

## **Psoriasis: Treating this Common Skin Condition Naturally**

**Deborah Ardolf, ND**

Psoriasis is an extremely common noncontagious skin disorder affecting between 2 and 4% of the United States population. Psoriasis affects men and women equally, with the mean onset occurring at 28 years of age. However, it is not uncommon for children to develop psoriasis. Two percent of children by the age of 2 years of age will present with psoriasis usually located in the elbows and will move to the crease of the arms if not corrected.

Psoriasis is the classic example of a hyper proliferative skin disorder. Other hyper proliferative skin disorders include basal cell carcinoma, malignant melanoma, squamous cell carcinoma, actinic keratosis, Bowen's Disease, papilloma, seborrheic keratosis, toxic eczema, allergic eczema, atopic dermatitis, and ichthyosis. The rate of cellular skin division in psoriatic lesions is very high (1,000 times greater than in normal skin), exceeding the rate in squamous cell carcinoma. Even in uninvolved skin, the number of proliferating cells is up to two and one-half times greater than in non-psoriatics.

The hyper proliferation of skin cell reproduction causes raised red, dry, flakey patches of thickened skin. Psoriasis commonly affects the skin of the elbows, knees, genitals, and scalp. Some people have worsening of their symptoms in the colder winter months with improvement noted when the lesions are exposed to sunlight.

There are several different types of psoriasis including

**Psoriasis vulgaris** (common type),

**Guttate psoriasis** (small, drop like spots),

**Inverse psoriasis** (in the folds like of the underarms, navel, and buttocks), commonly seen in obesity.

**Pustular psoriasis** (liquid-filled yellowish small blisters),

**Palmoplantar psoriasis** (affecting primarily the palms and the soles).

Sometimes pulling at one of these small dry white flakes of skin causes a tiny blood spot on the skin. This is medically referred to as a special diagnostic sign in psoriasis called the Auspitz sign.

### **CAUSES**

36% of patients have one or more family members with psoriasis reflecting a possible genetic error in mitotic control. The rate at which cells divide is controlled by a delicate balance between two internal control compounds – cyclic AMP and cyclic GMP. Increased levels of cyclic GMP (cGMP) are associated with increased cell proliferation; conversely, increased levels of cyclic AMP (cAMP) are associated with enhanced cell maturation and decreased cell proliferation. Both decreased cAMP and increased cGMP have been measured in the skin of individuals with psoriasis.

Genetics appears to be the causation however something must turn the gene on and cause the immune system to be hypervigilant. These factors include food, drug, environmental allergies, alcohol intake and stress, and any bacterial, viral, or fungal infections that have become systemic.

### **TREATMENT**

In traditional medicine, Psoriasis is considered a non-curable, long-term (chronic) skin condition. This is not the case in naturopathic medicine. Furthermore, the traditional treatment approach runs the risk of substantial side effects; as the aim of this form of treatment is immunosuppression. Traditional medical treatments include:

- 1) **Enbrel** (Entanercept) is classified as an immunomodulator, specifically a TNF inhibitor that serves to lower the ability of your immune system to fight commonly occurring viral, fungal, or bacterial infections. You should be tested for TB before beginning this medication and avoid exposures to potential contagious diseases. Caution is advised in individuals with a prior diagnosis of diabetes. Death has been associated with this class of drugs.
- 2) **Calcineurin inhibitors**. Currently, calcineurin inhibitors (tacrolimus and pimecrolimus) are only approved for the treatment of atopic dermatitis, but studies have shown them to be effective at times in the treatment of psoriasis as well. Calcineurin inhibitors are thought to disrupt the activation of T cells, which in turn reduces inflammation and plaque buildup. The most common side effect is skin irritation. Calcineurin inhibitors are not recommended for long-term or continuous use because of a potential increased risk of skin cancer and lymphoma and are therefore recommended to be used as a second line agent.
- 3) **Topical corticosteroids**. These powerful anti-inflammatory drugs are the most frequently prescribed medications for treating mild to moderate psoriasis. They slow cell turnover by suppressing the immune system, which reduces inflammation and relieves associated itching. Topical corticosteroids range in strength, from mild to very strong. To minimize side effects and to increase effectiveness, topical corticosteroids are generally used on active outbreaks until they're under control.
- 4) **Methotrexate**. Taken orally, methotrexate helps psoriasis by decreasing the production of skin cells and suppressing inflammation. It may also slow the progression of psoriatic arthritis in some people. Methotrexate may cause upset stomach, loss of appetite and fatigue. When used for long periods it can cause a number of serious side effects, including severe liver damage and decreased production of red and white blood cells and platelets.
- 5) **Photochemotherapy**, or psoralen plus ultraviolet A (PUVA). Photochemotherapy involves taking a light-sensitizing medication (psoralen) before exposure to UVA light. UVA light penetrates deeper into the skin than does UVB light, and psoralen makes the skin more responsive to UVA exposure. This more aggressive treatment consistently improves skin and is often used for more severe cases of psoriasis. PUVA involves two or three treatments a week for a prescribed number of weeks. Short-term side effects include nausea, headache, burning and itching. Long-term side effects include dry and wrinkled skin, freckles and increased risk of skin cancer, including melanoma, the most serious form of skin cancer.

## **NATUROPATHIC TREATMENT**

Despite the complexity of this disease, the therapeutic approach is fairly straightforward: The overall goal is to calm down the immune system by consuming foods that harmonizes instead of aggravate your body. By doing so, this will decrease bowel toxemia, rebalance fatty acid levels and decrease inflammatory processes in the skin. Remember the health of our skin is an outward reflection of the health of your body. In general, it is best to limit sugar, gluten, meat, animal fats, and alcohol while increasing the intake of dietary fiber and cold water fish. It is crucial to address any food allergies as the manifestation of psoriasis is directly linked to an immune system dysfunction.

Dr. Ardolf can help devise a health plan to allow for healing to take place. Through the one and a half hour consultation, she will uncover the underlying cause(s), and identify any complications not allowing healing to take place, she will provide you with a treatment plan is designed to help you move from a state of ill health to a state of health without life-long dependency on treatment or major food restrictions.

The above is a short list of possible treatments for the type of psoriasis afflicting you. There are many, many more treatment options available. To find out more, contact Dr. Ardolf at (808) 498-4018.