

# WOOL IS GOOD FOR THE SKIN

Recently published research has demonstrated that wearing superfine Merino wool next to the skin is therapeutic for eczema sufferers. This adds to a growing number of research findings supporting the health and wellbeing benefits of superfine Merino wool. The research has shown that Merino wool assists those suffering from this chronic skin condition, challenging misconceptions that all wool is prickly and itchy.



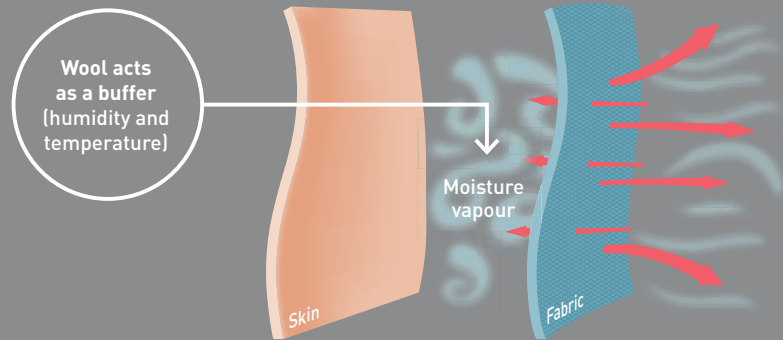
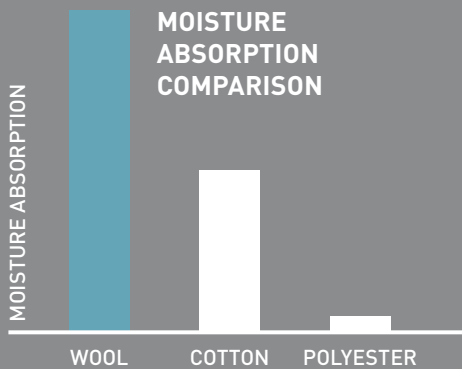
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## WHAT IS ECZEMA?

Eczema, or Atopic Dermatitis, is an allergic condition where the skin becomes dry, leading to cracking, bacterial infection, redness and itching. It affects around 30% of children and its prevalence varies geographically. The most common treatments currently include the regular application of moisturisers and topical steroids to reduce inflammation, as well as antibiotics to address infection.

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## WOOL IS THERAPEUTIC FOR ECZEMA SUFFERERS



Whether it's hot, cold, humid or dry, Merino wool garments are one of the most breathable of the common apparel types. Wool can absorb and release twice as much moisture vapour as cotton and thirty times as much as polyester.

When worn next to the skin, wool works as a dynamic buffer in the micro-climate between the fabric and the skin, smoothing out the humidity and temperature. It appears wool acts like a second skin for these people whose 'first' skin is too dry.

Eczema sufferers have especially sensitive skin and an Australian study at the Murdoch Childrens Research Institute has shown that wool garments made from soft and breathable superfine Merino wool were well tolerated by participants and reduced their eczema symptoms (NB: the garments must have a mean fibre diameter less than or equal to 17.5 micron).

## DERMATOLOGY TRIALS SHOW REDUCTION IN ECZEMA SYMPTOMS

In positive news for eczema sufferers, two recent dermatology trials have shown that infant and adult eczema sufferers have reduced symptoms when wearing superfine Merino wool garments next to the skin. A further study is currently under way in the USA (led by Professor Joe Fowler of the University of Louisville, Kentucky).

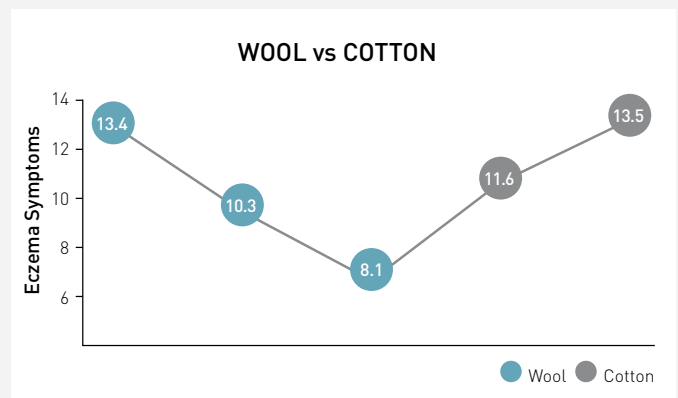
### STUDY 1: “WOOL CLOTHING RECOMMENDED FOR INFANTS WITH ECZEMA” (MCRI, MELBOURNE)

The theory that wool’s unique moisture management could benefit eczema sufferers was put to the test in a recent clinical trial, which confirmed the beneficial findings of wearing superfine Merino wool with a mean fibre diameter less than or equal to 17.5 micron.

The study, led by Associate Professor John Su, showed that superfine Merino wool clothing reduced the severity of paediatric mild-moderate Atopic Dermatitis as compared to cotton clothing.

The graph to the right shows the reduction in eczema symptoms when wearing wool and the increase in symptoms when resuming cotton clothing.

Published in the *British Journal of Dermatology*, this study challenges generalisations that wool is to be avoided by children with eczema. The study concluded



that traditional management guidelines should be modified to include superfine Merino wool as a recommended clothing choice in childhood Atopic Dermatitis.

### STUDY 2: “SUBSTANTIAL REDUCTIONS IN SYMPTOMS FOR ADOLESCENTS AND ADULTS WITH ECZEMA” (QIDERM, BRISBANE) – PILOT

A study of adolescent and adult sufferers of eczema in Brisbane by the Queensland Institute of Dermatology (QIDerm) has also demonstrated the beneficial effects of wearing superfine Merino wool next to the skin.

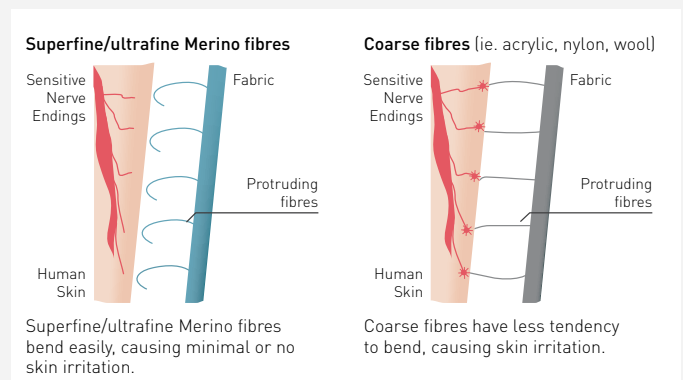
The study, led by Dr Lynda Spelman of QIDerm, confirmed that not only did participants tolerate superfine Merino wool fabric, there was a therapeutic advantage in wearing these garments during the intervention phase. Mental and physical wellbeing were

improved by wearing superfine Merino wool fabrics for children and young adults.

Dr Lynda Spelman said all the trial participants showed substantially reduced symptoms with none of them displaying an allergic or irritant reaction. “We have seen substantial reductions in skin dryness, redness and itchiness and in the measured area of inflammation – and for a number of the patients, this is the first time a real solution to their condition has been presented,” Dr Spelman said.

## WOOL IS NOT AN ALLERGEN

A highly esteemed group of medical professionals from across the world has reviewed research papers published during the past 100 years to critically assess scientific studies claiming wool causes allergy. The group has now published a paper “Debunking the Myth of Wool Allergy” with the primary conclusion that there is no credible evidence wool is an allergen. It found that if a fabric does cause sensations of itch and prickle on the skin then it is because of the large diameter of the fibres and not due to the fibre type being wool.



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Watch now to discover the therapeutic benefits of superfine Merino wool.  
[youtube.com/thewoolmarkcompany](https://www.youtube.com/thewoolmarkcompany)

## REFERENCES

Eczema affects around 30% of children and its prevalence varies geographically “Determining Effects of Superfine Sheep wool in INfantile Eczema (DESSINE): a randomized paediatric cross over study”, J.C. Su et al. *British Journal of Dermatology*, 2017, p 2.

Wool can absorb and release twice as much moisture vapour as cotton and thirty times as much as polyester:

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The study concluded that traditional management guidelines should be modified to include superfine merino wool as a recommended clothing choice in childhood Atopic Dermatitis: J.C. Su et al. *Determining Effects of Superfine Sheep wool in INfantile Eczema (DESSINE): a randomized paediatric cross over study*, *British Journal of Dermatology*, 2017, p 12.

Not only did participants tolerate superfine merino wool fabric, there was a therapeutic advantage in wearing these garments during the intervention phase. Mental and physical wellbeing were improved by wearing superfine Merino wool fabrics for children and young adults: L. Spelman et al. Queensland Institute of Dermatology/Australian Wool Innovation, *An assessment of superfine merino wool as therapeutic in the treatment of Atopic Dermatitis for children and young adults*, 2016 (unpublished), p 14.