

Psoriasis



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An overview of psoriasis

Psoriasis is a chronic, immune-mediated, inflammatory skin disease characterised by the development of red scaly patches (psoriasis plaques) with thick silvery scales. These plaques can appear anywhere on the body, particularly the elbows, knees, back, buttocks and scalp. In addition, many people with psoriasis develop pitted or flaking and deformed nails.

Globally, 125 million people are affected by psoriasis, which begins most often in people aged 16 to 22 years and aged 55 to 65 years. Up to 40% of psoriasis patients develop psoriatic arthritis, an autoimmune arthritis that affects the joints and the areas where the tissue attaches to the bone.

Individuals with psoriasis are also at higher risk of developing cardiovascular disease, metabolic syndrome, diabetes mellitus, depression, anxiety, and other autoimmune conditions. In addition, raised serum antibodies to gliadin (found in wheat and some grains) and coeliac disease is more prevalent in people with psoriasis.

Psoriasis is an autoimmune condition where immune cells become overactive and attack active skin cell, releasing inflammatory molecules and stimulating skin cells resulting in the abnormally high rate of growth of skin cells.

Risk factors include genetic, environmental, and behavioural factors. Alterations in the skin and intestinal microbiome also play an important role in developing psoriasis.

Currently, there is no cure for psoriasis. Treatments for mild to moderate psoriasis involve topical treatments and phototherapy. Moderate to severe psoriasis often requires systemic drugs.

Potential triggers

- Genetic predisposition
- Physical factors (e.g. X-rays, injections, tattoos, insect bites)
- Chemical factors (e.g. chemical burns, topical treatments)
- Infections (mainly streptococcal pharyngitis, viral infections)
- Emotional stress
- Tobacco smoking
- Alcohol consumption
- B12, folate, zinc, and iron deficiencies
- Medications (beta-blockers, chloroquine, lithium, angiotensin-converting enzyme inhibitors, nonsteroidal anti-inflammatory drugs, anti-malarial drugs, rapid withdrawal of systemic corticosteroids).

Psoriasis subtypes

Plaque psoriasis (*psoriasis vulgaris*)

The most common type (90% of cases), characterised by red, inflamed patches covered with thick, silvery scales that may come and go spontaneously or with the appearance and resolution of triggers.

Guttate psoriasis

Common in childhood and often triggered by upperrespiratory tract infections such as streptococcal infection. It causes small pink spots, which often resolve spontaneously in weeks to months.

Pustular psoriasis

Characterised by white, pus-filled blisters and red, inflamed skin areas. It can be widespread or localised to palms and soles.

Inverse psoriasis

Causes patches of red, inflamed skin under the armpit or breasts, in the groin or around the genitals.

Erythrodermic psoriasis

A severe and rare type of psoriasis. The scales cover more than 75% of the body, and the skin appears sunburned. It can be lifethreatening and should be treated as a medical emergency.



Long term holistic treatment aims

- Reduce skin inflammation, improve skin integrity, and facilitate wound healing to alleviate psoriasis symptoms and improve quality of life.
- Modulate the immune response and reduce chronic inflammation.
- Improve gut health and support the nervous system if ongoing stress is contributing.
- Address co-morbidities such as metabolic syndrome, diabetes, anxiety, depression and cardiovascular disease.

Herbal & Nutritional recommendations

- Please contact your health professional for the prescription of herbal and nutritional remedies.

Vitamin A

- Topical and oral retinoids can reduce inflammation and severity of psoriasis plaques.

Vitamin D

- Deficiency is common in psoriasis; Topical vitamin D combined with vitamin A may be beneficial.

Vitamin B12

- Topical B12 and avocado oil cream reduces the severity of psoriasis.

Selenium

- Low levels are associated with disease severity. May reduce oxidative stress and inflammation.

Zinc

- Zinc sulphate (220 mg three times per day) reduces joint pain and swelling in psoriatic arthritis.
- 0.25% zinc pyrithione cream, applied twice daily, reduced localised plaque psoriasis.

Essential fatty acids

- May improve psoriasis severity and reduce risk factors for its comorbidities including cardiovascular disease, obesity, and metabolic disease.

Probiotics

- Probiotic mixtures including strains of Lactobacillus and Bifidobacterium can reduce psoriasis severity.

Aloe barbadensis (Aloe)

- Wound healing, anti-inflammatory, immunostimulant, and antibacterial; topical application may reduce severity, redness, and number of plaques.

Boswellia serrata (Boswellia)

- Contains active ingredients that target inflammatory pathways exacerbated in psoriasis.
- Topical application may reduce redness and scales.

Capsaicin

- Topical application can reduce pain, scaling and itching in psoriasis.

Centella asiatica (Gotu kola)

- Anti-inflammatory, wound healing, and anti-psoriatic herb.
- May inhibit excess skin cell formation.

Curcuma longa (Turmeric)

- Oral and topical application beneficial as adjunct to conventional treatment for improving plaques and reducing inflammation.

Mahonia aquifolium (Oregon grape)

- Anti-psoriatic herb.
- Reduces excessive skin cell production and significantly improves symptoms and quality of life (topical).

Salix alba (White willow)

- Topical application can break down psoriatic plaques.
- Contains salicylic acid, prescribed for removing excess skin.



Diet & lifestyle recommendations

General dietary advice

- Limit alcohol, sugar, highly processed and fatty foods.
- Increase antioxidant rich foods, high fibre foods and low GI foods e.g. whole grain cereals, unprocessed vegetables and selected fruits, tea, herbs, spices, legumes, nuts, seeds.
- Drink at least eight cups of fluid per day, preferably water or herbal teas.
- Increase omega-3 polyunsaturated fatty acids (especially DHA and EPA) e.g. marine fish.
- A gluten free diet may be beneficial for coeliac disease or in those with gliadin antibodies.

Stress reduction

- Yoga, tai chi, deep breathing, vagal nerve stimulation, counselling/psychology and adequate sleep.

Exercise

- 30 minutes of exercise daily, or at least 150 minutes per week.
- Wear loose, moisture wicking clothing to avoid skin irritation.
- Apply sunscreen when exercising outdoors and stay well hydrated.

Sunlight exposure

- Start by exposing affected areas for 5-10 minutes a day; apply sunscreen to non-affected areas.
- Be mindful that overexposure can induce psoriasis flares.

Skin care

- Moisturise skin regularly and use a home humidifier to help retain skin moisture.
- Regularly bathe in warm water and Epsom salts to remove dry skin and soothe itchy skin.
- Choose hypoallergenic, alcohol-free, fragrance-free cosmetics and personal care products.

Disclaimer: This is not an all-inclusive comprehensive list of information. Consult a qualified healthcare provider before starting any therapy. Application of clinical judgement is necessary.