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Psoriasis

The summer seems to be the best time of year for suffers of this skin disorder that affects some 7.5 million people in the United States. One of the questions that needs to be answered are what factors that are in seasonal warmth, humidity and sunshine that seems to heal many of these skin lesions especially when salt water is added to this equation?

Psoriasis usually results in embarrassment, reduced income, employment problems, and certainly a diminished quality of life. It causes symptoms of intense itching, pain and cracked or bleeding skin. The skin lesions are commonly seen as red and white hues of scaly patches usually on outside of joint on flexor surface, often seen on the elbow or knees in many patients. The severity varies from one or two lesions to widespread covering the torso and scalp termed dermatosis, and it can be accompanied by disabling arthritis.

The pathognomonic finding and confirming the diagnosis of Psoriasis, when the scaly lesion is lightly scratched the superficial scale will fall away leaving tiny pin like bleeding points on the underlying skin, known as Auspitz sign.

This skin disorder affects about 2 percent of the population, with no respect for gender, age or socioeconomic status. Caucasians are twice as likely as African-Americans to have it. This information was presented in the 7/4/11, NY Times by the science writer Jane Brody.

Psoriasis is a chronic immune-mediated disease of the skin in which abnormally rapid growth of the skin cells seem to take place. In normal skin the cell growth to maturity take place over a 28 to 30 day period. In the psoriatic patient the skin growth take place in three or four day causing an accumulation of the skin cells that thicken to form the patches that flake off.

There is a genetically inherited factor that may run in families. If both parents have it, their children have a 40 percent change of also developing it. The risk is reduced if only one parent has this condition.

Other factors that are associated with developing psoriasis can be triggered by an injury to the skin which is known as the Koebner phenomenon. Various other environmental factors can aggravate this condition including stress, withdrawal of systemic corticosteroid therapy, as well a seasonal changes of cold and dry weather conditions. Some dietary factors have been implicated in this condition, such as wheat, sugar, eggs and maybe coffee. Food triggers can be tested by Applied Kinesiology muscle testing as well as blood test for IgE and IgG levels, with RAST or ELISACT testing.

There are five types of Psoriasis. The most common is known as plaque psoriasis which represents about 80 percent of the cases and appears as red raised, inflamed patches with silvery white scales, and most frequently found on knee, elbows, low back and scalp. The second most common form is know a guttate psoriasis, which appear as small red spots, that appear on the trunk and limbs. It is commonly triggered by an acute febrile illness such as strep throat. This type is 10 percent of the cases of psoriasis treated medically.

The remaining 10 percent of the cases are divided into three types: inverse psoriasis, which produces smooth, shiny red patches in skin folds; pustular psoriasis, which appear as red patches with tiny blisters, often found on the palmar surface of the hand and plantar surface of the feet. The least common but the most dangerous form is known as erythrodermic psoriasis because it causes burn like lesions over most of the body, and is accompanied by rapid heart rate and a disruption in body temperature, which requires immediate medical attention.

So what can you do to treat this condition and improve your general health and well being?

First you need to receive Chiropractic care which will normalize your nervous system that controls the skin's growth. Applied Kinesiology techniques will help stabilize the body's allergic and auto-immune responses. Finally you need to avoid certain foods that I have mentioned and add omega-3-oil (fish) about 3,000 mg. per day and a Standard Process Dermatophin PMG, Antronex. Vitamin D₃ should be supplemented because the majority of patients show a low blood level. In the US about 50 percent of patients test show a low vitamin D level. The optimum blood level should be 50-70 ng/ml, which translates to taking 2000 IU in the summer and 5000 IU in the winter per day. These products will work internally to reduce the inflammation of the skin, improve and normalize the skin growth and reduce any allergic responses.

Other therapies can be applied externally to the skin such as moisturizers, cold compresses, menthol based ointments and topical steroid creams to reduce the itching, and oatmeal baths. Bathing should be short time showers with warm not hot water. You may also consider the use of a sun lamp in the winter month and expose the lesions to the UV rays for five minutes three times a week. Also if you go to the shore collect a few gallons of sea water and apply this to the psoriasis prior to the sun lamp treatment.

You most likely have seen the TV commercial for a drug called Enbrel that was first used to treat rheumatoid arthritis, but currently is being touted to treat severe plaque psoriasis and now psoriatic arthritis. This medication can suppress the immune system and can lead to fatal infection and even cancer. Corticosteroid hormones taken by injection or orally should only be contemplated on a rare occasion with limited use. The reason I am telling you this is two fold. First the natural method previously mentioned works very well and has no side effects. Second the continued use of corticosteroids will cause osteoporosis also it will suppress the immune system and also will lead to type II diabetes.