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Fluorides have been a cause of acne. Acne "caused" by iodine may represent a detox of fluoride and/or other toxic agents.

mentions use of skin radiation for acne!

does niacinamide bind iodine?

NICOTINIC ACID AS AN AGENT FOR COUNTERACTING IODIDE AGGRAVATION IN ACNE VULGARIS

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It is common knowledge among those treating skin diseases that iodides and bromides in some persons produce acneform eruptions, and in some instances, aggravate preexisting lesions of acne vulgaris. These observations are so commonplace that most dermatologists routinely advise acne patients to avoid iodides and bromides in all forms, such as iodized table salt, medications containing iodides and bromides, etc. There is no evidence to indicate that halogens other than iodides and bromides exert such an influence over acne. Epstein¹ found no difference in the rate of improvement of patients suffering with acne between those who took prescribed fluoride tablets and those who did not.

Feinblatt and Ferguson² showed that the concomitant administration of nicotinamide (niacinamide) as the hydrobromide salt, could not only prevent bromism but could promptly cause regression of bromism symptoms; and that nicotinamide prevented the development of side-effects while the serum levels of bromine remained high. By analogy, the possibility was considered as to whether or not

nicotinic acid might not neutralize or counteract the aggravating factors of iodides ingested by patients with acne vulgaris.

CLINICAL MATERIAL AND RESULTS

Nineteen patients with acne vulgaris who had not responded satisfactorily to conventional acne therapy were selected. In addition to a dietary regimen which included avoidance of iodized table salt, sea foods, and medications containing iodides and bromides, they were treated with vitamin A by mouth, frequent washings of the skin, sulfur preparations locally, attention to the seborrhea of the scalp, and periodic extraction of comedones and drainage of pustules. These patients all had either received or were receiving a conventional course of superficial roentgen therapy. The ages ranged from 14 to 27 years.

Each of the 19 patients received 25 mg. of nicotinic acid by mouth immediately before each meal. They were instructed to continue to avoid iodides and bromides and to continue with their previous treatment regimen.

Of the 19 patients taking nicotinic acid, 10 showed definite improvement within 4 to 14 days

after the nicotinic acid therapy had been instituted. Among the 10 patients considered benefited by nicotinic acid, the drug was through neglect temporarily discontinued on several occasions. In every instance there was an exacerbation of the eruption which persisted until the nicotinic acid was resumed, after which there was marked improvement within two weeks. It should be remembered, however, that exacerbation of the acne lesions always resulted in better patient cooperation in every respect; this may have accounted for some of the improvement noted at such times.

In one patient there was a severe exacerbation following a watermelon feast during the time when she was endeavoring to avoid iodides and bromides but was not taking nicotinic acid. Later she learned that the melon had been heavily sprinkled with iodized table salt. In another patient there were two periods of marked exacerbation following a heavy sea-food meal. She was not taking nicotinic acid when these exacerbations occurred. Both patients showed marked improvement soon after starting nicotinic acid, and the improvement was maintained as long as the drug was taken, but in neither case was it maintained after the drug was discontinued, although honest efforts were continued to avoid iodides and bromides.

These two cases are examples of patients who ingest enough iodides in their food, even though endeavoring to avoid foods with relatively high iodide content, to keep the acne in a state of aggravation. The intensification in these patients was well controlled by taking nicotinic acid regularly.

SUMMARY AND CONCLUSIONS

Although it is difficult to demonstrate by a detailed analysis of every individual case studied, 10 of 19 patients with acne vulgaris who had not

improved satisfactorily after having followed a conventional acne therapeutic regimen, which included superficial x-ray therapy, showed clinical improvement with frequent and regular dosages of nicotinic acid by mouth. Two of these patients had shown exacerbations of the acne eruption associated with high iodide intake prior to the institution of nicotinic acid therapy.

Since nicotinic acid appears to prevent and cause the regression of bromism, it may, as a corollary, by counteracting the aggravating effects of iodides and bromides, be of benefit to those patients with acne vulgaris who are intolerant to halides. It appears to be definitely established that some patients get enough iodides in their food to aggravate acne vulgaris even though making honest attempts towards avoidance.

ADDENDUM

Since this paper was submitted for publication there has appeared in the literature a report of 59 patients with symptoms from arteriosclerosis treated with niacinamide hydroiodide without the development of iodism in any instance. (Feinblatt, T. M.; Feinblatt, H. M., and Ferguson, E. A., Jr.: Treatment of Arteriosclerosis and Vague Abdominal Distress With Niacinamide Hydroiodide [Without Side-Effects], *Am. J. Digest. Dis.* **22**:5 [Jan.] 1955.)

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1. Epstein, E.: Effect of Fluorides in Acne Vulgaris, *Stanford M. Bull.* **9**:243 (Nov.) 1951.
2. Feinblatt, T. M., and Ferguson, E. A., Jr.: Sedation Without Side-Effects by Use of Niacin Hydrobromide, *New York J. Med.* **52**:2017 (Aug. 15) 1952.