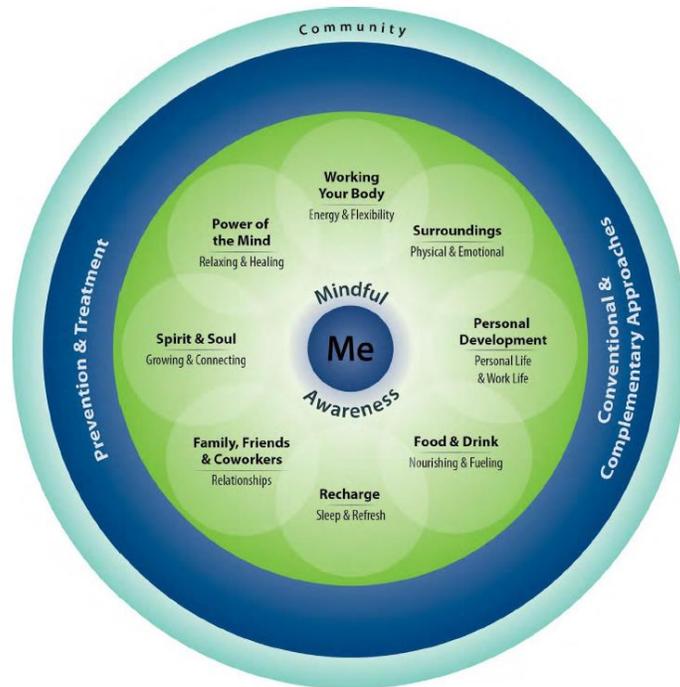


WHOLE HEALTH: CHANGE THE CONVERSATION

Advancing Skills in the Delivery of
Personalized, Proactive, Patient-Driven Care

Seborrheic Dermatitis Clinical Tool



This document has been written for clinicians. The content was developed by the Integrative Medicine Program, Department of Family Medicine, University of Wisconsin-Madison School of Medicine and Public Health in cooperation with Pacific Institute for Research and Evaluation, under contract to the Office of Patient Centered Care and Cultural Transformation, Veterans Health Administration.

Information is organized according to the diagram above, the *Components of Proactive Health and Well-Being*. While conventional treatments may be covered to some degree, the focus is on other areas of Whole Health that are less likely to be covered elsewhere and may be less familiar to most readers. There is no intention to dismiss what conventional care has to offer. Rather, you are encouraged to learn more about other approaches and how they may be used to complement conventional care. The ultimate decision to use a given approach should be based on many factors, including patient preferences, clinician comfort level, efficacy data, safety, and accessibility. No one approach is right for everyone; personalizing care is of fundamental importance.

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Seborrheic Dermatitis

Clinical Tool

Background

Seborrheic dermatitis is characterized by greasy yellowish scale on a background of redness. It occurs in areas with lots of sebaceous glands including the scalp, external ear, central face, upper trunk, underarms, and groin. Its most common and mildest form is dandruff—whitish scale of the scalp and other hair-bearing areas without any underlying erythema.

Seborrheic dermatitis is a chronic and relapsing condition that can be diagnosed clinically. It tends to be worse in colder, drier climates and improves during summer months—especially with ultraviolet exposure. Stress can also play a role in initiating or worsening flares. Individuals with seborrheic dermatitis have an overabundance of a yeast (*Malassezia*) that is normally found on the skin.

Why some people get seborrheic dermatitis and others do not is not clear, but the reason likely has to do with differences in immune responses to *Malassezia*. Interestingly, *Malassezia* has been shown to have immune cross-reactivity with *Candida*—yeast commonly found in the GI tract. People with seborrheic dermatitis have been found to have increased levels of *Candida* antigen in their stools and on the tongue, suggesting that they may have higher levels in their GI tract. Additionally, seborrheic dermatitis does improve in some patients treated with oral anti-yeast medications.¹

Seborrheic dermatitis can be more extensive and difficult to treat in people with Parkinson's and HIV, and treating these conditions can lead to improvement in the seborrheic dermatitis.

Treatment

Skin care

The mainstay of treatment for seborrheic dermatitis is frequent cleansing. Medicated soaps or shampoos containing zinc pyrithione, selenium sulfide, ketoconazole, or tar give additional benefit. These should be applied to the affected area and left on for 5-10 minutes before being rinsed off. Medicated shampoos and washes can be used every day to every other day until symptoms are controlled. Some people may need to repeat this once to twice a week to maintain clearance. For men with seborrheic dermatitis in hair-bearing areas of the face, shaving alone or in combination with other topical therapies can resolve the problem.

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Clinical Tool: Seborrheic Dermatitis

Nutrition

- **Yeast elimination diet**

Yeast and mold elimination diets may be helpful for people who have a difficult time controlling their seborrheic dermatitis. This entails eliminating breads, cheeses, wine, beer, excessive carbohydrates, and other foods made by yeast or fungi. Taking high-quality probiotics in conjunction with this type of diet helps ensure that the gut gets repopulated with healthy bacteria and yeast. See the [Elimination Diets](#) clinical tool for more details.

- **Anti-inflammatory diet**

Healthy dietary choices are important for overall health. Anti-inflammatory or Mediterranean-style dietary approaches have been found to enhance many aspects of health—especially in the setting of inflammatory diseases. Seborrheic dermatitis is an inflammatory condition and may improve when dietary choices include foods that inhibit rather than promote inflammation. More information about these dietary approaches can be found in Food and Drink module, including [The Anti-Inflammatory Diet](#) and [Choosing a Diet](#) clinical tools.

Supplements

***Note:** Please see the module on [Dietary Supplements](#) for more information about how to determine whether or not a specific supplement is appropriate for a given individual. Supplements are not regulated with the same degree of oversight as medications, and it is important that clinicians keep this in mind. Products vary greatly in terms of accuracy of labeling, presence of adulterants, and the legitimacy of claims made by the manufacturer.*

- **Omega-3 fatty acids**

Omega-3 fatty acids have been shown to decrease the production of inflammatory compounds. Ideally, omega-3 fatty acids would come from foods such as fatty fish (salmon, mackerel, and sardines), flaxseeds, and walnuts. When that is not possible, supplements can be helpful. For more information, see the section on fats in the [Food and Drink](#) educational overview.

Dose²: 1 tablespoon of flax oil for every 100 pounds daily

1-2 tablespoon ground flaxseeds daily

1-2 gram(s) fish oil capsules twice a day

Vitamins and minerals

- **Biotin**

Biotin has been used in infants with seborrheic dermatitis—both treating the infant directly and treating the breastfeeding mother.³ Results have been mixed, and there are no trials in adults. However, biotin supplementation is safe and may be worth a try.

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Clinical Tool: Seborrheic Dermatitis

Dose: Up to 5-10 milligram/day

Food sources: egg yolk, salmon, liver, avocado, carrots, bananas, cauliflower

Topical botanicals

- **Tea tree oil**

Tea tree oil has been shown to kill yeasts implicated in seborrheic dermatitis. Because it can cause contact dermatitis, undiluted tea tree oil should never be applied directly to the skin.

Dose⁴: 5% tea tree oil shampoo applied to scalp or skin for 3-10 minutes

- **Aloe vera**

Aloe vera is a succulent plant whose thick leaves contain an inner pulpy mucilaginous gel. Some compounds in aloe vera have been found to have anti-inflammatory and anti-itch properties that may be beneficial in seborrheic dermatitis. Development of contact dermatitis is possible.

Dose⁵: Apply gel two to multiple times a day

- **Avocado oil**

Application of oil can help remove the scale associated with seborrheic dermatitis. Avocado oil can be especially soothing to affected skin because it is thicker than many other oils, and some of its components have been shown to have antifungal properties.⁶

Topical over-the-counter medications

- **Antidandruff shampoos**

See above section on skin care.

- **Hydrocortisone**

Hydrocortisone is a topical steroid that can be purchased over the counter at concentrations of 0.5% or 1% cream. It is fairly safe to use on an intermittent basis and can help with the inflammation of seborrheic dermatitis. The main risk is that over time it can cause thinning of the skin. Some people can experience a rebound of symptoms when it is stopped. A thin layer should be applied once to twice a day only when needed.

Other Therapies to Consider

Mind-body

Seborrheic dermatitis is more common in people who suffer from depression. Addressing depression with cognitive behavioral therapy or other forms of psychotherapy can be helpful—especially for patients whose symptoms fluctuate with the stability of their mood. See the educational overview on **Depression** for additional suggestions.

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Clinical Tool: Seborrheic Dermatitis

Prevention Summary: Seborrheic Dermatitis

- Take an anti-inflammatory dietary approach: reduce intake of refined carbohydrates.
- Consider avoiding foods that promote yeast growth such as bread, cheese, wine, and beer.
- Consider taking an omega-3 supplement.
- Consider taking a good-quality multivitamin and possibly adding extra biotin.
- Use antidandruff shampoos to control symptoms.
- Learn about different approaches for stress management.

Whole Health: Change the Conversation Website

Interested in learning more about Whole Health?
Browse our website for information on personal and professional care.

<http://projects.hsl.wisc.edu/SERVICE/index.php>

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