Clinical Study

Assessing Dieting Impacts and Treating the Continuity of Eczema

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Abstract

This study seeks to address the potential influence that eliminating dairy may have when examined in children with eczema. Within the study of the progression of symptoms from eczema, data has been thoroughly reviewed, however, modern research within the field fails to signify the impact that dairy may have on the exacerbation of these eczema symptoms. The mitigation of eczema lays a more predominant focus on the broad scope of dietary impact rather than dairy and the consumption of dairy. Participants within the study are tested to address this statistical gap and draw correlations in findings regarding the consumption of dairy products and their potential to flare up the delicate skin layer. Parents of the children who participated and contributed to the experimental data collection recorded results in a survey where information was kept anonymous, overall helping to further understand the impact of dairy consumption on the severity of eczema. The participants being assessed were grouped into an experimental and a control group. The experimental group sought to eliminate dairy consumption and products within their diet, seeking alternatives. The control group focused more on continuing the regulated pattern of dairy consumption and limiting exclusions in dietary habits. For roughly 3 weeks, the severity of each participant was assessed and tracked using the SCORAD standardized statistical analysis metric to gain constructive insight. This data was implemented as quantitative, supporting the mixed methods data approach that was used to implement both statistical and descriptive data collection methods. The qualitative approach is best reflected through the descriptive survey responses that addressed participant side effects. The overall hypothesis is curated to indicate that participants who eliminate the incorporation of dairy within their diets will have eczema symptoms dwindle with time, as opposed to a control group that opts out of altering their dietary habits, with further exacerbated symptoms. Results commenced showcase that statistically there was a significant lowering in the overall severity of symptoms when the experimental, dairy eliminated group was analyzed side by side with the dairy tolerating control group. Limitations fall upon the placebo effect from survey participants, a smaller sample size and population pool, as well as the lack of clinical monitoring technology that skewed data and results [1]. Ultimately, the results and conclusion of the research are narrowed down to identify how diets play a significant part in the management of eczema holistically, while offering avenues for further exploration on strategies that can be personally implemented within the habits of diets of children who are diagnosed with eczema.

Introduction

Ashy, blotchy, blackened rashes engulf, spotting as sores along inflamed areas of the body. Irritated and scaly skin longs for a smooth, creamy ointment. Inflammation rapidly increases in the affected area, disrupting the microbial balance of the skin surface. Blood gradually oozes out of blackened skin, with a sordid amount of pus and infection. From generation to generation, an inherited condition is born, and a heightening tendency of critical development. Eczema, a disease-like skin condition, leaves children, teens, and adults to battle triggers and face stages of antisocial behaviors and depression.

Eczema, as a condition, takes form in various ways and impacts individuals through factors across the board. Patients and their families can experience considerable amounts of emotional distress due to opinions on the illness. Understanding eczema is repulsive in nature and physical appearance. For most, this only means a lifetime of struggling with self-worth, esteem, and confidence, until subdued, which, for the most part, they are not. In a clinical and experimental allergy study conducted by UK psychiatrists, adult eczema patients with a high disease severity were reported to have an array of mental health concerns, ranging from anxiety and depression to stress, when compared with healthy groups [2].

Prevalent research journals testify to the implications of a microbiome to the overall stability of their skin regarding the itchy sensation that lingers. A range of factors lean to the onset of this condition, varying from environmental factors down to the routine patterns of a patient. The emergence of eczema brings a heightened food intolerance and takes a great deal of tender care, considering the sensitivity of the skin to external irritants.

The research question zeroes in on understanding skin permeance under the condition of a weakened microbiome compromised by a diet full of inflammatory foods, causing eczema to be victim to an enormity of sores and itchiness. It explores two of the most crucial aspects of eczema research: its continuity and the implications of external factors, specifically diet, on its livelihood. While the genetic effects formulated upon birth play a significant role in the development of eczema, diets and other external triggers gravely affect the skin. Many individuals globally continue to face the downsides of eczema in their lives- it takes a fight to combat symptoms and triggers to mitigate its effects in the long run.

Definitions and Basis

The healthy layer of skin found among most people is more vulnerable to excruciating measures of sensitivity, made worse by external factors that have the power to bring a small itch into intense scratches, a nightmare for many [3]. The microbiome fits well into the picture as a multifaceted site where interactions across microorganisms could make or break the essential equilibrium found through a balance of proper immune response. In a scientific review article compiled by Australian scientists, the microbiome is referenced as more than simply skin deep, with a composition so fragile that the risk for atopic diseases is easily manifested [4].

Eczema Overview

Few studies delve into the causes of eczema, as research is often found in inconsistent observations. This is understood through the difficulty found in assessing the condition while avoiding disproportionate sample sizes and unfitting measurements. On the basis of the article by the author, a plethora of both environmental and immunity targeted triggers are suspected to irritate and trigger the skin, often set to be avoided to lower the effects of the inflammatory response and mitigate the reaction of the skin barrier.

Environmental Triggers and Eczema

A combination of genetic and environmental agents tends to create complications. Environmental factors, particularly external factors, profoundly affect the microbial health of the skin, which in turn carries over the onset of inflammation on the skin surface. According to a National Eczema Association article covering detrimental environmental effects, dysfunction can be brought through any irritants and pollutants that disrupt the balance of the immune system [5].

To explore, the exposure of phthalates, common plastics, contributed to the growing mass of a population that fell victim to the emergence of eczema and other allergy-related issues, such as asthma and rhino conjunctivitis [6,7]. Phthalates are used extensively in packaging materials, whether that is for toys, medical tools, or the food that we consume.

In a laboratory report conducted by specialists from the Department of Dermatology in the First Hospital of Jilin University, the effects of phthalate exposure were measured on a group of participants in the United States, using data from the health of both adults and children. Findings highlighted that the phthalates significantly increased the risk for eczema in this population [8].

Dietary Triggers and Eczema

Consumption of certain foods triggers contribute to the worsening of eczema over time. By restricting diet and limiting exposure to allergens, patients with eczema had their symptoms mitigated within weeks.

A source accounts for how the consumption of various nuts and fruits may impact the prevalence of eczema and asthma within individuals. A large sample population of children from Lithuania was recruited to participate in the case study. The diets of each child were assessed as medical professionals looked into any health condition that came about as a result of the persistence of these frequently consumed foods with no anti-inflammatory aspects. Through the statistical analysis driven by scientists within the field, fruits diminished the prevalence of wheezes and asthma in children, while eating the nuts reduced eczema by a rough 61% chance.

Similarly, as briefly mentioned by a Harvard Health Letter (2024), a diet rich and infused with high contents of sodium and salt

heightens inflammation and worsens symptoms of individuals with not only eczema but also those with autoimmune diseases, while amplifying individual risk for strokes and heart disease. As stated by the study, the chances of an individual having eczema saw a whopping 11% rise, and the chances of flare-up symptoms saw a 16% rise.

Pro vs Anti Inflammatory Foods

Regarding the stark contrast between pro and anti-inflammatory foods, their relevance becomes prevalent within their role in nutrition and the development of flare-ups as a commonly reviewed public health concern. In a recent Nurse Health Study, pro-inflammatory diets have been said to exacerbate cardiovascular disease risks among a plethora of other inflammatory contributors, such as diabetes and significant levels of cholesterol [9].

As reviewed in a UCLA Health research study in August of 2023, internal medicine physicians Glazier and Ko [10] found that eczema flare-ups are thanks to intolerances taken frequently, as suggested by anecdotal evidence. Moreover, the article mentions that there are currently no regulations that may help the general public mitigate their eczema through the employment of diets as an elimination strategy. However, it seeks to suggest that anti-inflammatory diets and the avoidance of common triggers, such as highly manufactured foods and their components, and refined sugars, may help alleviate flares.

Dietary Intervention

Dietary intervention has been commonly reviewed in studies to identify the relevant correlation between diets, eczema, and food allergies, highlighting the tendency for pruritus, better known as scratching the skin for relief, to increase after an immediate food reaction. According to the research study, a 1936 clinical trial performed by Engman (1936) showcased wheat vulnerability in children with sensitivity gone once wheat was eliminated from their diet [11]. Patient symptoms improved within a few months, roughly 1 to 2 months, bringing dietary restriction to be a significant treatment recommendation.

In recent decades, Diets and dermatology have been known to go hand in hand. Nutritive, dense foods are linked with improvement in relation to common, treatable skin conditions. As reviewed in a recent study by dermatology physicians Sharma and Chadhary, foods that were often fortified with gluten were highly manufactured and packed with processed content, and foods containing dairy were all regarded as negative and capable of exacerbating the symptoms of particular skin conditions (2024). More specifically, the data concerning eczema noted that eggs eliminated from infant diets were tested to be advantageous. Dairy products were investigated to be more beneficial for some skin disorders rather than others.

Gap Focus on Dairy

While researchers struggle to identify a potential factor that is unique to each individual based on their nutritional requirements and variations, a comprehensive overview of the interactions of the skin and its correlation with health concerning eczema is necessary to provide insight into the impact of anti-inflammatory diets on the individual.

The scope of this study will be looking into the implications of the onset of food-related irritants, observed over some time. In contrast to monitoring the momentary environmental triggers and their effects on eczema, for example, through an IgE-mediated reaction mechanism, the experimental outline will seek to investigate the impact of dairy, a significant allergic trigger, on the viability of eczema [11].

Surface-level findings already cover this field of factors contributing to the role that dieting itself plays in treatment methods. The aim of this study seeks to dig far deeper than the relevance found in temporary solutions, for example, steroid applicators and other remaining combination therapies [3]. It is expected that the eczema in the group exposed to external triggers will pose lower rates of inflammation in contrast with the controlled group, which will most likely keep a consistent state of the initial level of inflammation, depending on individual intensity.

Methodology

Through thorough clinical exploration and experimentation, this study aims to explore the extent to which eczema is affected by a chosen diet in adults. The research will follow a path of symptom comparison across a pool of participants, proving whether or not dietary adjustments play a role in the progression of eczema. Ultimately, the study seeks to address the impact of inflammatory foods and their contrasting relationship with alkaline and antioxidant compounds that mitigate inflammation and improve the health and microbiome of the skin.

The experimental data will be collected through a mixed methods approach, categorized by quantitative and qualitative statistical measurement methods. Nutritional prevention has been a broadly focused research scope that requires deep-case-study analysis (Bogliotti et al., 2020). Through a 3 week analysis period, a group of adult participants, aged 18-50, will be assessed through quantitative and qualitative statistical measures.

The experiment will be quantitatively recorded to track severity levels and improvement over time through metrics. This will be

performed by analyzing two sample groups of individuals, an experimental group that limits exposure to dairy as part of the controlled diet, and the other kept as a control group, following and maintaining their regular diets with exposure to dairy, the inflammatory food group. The severity of each participant is measured based on the SCORAD scale, a scale that scores the symptoms of atopic dermatitis (eczema) as a clinical tool used to track the intensity of flare-ups [12]. A pool of roughly 20 participants will be assessed as the population sample, with 10 going to the experimental group and the remaining to the control group [13-18].

A charting system will be utilized to observe any changes that the data brings across in support of the initial hypothesis, which is extremely helpful toward the study goal. This charting setup was chosen as it will serve as a means to store data and perform analysis for improvements over time. Additionally, the findings will be calculated to validate whether or not the results occurred by random variation and chance, or if they were statistically significant according to the outlined error bars.

The experiment will be qualitatively assessed on a more personal, detailed scale. This scope will be tracked through brief before and after surveys that factor in changes in symptoms, their overall adaptability to the diet, and changes to the severity of eczema. Patient feedback will play an important role by personalizing the understanding of how diets affect eczema continuity through participant insight. Sample questions will be simple, investigating the individual perception of the change that the study may have had if they were a part of the experimental group or the continuity that their eczema bore if they were a part of the control group.

Justification of Methods

These methods were chosen because they thoroughly outline a feasible method to prove the research question and initial hypothesis, underscoring the correlation between diet triggers and eczema and proving that controlling what one puts into their body plays a huge role in lessening the effects of flare ups and symptoms in patients. One considered limitation of performing a study like this is the lack of professional assistance in laboratory settings. This led me to follow a more observational approach in assessing the research methods. Thus, the qualitative data portion will be weighed more heavily as opposed to the quantitative data to collect a wider range of data from a group of participants through survey questionnaires, responses, and consistent feedback recorded throughout the experimental journey.

The qualitative portion of the method is applied as a means to collect feedback from patients and participants, applying the mental scope of this condition. The quantitative portion of the method is applied to participants in the clinic will be performing. Data will be recorded in charts on a scale through the employment of the SCORAD as a tool. Together, the qualitative and quantitative portions work hand in hand to correlate patient experience and logistical impact to create a more comprehensive field of discussion.

Replication of Methods

This study is replicable in essence in understanding its duality and feasibility. The structure of the study is limited to optimal performance within a clinical setting, it prepares and provides the foundation needed to bring research transformations and modifications in various contexts. The duration of the study is set to be across a 3 week period of time, making it accessible for short-term rather than long-term data collection. The means of intervention was measured by relying on tools that are readily available for the general public- most notably Google Forms and the SCORAD metric, as a widely implemented tool that has been shown to calculate the severity in standard internal medicine and dermatology practice as well as in literature pertaining to diets and immunology.

Although this assessment and statistical analysis system is deemed as simple, the exact method replication necessitates the contribution of medically diagnosed children with eczema for the study. This eliminates the case for skewed information and confirms validity within the research. Beyond the exact replication of the methods, the integration of closer clinical analysis and mentorship would contribute to increased accuracy and precision when it comes to evaluating the practicality of the study.

In further enhancement of the study and targeting the general focus that this method takes, one may replicate using a larger sample pool and population to draw from over a lengthened period of time. This would allow for more precision through the variability in data and more comparisons to be drawn across findings for an overall more grounded and enhanced conclusion to be made.

Ethical Considerations

Ethics are significant and crucial in regards to evaluating research within a protected field, understanding HIPAA regulations, and privacy laws. It is important to be fully aware of how to deal with such personal data. Each participant within the experiment will submit a private Google Form response that remains confidential and anonymous in the records. Consent is voluntary and offered by means of a digital consent form that requires signatures and informs participants of the experimental design and means to which data will be implemented within charting methods. This represents the confidentiality maintained for the qualitative data

gathered from the form and feedback from participants.

Concerning the ethics approach with the quantitative records, names were omitted from the data sets, and the Google Form was created in a manner that did not require the recording of personal information, preserving anonymity within responses while gathering data in a meaningful way.

Additionally, when it comes to the overall ethics of the project and experimental design, it is important to consider that a majority of the participant data serves to reflect a more enhanced perspective on treatment and care, rather than prescribing medical advice. Each approach and reflection on diet was a means to create more experimental data.

Lastly, overlooking these ethical considerations poses to be dangerous as in regards to these studies, while data is parentally reported and is reserved based on parental discretion, it maintains the necessity of ethical approval across the board. Children participants are a vulnerable, protected age group that requires extra layers of consent and digital safeguarding, understanding information may harm them maliciously at their fragile age. This not only aligns with national policies, it avoids backlash and unwarranted dilemnas.

Results Section

The population data pool came from a group of 22 parents who were requested to participate in the Google Form survey anonymously. For preliminary data, a majority of participants (90%) responded that dairy products were a key part of the diets of the children. Group 1, the experimental group that consisted of children who eliminated dairy from their diets, reflected that based on the 21 (Figure 1).

Dairy was also considered to be a removed factor within a majority of individual diets, with most participants responding that the reduction or elimination of the products was either put to consideration or never done. Throughout the survey, eczema and the consumption of dairy often resulted in flare ups that occurred periodically or reactions that would often trace back to the effects of triggers on eczema that would only exacerbate symptoms.

As the experiment was conducted, Group 1, the experimental group that consisted of children who eliminated dairy from their diets, reflected that the first week of experimentation data was mostly aligned, showing little to no statistical significance. Based on feedback percentages that parents used to evaluate how much the external layer of the eczema was affected, the averaged SCORAD score for group 1 was 74, and for group 2, it was 72.3.

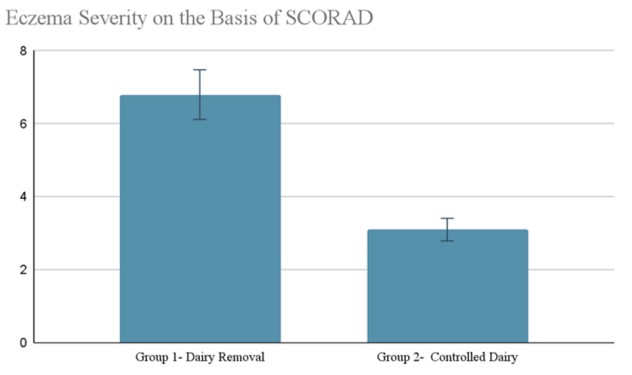

Figure 1: Eczema Severity on the Basis of SCORAD.

The second week of experimentation, SCORAD scores for the experimental group 1 were met with an overall reduction, asroughly 33% of eczema symptom severity was met, and the overall symptom intensity subsided. This change brought the initial value down to a whopping 48.6. Parents who documented that there was a prevalence of dryness and inflammation recorded that these symptoms either dwindled with time or were absent in nature. Regarding group 2 during the second week of experimentation, the SCORAD index scores went down 2.7 points, changing the raw score from the initial to 69.5. The long term feedback offered insight on the tracked changes that parents recorded within the form. The variations in percentage and numerical point drops offers that the statistically significant data coming from Group 1 is worthy of more clinical observation and laboratory consideration.

Lastly, during the third week of experimentation and data collection, the SCORAD index points for group 1, the experimental group, averaged to drop down a significant 7.8 points, representing an indicative 24.1% drop. This was compared to the control group and the rather absent growth over a time period, with a small margin of about 2% of the children participants seeing to eczema symptoms.

The comparison t-statistic score, the outcome was -11.2, reflecting that there is a great deal in differences when it comes to relevance and correlation between the two implemented variables. The data set was extremely varying numerically, highlighting that the experimental and control groups experienced a high measure of difference due to variations in treatment.

In the additional insights section, participants put thoughtful responses underscoring other external triggers such as heat, soy, protein, and food allergies, all being prominent factors in the exacerbation of the eczema. The mitigation of these symptoms is often found through dietary elimination and controls, better understood by the contribution of these elements in the diet.

Discussion

Parents of children with eczema responded to the qualitative form response that is embedded as part of the experiment for preliminary results that dwelt with younger age populations, including children and infants.

Through an anonymous survey and analysis of the correlation of dairy with flare ups, a significant number of participants recorded that taking away dairy from the diets of children not only improved the condition, it brought the immunity of children to at level with their gut. Children with mild eczema symptoms, as better understood by the SCORAD metrics, were often shown to not be affected by dairy as much as children who comparatively had severe symptoms of eczema that held them back from enjoying products such as yogurt without experiencing intense nighttime scratches, as one recorded.

The results compiled overall highlighted the strong correlation that posed that limiting dairy consumption being limited in the diets of children with eczema had positive effects. The general improvement overall as seen in positive feedback and discussion reflections. The rapidity of the general improvement proves the initial hypothesis and justifies the foundation laid to direct towards dietary triggers.

Ultimately, the research was successful and pointed toward the significance of the initial research question, providing answers to the gap and former scientific studies that perceived negative effects among patient participants, considerably as documented by the Institute for Quality and Efficiency in Healthcare. Former research studies, such as those conducted by the Institute, suggest that eczema and diets have no existing correlation.

Limitations

The study falls short to a variety of limitations that restrain the overall accuracy of the research that is performed. These limitations pose setbacks and constraints on the overall extensiveness and potential of the study.

Considerably, there was a small population pool and size of individuals to gather much research from. The study group was based on a particularly small margin and population of individuals, understanding that roughly 22 children had results to show. When a research study was conducted by the Dental Press Journal of Orthodontics, there were evidently no discrepancies found between the data sets, and positive feedback was almost certain. The overall deviation was to be made incredibly evident, and no outliers were found.

The second limitation that was found under close examination of the study was the placebo effect and its overall impact on the psychological extent of the study performed. With a majority of experiments being administered by parents to children, children aware of the experimental setup may rein in their inner bias and lean more towards feedback in support of the advantage of dieting through dairy. These predispositions have the power to skew data towards more positive results and create more discrepancies overall.

Additionally, the short span of the experimental treatment serves as a limitation in itself. Results worked well for short term mitigation rather than perceiving the effects of long term strategies, and thus, the benefits were reflective of how much of a temporary solution dietary trials and treatment may seem to be. Understanding the long standing and chronic nature of eczema, short term mitigation is incapable of providing an effective cure.

A final limitation is the lack of experimental controls regarding the multiple variables and factors that elevate eczema symptoms. This study reviews the multiple factors that go on to trigger eczema, ranging from environmental factors such as phthalates and plasticizers, to immunity triggers such as soy and nuts. This poses the creation of experimental distortions, creating irrelevant correlations between data points in the dataset and overlapping variables that skew the results.

Implications to the Community of Practice

The implications of this study encompass important findings that are beneficial to the community of dermatology and internal medicine practice. While the overall extensiveness of this study was limited, it offers for a growing field of understanding in regards to the preventive, holistic approaches that may be integrated more within this medical practice field.

In regards to the implications it has on clinical practice, it alleviates the heavy burden medical pharmaceutical companies have placed upon patients and physicians with the overwhelming number of side effects that are derived from topical creams. Further research within the field of diets that is in part anecdotal provides for a comprehensive data set that provides relevant information for more alternative and complementary management practices.

Previous studies have concluded that most elimination diets have conveyed that eradication of the nutrients or food is only beneficial for individuals who are tested and have confirmed food allergies and intolerance in regards to those food groups. This research study, although relatively small in participant size, aims to bring reconsideration within this community practice field. In addition, in previous experimental studies conducted by the Institute for Quality and Efficiency in Health Care, roughly 90%

of outcomes reflected that there was no underlying change, however, this study seeks to attest to that by highlighting the meaningful improvement that was suspected (2021).

Conclusion and Further Research

In conclusion, this study works extensively to correlate and examine the association between eczema severity in child populations and the consumption of dairy products. The closure of the gap posited that intervention and tracking were beneficial for the examined experimental groups, as proven by analysis of results that highlighted that dairy is a moderately beneficial and effective strategy that may improve the livelihood of these patients.

To work through postulated limitations, further research may seek to avoid patient bias that puts for discrepancies in data affected by the placebo, while also using a larger pool of participants to contribute to the overall survey studies. Additionally, the contribution of clinical practice to look deeply into the scope of implications may bring forth further evidence backing up the performance of dairy through gut analyzing tools. This will ultimately strengthen the research and field of study overall.

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