



Does exclusive breastfeeding for the first six months of life cause onset of atopic dermatitis in susceptible infants?

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Atopic Dermatitis is an immune-mediated inflammation of the skin characterized by acute or chronic inflammation accompanied by pruritis, oedema and erythema. Other consequences include possible lichenification, depigmentation, hyperpigmentation or hypopigmentation, as well as palmoplantar hyperlinearity and prurigo nodularis. It is found more often in developed countries than developing countries, implicating the role of environmental and dietary factors in the presentation of the disorder.

Exclusive breastfeeding is currently being debated with regard to its influence on the development of Atopic Dermatitis in susceptible infants. Various studies have been implemented, with various conclusions: some indicating a preventative connection, others a causative link, and some studies failing to find any linkages at all.

Atopic Dermatitis has been linked to various influences, especially genetic factors and familial influences, by Western Medicine. Babies with a family history of atopic dermatitis, as well as asthma and maternal atopy, have been identified as having increased susceptibility to the condition. Approaches to treatment have therefore followed either immunosuppressant routes, as in the case of antihistamines, as well as the usage of topical steroid-based treatments. Avoidance of irritants and allergens are also integrated in the management regime of the disease.

From a Unani-Tibb perspective, the disease is classified as the result of an imbalance in the humours of the patient, resulting in excess moisture, which in turn leads structural changes in the skin (i.e. the presentation of the characteristic inflammation of the skin). As early childhood and infancy are both characterized as having Moist qualities, it is clear how this disease is more commonly found in infants and young children.

Asthma is also indicated as a Cold and Moist condition in the Unani-Tibb paradigm, explaining the link between the presentation of Atopic Dermatitis and the development of asthma. Whereas Western medicine is yet to find an acceptable explanation for the progression from atopic dermatitis to asthma, Unani-Tibb attributes this development to continued elevated levels of moisture which has led to structural changes within the body.

Unani-Tibb treatments aim at addressing the route cause of the disease, unlike western medicine that aims mainly at symptom control. A treatment regime based on Unani-Tibb principles will aim to reduce the levels of moisture and increase the levels of heat within the body. This includes dietary alterations, blood purification, colour therapy as well as cupping therapy. This approach is holistic in nature, not focusing on specific elements or factors.

With regard to breastfeeding as a preventative measure against the development of atopic dermatitis, and later on, asthma, Unani-Tibb supports this.

Even though mother's milk is classified as a heating food with moisture, the heating aspect of breastfeeding balances the moist qualities associated with both of these conditions, thereby assisting Physis in restoring balance in the body. Individuals with a Cold and Moist Temperament, that is, Phlegmatic individuals, are more prone to these types of conditions because of the dominance of Moisture (Phlegm). According to the Unani-Tibb philosophy, an individual's temperament is determined mostly by genetic factors, as well as intra-uterine factors. Therefore, Phlegmatic mothers and fathers are more likely to have Phlegmatic offspring. These children are more prone to develop atopic dermatitis and asthma, especially if there has been a family history of these two illnesses.

Whereas western practices have revolved around the usage of formula for feeding, Unani-Tibb supports breastfeeding as it is a more holistic method of caring for an infant. Apart from the immunological data being transferred from mother to infant during breastfeeding, the accompanying emotional and sociological aspects form part of the holistic approach supported by Unani-Tibb.

Exclusive breastfeeding for the first six months in relation to the development of atopic dermatitis has been investigated from various perspectives, and findings have been found to be affirmative, negative or inconclusive. However, the majority of studies conducted thus far have indicated a preventative factor when considering breastfeeding in relation to the development of atopic dermatitis. Protection to allergies, as well as the transfer of antibodies, has been found in the provision of breastfeeding.