatitis. This book aims to be a simple and easy-to-read guide for anyone faced with seborrheic dermatitis in their life.

Who This Book Is For

This book is aimed mainly at adults who have encountered issues with seborrheic dermatitis. Some of these principles and ideas may apply to children as well, but everything discussed is based on my own experience with adult seborrheic dermatitis.

Sources of Information

The only real resource of information I had during my search was the internet and access to academic journals through my university. Dermatologist and doctor visits were often quite void of information.

The majority of this book will focus on academic literature and scholarly research papers, due to lack of positive results from information found through forums and blogs.

A Little About Me

I'm not a doctor or any sort of health care practitioner. I'm simply a person who has suffered with seborrheic dermatitis for several years and has decided to provide my knowledge to others who may be going down the same path.

I am actually a fourth year finance student and this is how I was able to obtain much of the medical literature described in this book.

My overall health has been good throughout and I've never really experienced skin problems prior to SD. Even going through puberty, I was able to avoid teenage acne. So, when seborrheic dermatitis entered

my life I was truly blown away by the psychological depression that came along with it.

My experience with seborrheic dermatitis lasted roughly 3 years. The main affected areas were my face, scalp and ears. Luckily I did not have issues with any other parts of my body.

Disclaimer

Since I am not a medical professional none of the information in this book should be used as medical advice. You should always consult with your doctor before attempting any medical treatments, diets, or supplements.

This book is simply me sharing my own understanding of seborrheic dermatitis. Any recommendations made are simply speculative and are based on my own personal experiences and research. I do, however, hope that the quality of this work will rise above the various blogs and forums online that did little/next to nothing to help me.

CHAPTER

2

Seborrheic Dermatitis

An overview of the skin condition and potential treatments

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How is seborrheic dermatitis defined and how does it differ from similar conditions? This chapter will also go over how it relates to eczema and rosacea.

How to Tell If You Have Seborrheic Dermatitis

So how do you know you have seborrheic dermatitis and not something else? Well, the easiest way to tell is if you have a combination of the following symptoms:

- Dryness
- Patches of greasy skin covered with skin flakes
- Patches of white or yellow scales
- Redness and irritation
- Itching, burning and crawling sensation of the skin

On the scalp, it is most commonly referred to simply as dandruff. On the face, however, it almost always goes by the name of seborrheic dermatitis. Essentially, they are the same thing.

When the seborrheic dermatitis occurs elsewhere than the scalp, it also looks visually similar to eczema. These two conditions are quite similar in nature, and the biggest difference appears to be the greasiness and scaling that accompanies seborrheic dermatitis. Eczema typically has dryer crusting and less flaking.

Most Commonly Affected Areas

The most common areas for seborrheic dermatitis are the scalp, nasal folds, ears and other hair-bearing areas of the face.

For the most part, people believe that this is due to these areas having the most sebaceous activity (sweat and oil production).

Treating seborrheic dermatitis on the scalp (dandruff) is the most straight-forward and widely available dandruff shampoos can quickly produce good results. However, treating seborrheic dermatitis on the face can often pose a variety of difficulties due to the sensitive nature of the facial skin.

Why Does It Occur In These Areas

The most common explanation is that seborrheic dermatitis occurs in these areas because of the heightened sebaceous activity mentioned above. However, I believe it is not as straightforward as that.

Specifically, there is one study that used thermal imagery to examine other possible factors affecting the location of seborrheic dermatitis. This study concluded that seborrheic dermatitis most commonly affected the warmer areas of the facial skin ([source](#)).

This heightened facial temperature is likely responsible for attracting a greater amount of the bacteria present on the skin surface. As more bacteria accumulate in these warmer patches of skin, the seborrheic dermatitis can become triggered.

Prior to seeing the thermal images of the face, I had a hard time understanding why my seborrheic dermatitis often took the butterfly pattern. However, after seeing the images ([source](#)), everything made much more sense. Additionally, you can specifically see that the nasal folds and the inside of the eye sockets appear to be the warmest, and these are areas where people seem to have most difficulty.

What the Doctor Will Likely Tell You

Typically, most doctors will tell you that it is a lifelong condition influenced by genetics. They will also tell you that the best way to treat it is proper management.

When they refer to managing the seborrheic dermatitis, they typically imply one of three things: an anti-fungal solution, an antibiotic solution (if they are less familiar with seborrheic dermatitis), or a corticosteroid. These are all typically prescribed for a period of two weeks. But if the seborrheic dermatitis returns, then treatment is usually recommended on a long term basis.

Additionally, from my personal experience and from communication with others on the website, it appears that most medical professionals provide patients with very little information on seborrheic dermatitis. Plus, it seems that the recommended solution that the doctor will usually recommend depends on their own knowledge of the condition. The more up-to-date doctors seem to prescribe anti-fungals, while the less up-to-date simply go with a broad-spectrum antibiotic and corticosteroid cream.

What Holistic Practitioners Will Tell You

The actual meaning of the word holistic health is defined as the “treatment of the whole person, and not just the issue”. In-line with this definition, the holistic practitioners don’t really focus on any specific answer to seborrheic dermatitis. Instead, they take a shotgun approach and list all the possible methods in which they know you can improve your health.

Most of the items on their list can typically overlap with practically every other health condition they treat. The most common items they focus on include:

- Avoid chlorine and fluoride in your water
- Buying local foods
- Reducing sodium intake
- Switching to natural products
- Eating whole, raw organic foods
- Cut sugar and simple carbohydrates
- Cut gluten all together (recent trend)
- Drink lots of water
- Get tested for “food intolerances”
- Avoid inflammatory foods
- Fix your Omega fat ratio
- Supplement with probiotics and enzymes

So, there you have it, the very core of all holistic advice. Additional items are further added to this list depending on the specific condition the patient describes. A great example of this open ended holistic “cure” for seborrheic dermatitis can be found at TrustNature.com.

For seborrheic dermatitis, the things that are mentioned most often are Apple Cider Vinegar, Coconut Oil, Sea Salt and Tea Tree Oil. However,

you don't really need to be a professional to find out about these. The internet is full of success stories on each, and they are even discussed in detail on [my website](#).

Overall, though, the most common holistic understanding of seborrheic dermatitis seems to be that you have inflammation and immune issues inside your body, and in order to control these issues you must bring your body back to pristine health. The way to do this is with a myriad of healthy supplements you should buy and a large makeover of your diet according to current beliefs on what you should be eating.

Generally, genetics are never mentioned in the holistic approach. Hereditary and cultural differences are also rarely considered. The basic belief is that everyone should have equally good health if they follow all the known recommendations; I believe this is a crucial shortcoming of the holistic approach.

The Issue with Holistic Health Practitioners and Naturopaths

The biggest issue with naturopaths, natural nutrition specialists, and many other holistic health care services is their unregulated nature. Most of these practitioners operate small practices based on information they simply learned on-line or through word of mouth.

For example, the International Organization of Nutritional Consultants (IONC), with around 1,000 members, is operated out of a PO Box address in Ontario, Canada. If you're interested in taking a look, here is the address: 115 George St. in Oakville, Ontario.

To start your own practice, you can simply take a few courses, learn a bit about opening a business and find a few clients. That's it. No degree or work experience required. And this is exactly what creates the problem. Due to low barrier to entry, many uneducated and unethical individuals have an opportunity to earn a living.

Now, I'm not trying to say that natural health care practitioners are all evil. I'm simply stating that the industry is mainly unregulated, and the knowledge and ethical standards of each practitioner can vary greatly.

As a result even though natural health care practitioners can have fairly good general health advice, it can become problematic when actual health conditions require treatment like seborrheic dermatitis, as the practitioners simply do not have enough technical knowledge and experience.

Without research, anyone is able to claim anything really. The nutritional market and industry is full of unethical business practices, and a majority of the supplements are unregulated. This brings up many issues in one's journey in trying to sort the truth from the sales material.

How the Natural Health Industry Works/Thrives

Not too long ago (about a century and a half) "snake oil" salesmen went around the United States selling vast amounts of fake medical cures and potions. Fast forward to modern day and you will see many of the same characteristic in the natural health and wellness market.

In the United States and Canada, the nutritional supplements and holistic medicine market is currently unregulated. To get a product onto the market requires no actual testing, no safety control, no ethical standards and just a bit of good marketing. Anyone can practically sell anything.

This, in turn, creates a flooded market, and the vast amount of different products creates big issues for external quality control regulation. When supplements are actually examined by external parties, many quality issues can emerge ([source](#)).

[Interesting interactive infographic.](#)

With the introduction of the internet, things have only gotten easier for unethical companies. Now they have direct access to millions of consumers and can practically get away with saying anything. This creates the perfect environment for advertising based on false information, fake testimonials and a myriad of other tricks that can be used against the common consumer.

The value of the USA supplements industry alone is currently estimated at upwards of \$21 billion per year. In addition to this, there is a vast amount of holistic health care services, which for the most part involve uninsured out-of-pocket payments. However, the pharmaceutical industry still dwarfs this number with an estimated value of \$300 billion per year. Regardless of size, both industries rely on profiting from people's health.

Gluten and Candida

In recent years there has been two fairly large movements in the holistic and natural health care markets. One of these is a fight against gluten and the other is a widespread belief that Candida is responsible for practically all health conditions.

Gluten is Bad

The gluten free trend really picked up speed in 2007. Since then, the market for gluten free products has grown rapidly, and now it is estimated that a whopping 22% of North American adults are trying to avoid gluten. This creates an industry that is valued at a whopping \$8.8 billion for consumers trying to replace their product choices ([source](#)).

That is quite a large industry that really came out of nothing ([source](#)). So, how is it that prior to 2007, and really for the past 10,000 years, the human race has been relying on wheat to feed the majority of the world's population? Can gluten have really been causing health issues for almost 25% of the world population all this time?

The most popular health issues that have been attributed to gluten cover a wide range of topics. This includes brain fog, skin rashes, headaches, joint pain, gas, systemic inflammation, depression, and IBS. Even though most of these can actually be related to gluten, others are so broad in scope that it becomes essentially impossible to actually come to a conclusion.

Seborrheic dermatitis can also often be found under this large umbrella of gluten intolerance symptoms. Typically, people make bold claims that gluten is the cause of your seborrheic dermatitis and the accompanying sadness/depression. However, even simple logic may suggest your depression and sadness can simply be a result of having a visible skin condition which negatively affects your social interactions. Or perhaps life's infinite amount of unique circumstances has been causing you depression and stress, which alone is enough to trigger inflammation within the body. Realistically though, a case can be made for just about anything you can think of.

One large aspect of going gluten free that is not often considered is pastries. Typically when you go gluten free you also get rid of a significant amount of high-fat and high sugar products. As a result, this shift in dietary choices alone can lead to clear improvements in health for a large amount of people. In turn, this helps drive awareness to the trend, and more people rush to test it out.

Candida Does It All

Another trending item is Candida. Candida is species of yeast and is actually one of the most common fungal infections worldwide. It is actually a real threat, and the widespread use of antibiotics has in fact promoted its growth in the last century.

However, it seems that the holistic and natural health market has really capitalized on it's existence. It has been touted as the cause of a wide variety of symptoms including everything from feeling tired to arthritis.

In fact the list is so large that basically any ailment you might have, you can simply blame on Candida.

Taking advantage of this trend, many support sources and self-treatment discussion boards have popped up across the web. Even though these discussion boards can sometimes contain valuable information, it can be easy to get carried away with uneducated speculation. In turn, this speculation can create a myriad of distraught thoughts, discussions, ideas, and can in-itself lead to self-propelled phobias ([source](#)).

It seems that the most reasonable thing to do if you believe you have a Candida infection is to simply undergo medical testing. The accuracy of modern medical testing is fairly good and definitely beats the dominating “self-test” published across the web.

The Candida Self-Test Debunked

The most popular method self-test for Candida is a simple spit test that is exceptionally popular online. This method has absolutely no validity and was actually created as a marketing tool by a creative company (Global Health Trax Inc) in the 90s. Unsurprisingly, the company’s main product is ThreeLac, a simple probiotic product for regulating digestive microflora and fighting Candida.

The Best Way to Approach Holistic Treatments

In the end, it seems that the holistic approach can at least be partially beneficial to SD sufferers. The biggest takeaways are in areas of proper nutrition, hydration, and exercise recommendations. However, this knowledge is becoming fairly widespread and many cultures deeply integrate them into tradition anyways.

If you are planning to take the holistic approach to treatment, please be aware of the potential “snake oil” salesmen out there. And since a skin

condition can be so visible, the urgency to fix it can open us up to easy manipulation. I've fallen in this trap myself, and the power of urgency and confusion surrounding SD can really make it hard to resist the potential appeal of a quick fix. So, prior to heading down this path you should at the very least make yourself familiar with the [basics of critical thinking](#).

Summary of Medical Literature

Seborrheic dermatitis affects 1% to 3% of the healthy adult population. While males seem to be more prone than females, age related factors appear to have greater significance. Most commonly, seborrheic dermatitis is observed in infants within the first 3 months of life, in adolescents and another spike in patients over 50 years old. Regardless of age, seborrheic dermatitis has finally been gaining recognition as a condition which has a substantial negative effect on an individual's quality of life.

This section will summarize the most up-to-date medical research regarding what seborrheic dermatitis is and many of the factors that may be responsible for its occurrence. However, it can be difficult to ensure every single piece of medical literature has been reviewed, especially as new research is published, so this section will likely get frequent updates in the future.

Classification and Underlying Cause

Despite the frequency of seborrheic dermatitis, there is still much controversy in the medical community regarding both its classification and pathogenesis. Some classify it as a cutaneous disease, others as a fungal disease, while others simply classify it as an inflammatory disease. However, the controversy and confusion regarding the cause of the disease is even more riddled. Some areas which have been implicated and theorized include:

Hormones

Even though there are no studies which have been able to make a direct connection between hormones and seborrheic dermatitis, there does seem to be a connection between sebaceous gland activity and presence of the disease. For example, except for infantile seborrheic

dermatitis, it is rare before puberty and most commonly occurs during the stages of life when the sebaceous glands are most active. This includes, adolescence (10-19 years) and young adulthood (18-35). And these changes in sebaceous gland activity are typically the result of hormonal changes in the body. In addition to this, since the disease is more common in men than in women, some researchers hypothesize that the influence of androgens on the pilosebaceous unit may play a significant role in the progression of seborrheic dermatitis. However, this approach does not appear to fully explain why the hormonally triggered sebaceous gland activity results in the progression specifically of seborrheic dermatitis.

Fungal Infection by Malassezia

This theory was first established by Louis-Charles Malassezia in 1864 and implies that specific lipophilic (feeds on lipids) yeasts are responsible for the progression of seborrheic dermatitis and various other skin conditions. These yeasts are categorized as Malassezia and are actually found on the normal skin of 75-98% of the healthy adult population. However, since seborrheic dermatitis most commonly occurs on lipid rich areas of the skin (face, scalp, and trunk), it responds especially well to antifungal treatment. Recolonization by malassezia leads to disease recurrence, and scientists have indicated Malassezia as the main culprit behind seborrheic dermatitis.

Regardless of these facts, scientist have struggled to observe the specific method in which Malassezia causes seborrheic dermatitis. When examined under the microscope, no observation of the yeast morphing into its pathogenic (spore forming) phase has been observed (which is the case with other disease in which malassezia has been directly implicated as the cause (pityriasis versicolor)). No clear differences has been observed between the amount of malassezia residing on the skin of healthy subjects and those suffering with seborrheic dermatitis. However, lesion specific yeast density has been observed, indicating some sort of relationship does exist, but it becomes difficult to

understand if the yeast density is the result of seborrheic dermatitis or seborrheic dermatitis is the result of yeast density.

When scientists tried to identify differences between the presence of specific malassezia strains, lots of overlapping evidence surfaced. Some studies have shown that various strains seem to dominate seborrheic dermatitis affected individuals, while other studies demonstrated contradictory evidence. However, an increased number of *Malassezia furfur* was noted in seborrheic dermatitis individuals. This, along with the simple fact that when individuals successfully treated with nystatin relapsed after being introduced to a nystatin resistant strain, appears to demonstrate that a definite connection exists and that specific strains may be responsible for the progression of seborrheic dermatitis.

Exaggerated Response to Malassezia

Research in this area is one of the most contradictory. While some researchers demonstrate that seborrheic dermatitis is not due an altered immune response to the malassezia ([source](#)), others attempt to demonstrate that it is.

Research Showing No Altered Immune Response

Research which demonstrated that there is no difference in immune response, did so by introducing the *Malassezia* (*malassezia furfur* specifically) to the skin of individuals with and without seborrheic dermatitis. And the specific research paper discussed was sponsored by Unilever (the makers of Head and Shoulders). After the introduction, the skin was closely monitored and the response was analyzed. In the end, researchers could not find any significant differences in the antibody response between healthy individuals and those affected with seborrheic dermatitis. However, they did note that individuals with seborrheic dermatitis demonstrated characteristics of the adaptive immune system being triggered in seborrheic dermatitis sufferers versus the innate immune system in healthy controls.

Research Showing A Significant Connection

The contradicting research mainly examines the connection between the various associated factors of malassezia and the resulting immune response. These factors include the oleic acid ([source](#)) that malassezia leaves behind and a wide variety of other compounds specific to malassezia strains specifically isolated from seborrheic dermatitis affected skin ([source](#)). Unfortunately, these studies are far too complicated to summarize here, but overall, they demonstrate that there are marked differences in the immune response of seborrheic dermatitis affected individuals.

A major part of this exaggerated immune response seems to stem from a disrupted skin barrier. High concentrations of *Malassezia furfur*, even in its non-pathogenic form, have been shown to reduce the protective barrier of the skin and affect the skin's innate control of inflammation ([source](#)). While at the same time, the *Malassezia* produces the potential irritants discussed above. Thus, researchers hypothesize that the level of an individual's susceptibility to the combination of barrier disruption and irritation determines the specific outcome. Less susceptible people experiencing no symptoms, while the more susceptible undergo significant changes in skin barrier function, inflammation, and specifically experience what is considered seborrheic dermatitis.

In addition to this, when DNA analysis was performed on the lesion skin of 15 sufferers, researchers observed significant differences compared to healthy skin. Most significant of these differences was a marked increase in inflammatory gene expression and suppressed lipid metabolism gene expression (in lesion skin). More specifically, the gene-encoding differences related to lipid biosynthesis (creation of fatty acids) was reduced by nearly 50%.

When all of this is viewed together, it becomes apparent that there are clearly significant differences between healthy and seborrheic dermatitis affected individuals. However, the differences are not as clear

cut as one would hope; instead it's an interrelation of a large variety of factors that scientists are still trying to grasp.

Abnormally High Rate of Cell Division

This theory suggests that seborrheic dermatitis and the accompanying yeast activity is only a secondary feature of seborrheic dermatitis which occurs due to an increased rate of cell turnover rate and skin inflammation (source, source). Specifically, it was suggested that the increased yeast colonization is a result of excess of dead skin (scales) which directly provides additional surface area and nutrients needed for survival. The evidence used for this argument was that even the malassezia was suppressed with anti-fungal treatment, and no effect on dandruff resolution was observed in the subjects studied.

One of the biggest issues with this theory is that most of these findings/discussions were published more than 30 years ago. Since this time, both research methods and antifungal solutions have significantly advanced. There does not appear to be any recent research which has further supported this theory.

Underlying Immune System Issues

The theory of underlying immune system issues is quite difficult to fully grasp, due to its broad reach and the complicated relationship of immune system function to seborrheic dermatitis. The origins of this theory stem from the fact that seborrheic dermatitis is significantly more common in immunosuppressed individuals than in the common population. In fact, the difference is quite staggering, with 34% (source) to 83% (source) of immunosuppressed individuals being affected by seborrheic dermatitis compared to with only an estimated 3% of the general population.

For the most part, this has been attributed to weakened cellular immunity, which is one of the main defences against viral and

fungal infections. But, this connection also indicates that, once again seborrheic dermatitis does have a significant fungal and/or viral component and the state of the immune system plays a large role in its progression and development. But, seborrheic dermatitis is not the only disease that has been correlated with immunosuppressed individuals, and various other diseases are also frequent. This list includes oral candidiasis, hairy leukoplakia, pruritic papular eruption and herpes simplex. The progression of which has been shown to have a direct relationship to the T-helper cell counts of the specific individual.

In the end though, it is still unclear how seborrheic dermatitis progresses in an individual with an overall competent immune system. Does the malassezia yeast degrade the cellular immunity of the skin allowing it to colonize and disrupt barrier function or is the malassezia secondary to immune system malfunction? This is a question that has yet to be answered, but overall, it appears that an intimate relationship exists and it is yet to be fully understood.

Summary of the Medical View

The most common explanation for seborrheic dermatitis seems to be related to the skin's reaction to malassezia yeasts. In general, this is the current theory which is taught in medical textbooks and is at the foundation of the approach that dermatologists take when prescribing treatments.

Seborrheic dermatitis affects 1% to 3% of healthy adults (with proper immune function). Overall, it appears to be more common in men than in women ([source](#)). This has been attributed to the role of hormones and resulting spikes in sebum production.

In general, however, the medical community concludes that the actual cause of seborrheic dermatitis remains unclear. Yet, it seems that family history is often mentioned.

Who Funds the Majority of Popular Research Studies

Many of the research studies appear to be funded by companies that produce antifungal treatments (particularly those studies which compare the effectiveness of various antifungal preparations for treatment).

The issue here is that these companies have specifically chosen to dedicate their time and efforts on proving various antifungal preparations instead of focusing on solving the initial cause. As the focus becomes too narrow, it becomes hard to make any conclusions. It's like comparing tire patch kits without looking at why the tire may be flat in the first place.

More specifically, much of the research on the malassezia yeast has focused on ways to minimize its population. However, there are studies which clearly show that individuals with healthy skin can have similar amounts of malassezia yeast on their skin as those experiencing issues ([source](#)). But, there does appear to be differences in distribution of these yeast on the skin ([source](#)). So perhaps it would be more beneficial for research to focus on the biological differences in the skin's composition instead of just the yeast.

Hard to Come to Conclusions Due to Large Amounts of Inconclusive Studies

The biggest issue I have faced when looking at medical research is the sheer amount of inconclusive research. This is especially true when attempting to pin-point the underlying cause of seborrheic dermatitis.

There are studies out there which try to link it to a vast amount of different things. For example Vitamin E ([source](#)), essential fatty acids, vitamins A, E and D, vitamins B1, B2, B6, niacin and biotin, vitamin

C selenium, zinc, iron ([source](#)), immunodeficiency syndrome ([source](#)), malassezia yeast, candida and many others.

Many of these studies simply end with the conclusion that further research is needed. Even when it comes to the malassezia yeast (which is the most documented reason behind SD), many studies indicate that healthy subjects can also show similar levels of this yeast on their skin ([source](#)).

Related Conditions You Should Be Aware Of

There are several conditions that appear to often bundle together with seborrheic dermatitis. This includes atopic dermatitis, rosacea, and psoriasis. Some of these conditions have overlapping symptoms and this can make self-treatment fairly confusing.

Atopic Dermatitis

Atopic dermatitis is a fairly broad issue. Typically, the term may be used to cover all general inflammation of the skin. The literal definition of atopic dermatitis is “skin inflammation”.

Typically, atopic dermatitis occurs from contact with allergens or irritants, and this is specifically called contact dermatitis. In the majority of individuals, it is rarely an ongoing condition and usually goes away after a short period of time. Ongoing cases tend to be due to continued contact with the allergen or irritant causing it or various other factors (genetics, nutritional deficiencies, etc.). But going into too much depth on atopic dermatitis is outside the scope of this book due to the extremely broad nature of the term.

Rosacea

A condition often seen in conjunction with seborrheic dermatitis is rosacea. This skin condition is characterized by:

- Facial redness (typically same butterfly areas as SD)
- Swollen red bumps on the skin (similar to acne)
- Eye issues (dryness, irritation)
- Flashes of heat (tingling and heat sensations of the skin)
- Red nose

Similar to seborrheic dermatitis, rosacea also has a tendency to spread and progress. Most medical professionals will aim at achieving initial clearance followed by continuous management if issues persist.

The condition seems to be genetic and family history has been indicated in a large variety of cases. However, statistically the condition seems to affect women more than men.

Psoriasis

This skin condition is extremely similar to seborrheic dermatitis. At its core, it involves hyper production of skin cells and their accumulation on the top layer in the form of dead skin. Many of the same symptoms as SD are presents:

- Red patches of skin and inflammation
- Silvery scales
- Dry and cracked skin
- Itching, burning, and tingling sensations

However, it can also include a myriad of other issues (swollen joints, nail problems and many more). Overall, psoriasis appears to be significantly more aggressive than seborrheic dermatitis.

This skin condition does not currently have a cure and typically on-going treatment is used for management. Many of the same treatments as SD are used.

Latest Research from Related Atopic Conditions Could Be Helpful

Recent advances in genome sequencing and microbiology have been shedding new light on eczema and atopic dermatitis. The most interesting of this research has been in the area of filaggrin and a

genetic mutation which occurs in some individuals ([source](#)). This mutation has been shown to increase the chance of a variety of skin and allergic disease ([source](#)).

Perhaps, seborrheic dermatitis is closely related to this gene mutation as well, and there simply has not been any research specifically on its relation yet.

The future of DNA sequencing is likely to hold many answers to seborrheic dermatitis. And hopefully, much of this research will be published in the near future.

Common Treatment Approaches

Similar to the complexity and amount of proposed causes of seborrheic dermatitis, the amount of proposed treatment approaches is just as varied. First, several common medical treatments are briefly discussed, along with potential treatment approaches which are quickly coming to light. And secondly holistic and more natural treatment approaches are also discussed and evaluated. Hopefully, by providing the reader with enough information of each approach, one will be able to make a more informed decision when it comes to treatment of their own issues.

The Most Common Medical Treatments

This section will examine the most common medical treatments used by medical health care professionals and specifically dermatologists for the treatment of seborrheic dermatitis.

Antifungals

The main focus of all anti-fungal products is to inhibit fungi on the skin's surface. Many of these target a fairly broad spectrum of fungus and yeast.

Most common prescriptions come from the azole family. However, other popular options are selenium sulfide, zinc pyrithione, and nystatin.

This is the most common treatment as defined in recent medical and dermatological text-books. However, recent advances in the understanding of skin biology question their effectiveness ([source](#)).