

Psoriasis: An Integrated Natural Approach

by Dr. Thomas Bayne, DC

Psoriasis is a common inflammatory skin condition affecting approximately three million Americans, or slightly over 1% of the population. It is usually characterized by a gradual onset of redness and scaling of the skin, most commonly in plaques. The condition appears between the ages of 10 and 40 in those with a family history. The most common areas for plaques are the elbows, knees, gluteal cleft and scalp. Fingernails and affected in about half of the patients. The condition can vary enormously in area affected, severity of symptoms and association with other conditions.

CAUSES

Psoriasis is linked to heredity. It is an immunological condition with dermal inflammation linked to angiogenesis and hyperkeratosis caused by accelerated epidermal turnovers. Flare-ups have been associated with prescription medication use, viral and bacterial infections, excessive alcohol consumption, obesity, lack of, or overexposure to sunlight, stress, general poor health and cold weather¹.

Angiogenesis is the process of new blood vessel formation from existing vessels. It is a very tightly controlled process that rarely occurs under normal conditions, except for instances of wound healing, embryonic development and the development of the corpus luteum²⁻⁶. Psoriasis is associated with dilation of capillaries in its earliest stages, and in developed psoriatic lesions there is a proliferation of blood vessels and neovascularization⁷. Several histopathologic studies have established that increased vascularization precedes the development of psoriatic skin lesions. In addition, these studies have identified a marked increase in cutaneous blood flow at the active edge of the psoriatic plaques when compared to the inactive edge⁸.

Normal epidermal turnover, or the time it takes for the epidermis to replace itself, is 47-48 days⁹. In psoriasis this process takes only a few days, resulting in a build up of dead skin cells and the formation of the thick scales. Psoriasis may be aggravated by an injury such as burns, cuts, or bites.

ALLOPATHIC TREATMENT

Allopathic treatment of psoriasis includes retinoids, psoralen in conjunction with long wave ultraviolet light (PUVA), methotrexate, and cyclosporine.^{10,11} In addition, topical and oral corticosteroids are often prescribed¹².

HOLISTIC TREATMENT

For the holistic physician that employs mind-body approaches to restoring health there are three seemingly unrelated processes found in the patient with psoriasis. These are extreme acid/base

balance problems, toxic build up, and vascular changes at the site of the skin lesion. This article will explain the interrelationship of these processes, and offer a comprehensive treatment approach, which includes dietary modifications to balance pH changes, systemic detoxification, and oral and topical anti-angiogenesis therapies.

It is critical to regain proper pH or Acid/Alkaline balance in the psoriatic patient. The blood should be slightly alkaline. When the pH is slightly alkaline there is proper absorption of nutrients from the body, increased immunity, and optimal health. Psoriasis is distinguished by overly acidic body chemistry that is the result of over consumption of acid forming foods and the re-circulation of toxins from the intestinal tract.¹³ We will focus now on the dietary aspect and discuss the role of the intestines in detail later in the article. In order to control the acid/alkaline balance it has been proposed that a diet consisting of 80% alkaline forming foods and 20% acid forming foods should be implemented.¹³ Dr. John Pagano first put this concept forth in his book, Healing Psoriasis: The Natural Alternative. This diet has clinically shown the ability to reverse acid/alkaline imbalances, decrease water retention, improve digestion and absorption, and normalize bowel function. The following table gives a breakdown of the permitted foods.¹³

80% of the daily food intake should come from the following:

Fresh Vegetables:

Daily intake should be 3 that grow above the ground to 1 that grows in the ground.
Asparagus, Beets, Broccoli, Brussel Sprouts, Carrots*, Celery*, Cucumbers, Garlic*, Lettuce* (Romaine in particular), Onions*, Parsnips, Scallions, Soybeans, Spinach*, Sprouts*, String beans, Squash, Sweet Potatoes, and Watercress*.

Permitted in lesser quantities are:

White Corn, Dried Beans, Peas, Lentils, and Rhubarb.

Those foods marked with (*) are particularly important.

Fresh Fruit:

Apples (cooked), Apricots, Most Berries, Cherries, Dates, Figs (unsulphured), Grapes, Grapefruit, Lemons, Limes, Mango Nectarines, Oranges, Papaya, Peaches, Pears, Pineapple, Small Prunes, etc.

Raw Apples, Melons and Bananas are permitted provided they are eaten alone and sparingly.

Strawberries, citrus fruits, and citrus Juices should be avoided by those with psoriatic arthritis.

Permitted in lesser quantities are:

Avocado, Cranberries, Currants, Large Prunes and Plums.

20% of the daily food intake should come from the following:

Grains:

All grains should be whole grain, natural products Such as: Breads, Bagels, Muffins, Cereals, without preservatives or artificial sweeteners. (No white flour products).

Meats:

Chicken and Turkey (skinless white meat preferred).

Fresh Fish:

Cold, Salt Water, White flesh varieties preferred.

Lamb:

Trimmed of fat before cooking and well done. It is allowed twice per week.

Dairy:

Only Low Fat/Low Sodium products are permitted. Skim or low fat milk, cheese, buttermilk, and yogurt (no ice cream, cream toppings or whole milk products).

Butter:

regular butter is permitted but only occasionally and in very sparing amounts.

Eggs:

2-4 per week are permitted any style except fried

All products high in saturated fat are to be avoided

Do not have citrus fruits, or citrus juices with dairy products or cereals at the same meal

Once the diet has been implemented it becomes necessary to begin the process of detoxification. Systemic detoxification must begin in the intestines. Studies have shown that a number of intestinal toxins have been recognized in psoriasis sufferers. Some of these toxins include putrified proteins, rancid fats, byproducts of pathologic bacteria, Candida Albicans and other fungi, yeast compounds, and immune complexes^{14,15,16}. Therapy must focus on cleansing and then repairing the bowel. The high colonic irrigation is the fastest and

most efficient way of cleaning the bowel of the psoriasis patient. Combining the high fiber diet with a course of colonic irrigations will eliminate the intestinal endotoxins, and provide an environment that will allow the beneficial probiotic bacteria to thrive.

One of the long-term side effects of intestinal toxicity is decreased liver function. Alcohol is known to significantly worsen psoriasis.¹⁷ As toxins build up in the intestines the lining of the intestines becomes damaged and permeable. These toxins are then absorbed into the portal circulation where they must be filtered by the liver and eliminated, adding further to the burden of the liver. Alcohol increases the absorption of toxins from the gut and impairs liver function. Psoriasis patients consistently show abnormal liver function on functional laboratory assessments, and benefit greatly through correction of liver function.¹⁸

NATURAL ANTIANGIOGENIC APPROACH

Cartilage is an avascular tissue that has been studied for its potential antiangiogenic properties. Studies have proven that extracts of cartilage inhibit endothelial migration and proliferation in vitro¹⁹⁻²², embryonic neovascularization in ex ovo models²³⁻²⁷, and tumor-induced angiogenesis in vivo in a rabbit eye-perfusion model²⁸. Other studies have demonstrated that cartilage extracts have anti-inflammatory properties and that they were potent inhibitors of collagenase activity. Studies have shown that cartilage extracts applied topically in a blinded right vs. left comparison have demonstrated efficacy in the treatment of psoriasis. As a result of these studies cartilage extracts represent a novel approach in the treatment of psoriasis when used both topically and orally.

Case Study

B.W. presented with a 25-year history of psoriasis. For the first 19 years the psoriasis was mild and easily concealed by clothing. Over the last six years the psoriasis had progressively worsened. In B.W.'s own words "...as my marriage worsens, my psoriasis worsens." At the initial exam B.W. was covered with severe psoriasis from the shoulders down. There were mild psoriatic lesions behind her left ear. B.W. began a comprehensive program, which included the alkalizing diet, an herbal bowel cleanser, oral CarTcell shark cartilage extract, and Dermanex topical cream. CarTcell was prescribed at a dose of two vials per day for the first two weeks and one vial per day thereafter. Due to the strong correlation between the patients psoriasis and emotional stress it was recommended that B.W. and her husband concurrently seek marriage counseling. After two weeks the severity of the lesions was markedly diminished. The Dermanex cream provided immediate symptomatic relief. At this time, high colonic irrigation therapy was implemented at a rate of one per week for six weeks. Over the following six weeks B.W. lost 18 lbs. and the psoriatic lesions improved by 50%. B.W. was then started on a six-week liver detoxification program. At the end of the six weeks B.W. had an 80% improvement in her psoriasis. This was concurrent with her leaving her husband and experiencing tremendous emotional stress. At this time, the dose of CarTcell was decreased to two vials per month. Dermanex was applied liberally to the remaining lesions, which were concentrated on the elbows, heels of the feet, and a baseball-sized patch on her back. Over the next three months B.W.'s psoriasis slowly disappeared. Twelve months later B.W. remains psoriasis free. She has adopted her new eating program as a way of life, and follows a maintenance program to ensure proper bowel and liver function.

Conclusion

Psoriasis is a multifactorial condition that requires a comprehensive treatment approach. Dermanex cream, a proprietary topical solution available only to health care professionals, offers the immediate benefits of decreasing inflammation and itching to the localized area. Dermanex works by inhibiting new blood vessel growth, which is the primary histopathological change associated with psoriatic lesions when compared to normal skin. Combining Dermanex cream with oral angiogenesis inhibitors such as CarTcell attacks the

lesion from both the inside and out. Used in conjunction with a dietary program designed to balance systemic pH, and simultaneously detoxifying both the intestines and the liver, provides the psoriasis sufferer with a treatment option unparalleled in modern alternative and complementary medical practice.

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