

Psoriasis

By Lita Lee, Ph.D.
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There are many forms of psoriasis, but all involve scaly red patches of various shapes, from pinhead-shaped papules to large patches on the skin. The patches appear on the scalp, knees, elbows, buttocks and sites of repeated trauma, but there are cases in which the entire body is involved. It can also affect the nails. Usually, psoriasis begins with a small scaly spot somewhere on the body that does not heal. As time goes on, the spot gets worse and other ones appear. Psoriasis is also likely to appear at sites of injury and on parts of the body that may be stressed, such as the elbows and knees.

Psoriasis is characterized by excessive cellular replication. In the affected areas, cells reproduce at 1,000 times the normal rate, exceeding the rate in skin cancer. Even in skin free of lesions, cells divide at a rate of 2 1/2 times faster than in people with no psoriasis. Normal skin regenerates itself roughly every 28 days, according to Dr. John Pagano, author of *Healing Psoriasis*. In psoriasis patients, this process occurs every three to four days. As the skin produces new cells at this alarming rate, the surface area becomes red and inflamed and can rise to three times its thickness.

According to Dr. Jerome Z. Litt, author of *Your Skin And How To Live In It*, psoriasis is the fourth most common skin disease in the United States. It is exceeded in descending order only by acne, warts and eczema. Worldwide, psoriasis affects 2% of the population, except for Sweden, where the figure is 3%, for unexplained reasons. Estimating the world population at 5 billion translates to 100 million people suffering from psoriasis. There are up to 6 million cases in the U.S. alone and 16 million in India. Psoriasis manifests at any age, with peak onset ages between 15 and 35. It strikes regardless of sex or color, but some dark-skinned people are afflicted less frequently than light-skinned people. Psoriasis is rare among North and South American Indians and relatively rare in West Africans but common in East Africa. The low incidence of psoriasis in black Americans is believed to be due to their West African roots (Pagano). Germany had a high incidence of psoriasis prior to World War II. During the war, the disease nearly disappeared when certain foods were in short supply. After the war, as the economy recovered and the food supply returned to pre-war standards, psoriasis came back.

Factors Associated With Psoriasis

The cause of psoriasis has not been determined, but there are many factors associated with it, such as food allergies, metabolic problems, liver and colon problems, hypothyroidism and severe stress.

Decreased cAMP to cGMP Ratio:

Murray and others report that patients with psoriasis have a decreased ratio of cyclic AMP to cyclic GMP, e.g., decreased cAMP and increased cGMP. Cyclic AMP (adenosine monophosphate) works as a messenger within cells to activate cell functions, such as protein and hormone synthesis and storing or releasing glycogen. Cyclic GMP (guanine monophosphate) is a major component of ribonucleic acids (RNA), which are required substrates in protein synthesis and cell growth, repair and division. Increased cGMP levels are associated with cell proliferation. Increased cAMP levels are associated with enhanced cell maturation and decreased cell proliferation. Patients with psoriasis have decreased cAMP and increased GMP in involved areas.

Undigested protein decreases cAMP whereas an Ayurvedic herb, *coelus forskohlii*, increases it. Further, he says that antioxidants and acetyl choline decrease cGMP whereas *Candida albicans*, bacterial toxins in the gut, IGA immune complexes, IGE antibodies and leukotrienes (inflammatory substances) increase it (Murray).

Abnormal Fatty Acid Metabolism

Recent findings show abnormally high levels of free arachidonic acid in involved epidermis of psoriasis.

Abnormal Plasma Homocysteine

Patients with severe cases of psoriasis have significantly higher fasting plasma homocysteine than matched controls. The elevated plasma homocysteine may be related to the hyperproliferation of cells, according to Ueland et al. A study of 323 psoriasis patients showed increased incidence of cardiovascular disease compared to matched controls, especially in those with other predisposing factors. According to Ueland, this adds psoriasis to the conditions indicating a relation between elevated plasma homocysteine and cardiovascular disease.

Abnormal Fumaric Acid Metabolism: Dr. Helmut Christ, M.D.

Dr. Christ reports that fumaric acid metabolism may be defective in psoriasis patients. In healthy individuals, fumaric acid is formed in skin exposed to sunlight. Psoriasis patients cannot produce enough fumaric acid and need longer than normal exposure to the sun to produce it. This is why patients frequently notice an improvement in their skin during the summer months. Fumaric acid is an important substance and must be present in every cell of the body because it enters into the citric acid cycle (Krebs), the major pathway for energy production. Fumarate is also a by-product of the arginine-urea cycle and in purine biosynthesis. The treatment of psoriasis with fumaric acid ethyl ester is based on clinical studies conducted at the Beau Reveil Clinic in Leysin, Switzerland and the West End Hospital in den Haag, Netherlands.

Hypothyroidism

According to Dr. Ray Peat and others, low thyroid function is associated with many skin problems, including psoriasis. When thyroid function is low, prolactin increases, and Dr. Peat associates excess prolactin with psoriasis. Why? Prolactin increases cell division and sebum formation. Sunlight decreases prolactin formation whereas darkness and stress increase it. This may be the connection between sunlight and the alleviation of psoriasis.

Dr. Peat says that normalizing thyroid function may cure psoriasis. In my practice, I have never seen a patient with psoriasis who had normal thyroid function. The high cholesterol and triglycerides observed in the majority of psoriasis patients may be an outcome of low thyroid function rather than psoriasis itself. Cholesterol, especially LDL cholesterol, rises in hypothyroidism because it is not converted into adequate amounts of pregnenolone, progesterone and DHEA. There are exceptions to this, especially in vegans and immune suppressed people and those with liver problems who do not make adequate amounts of cholesterol. Other problems associated with psoriasis, such as constipation, toxic colon, skin problems, a weak immune system and allergies are also associated with hypothyroidism.

Articles:

Hypothyroidism: <http://www.litalee.com/shopexd.asp?id=180>

Dr. Ray Peat's articles: www.RayPeat.com

Abnormal Elimination of Toxins: Dr. John Pagano's Work

According to Dr. Pagano, “*Psoriasis is the external manifestation of the body’s attempt to eliminate internal toxins that have accumulated in the lymphatics and blood stream by seeping through the intestinal walls.*” Although not specifically stated, Pagano apparently believes that cellular hyperproliferation is triggered by accumulated toxins in the body. Because the cAMP to cGMP ratio, important in normal cell division, becomes abnormal in psoriasis victims and toxins are one factor in disturbing this ratio, Pagano may be correct.

Pagano wrote a book on his treatment of psoriasis based upon the work of Dr. Edgar Cayce. According to Dr. Cayce, psoriasis begins in the intestinal tract. In particular, Cayce said that when the intestinal walls, where the duodenum meets the jejunum, become thin and smooth, toxins that are normally excreted become reabsorbed into the lymphatic system and invade the blood stream. The body’s eliminative systems, primarily the liver and the kidneys, then try to filter out these toxins. When the liver is overloaded, toxins are eliminated through the skin. When the kidneys are overloaded, the lungs try to eliminate the toxins and become congested, sometimes resulting in bronchitis or asthma. In time, as toxins accumulate, psoriasis begins.

Dr. Frederick D. Lansford, M.D., in his 1968 treatise for the Medical Research Division of the Edgar Cayce Foundation, reports that the smoothing of the intestinal walls is due to several factors including: poor elimination, improper diet, misaligned vertebrae, insufficient daily intake of water, severe stress and negative emotions.

Structural Problems

In his book, Pagano describes structural problems that correlate with psoriasis. He refers to Cayce’s statement that even one vertebral subluxation can cause psoriasis because of the effect of the related nerve(s) on normal blood circulation in certain areas of the intestinal tract. In particular, William A. McGarey, M.D. wrote an article based upon Cayce’s suggestion that subluxations in the mid-dorsal (thoracic) region from D4 to D9 (the 4th to the 9th dorsal vertebrae) affect the functioning of the liver or upset normal stomach activity when digestion starts. Pagano says “*that abnormal digestive tract nerve impulses can cause disease apparently holds true, not only for psoriasis and other skin problems, but for many of the degenerative ailments as well.*” Subluxations of the 3rd cervical and the 4th lumbar disturb lymph centers and their neural and circulatory connections.

Emotional Triggers

Psoriasis is classified as a psychosomatic disease and has been treated with psychotherapy for 1,200 years (*East West*, January 1991). This classification may blur emotional triggers to psoriasis. Many people with none of the above physical problems develop psoriasis following severe stress and grief. This can occur immediately or several years after the experience that caused the stress and the grief. For these people, I recommend flower essence formulas (Bach and others), which address emotional conditions such as severe shock, bereavement, fear, resentment, depression and so on. In some cases, treating the emotional causes of the physical condition can reverse the condition, especially if no physical triggers are present.

Nutritional Support for Psoriasis

Do not run out and get everything on this list. What you take should be based upon your special enzyme, nutritional and hormonal needs. I have seen cases clear up with only one of these supplements plus an organic prothyroid diet. Others require several products.

Diet and Digestive Enzymes

Any undigested food can cause problems. There are many foods that can aggravate psoriasis, including undigested proteins in general, refined sugar, pork and alcohol. In particular, Murray says that bacteria convert partially digested proteins into toxic metabolites, called polyamines, which decrease cyclic AMP and contribute to excessive cell proliferation.

There are various schools of thought on diet. All agree on an organic, natural foods diet with whole, unprocessed foods and no refined or synthetic foods, such as margarine, white sugar and so on. Some believe a vegetarian diet is best while others believe that organic meat except pork is okay. I believe that adequate animal protein is essential because of its requirement in optimum thyroid function. All therapists agree that alcohol aggravates psoriasis, with the exception of red wine.

The enzymes used in psoriasis patients differ depending upon the digestive needs and other symptoms. Some need more protease and others more lipase or cellulase. Some are sugar intolerant. I have never noticed a common pattern of poor digestion in people with skin problems.

Herbal, Botanical and Enzymatic Support

Turmeric: Of all the herbs used for psoriasis, I have found that turmeric has the most profound effect on psoriasis. I recommend taking one tsp of the powdered herb. As well, turmeric is available in capsule form as an herbal extract. The one I recommend is Turmeric Force, by New Chapter — it's organic and biodynamic. Below are other formulas recommended by various therapists.

Thera-zyme SKN: This is an enzyme herbal formula for psoriasis that contains fumarica officinalis, the mother plant from which fumaric acid comes, plus other herbs important to support healing the skin. One doctor reported that this formula inadvertently had a miraculous healing effect on acne. It is also reported to be helpful in healing eczema.

Thera-zymeDERM-H3: This is an enzymatic anti-histamine that can relieve itching. It is nutritional support for hives, rashes, herpes, bug bites, bee stings and poison oak/ivy.

New Zealand Colostrum (Caps or Powder): Colostrum is an important immune system support food for the entire body including the skin, stomach, colon, etc.

Article: Colostrum: <http://www.litalee.com/shopexd.asp?id=138>

Coconut Oil: This is the healthiest oil available and is very prothyroid so is excellent for use in cooking and also on the skin.

Lita's Natural Coconut Oil/Progesterone/Vitamin D3 Lotion: Melt some coconut oil in a small container (say about ¼ cup or perhaps 2 or so oz. Then add about ½ tsp of progesterone and about 2 dropperfuls of the vitamin D3 drops (2000 iu per drop) to the oil. Stir until everything is thoroughly mixed. Rub anywhere you wish to have healthy skin — face, arms, anywhere you have a skin problem. This is excellent for skin problems of any kind.

Article: Why Coconut Oil is Good For You: <http://www.litalee.com/shopexd.asp?id=137>

Vitamin D3 (cholecalciferol): This is an extremely important vitamin for the immune system, the skin, protection from many diseases including cancer, bone health, etc.

Articles: Vitamin D3 Health Benefits Compilation: <http://www.litalee.com/shopexd.asp?id=414>

Herbs recommended by Edgar Cayce: Pagano listed these teas in order of their importance. They include: *saffron (American yellow)*, *slippery elm bark* and *chamomile*.

Saffron (carthamus tinctorius): American yellow saffron is often substituted for the Spanish variety and is better for psoriasis. Pagano concludes that saffron acts on the stomach and intestines and alleviates skin problems caused by a malfunction in the alimentary canal. This and the herbs listed below can be obtained from health food stores and A.R.E.

Slippery elm bark (ulmus fulva): Slippery elm has a profound healing effect on the mucosal lining of the entire alimentary tract. The inner bark is an excellent anti-inflammatory for gastrointestinal irritation. Because of the worldwide demand for slippery elm, the fine powdered inner bark is in short supply and the coarser outer bark has been substituted, but lacks the healing power of the inner bark (Mabey).

Chamomile (anthemis nobilis): Chamomile may be used as an alternative to saffron because it is believed that these two herbs work in a similar fashion; however, saffron tea is preferred, according to Pagano.

Here is a case history from the A.R.E. reported in Pagano's book (page 119). A mother sought treatment from A.R.E. for her 14-year-old son who had developed psoriasis six years prior. He had fifty-cent size patches on his scalp, elbows and stomach. Following suggestions from A.R.E., the mother put a pinch of slippery elm bark powder into a glass of water, stirred it and let it stand for three minutes. She gave this to her son only once a day. In ten days, all traces of the psoriasis were gone — permanently. Just as a safety precaution, the son continued his daily dose of slippery elm bark.

Topical Creams and Lotions

In many years of research using many different creams, the best and least expensive one I have found is coconut oil. I make my own lotion using coconut oil, vitamin D3 from lanolin and Dr. Ray Peat's 10% progesterone. Since all three are oil soluble, this is a very nice lotion and the ingredients do not separate. You can rub it anywhere on the skin where there is a problem.

Articles: Why Coconut Oil Is Good For You: <http://www.litalee.com/shopexd.asp?id=137>

Progesterone Articles: <http://www.litalee.com/shopexd.asp?id=218> ,

<http://www.litalee.com/shopexd.asp?id=198>

Vitamin D3 Health Benefits Compilation: <http://www.litalee.com/shopexd.asp?id=414>

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