



## Your Monthly Update

*Dear Colleague*

Welcome to the December 2011 newsletter from Pure Bio Ltd.

### **Did you know:**

Latest research from Tufts Medical Centre, Boston MA has shown that high dietary intake of vitamin D reduces the likelihood of developing macular degeneration and can even possibly reverse symptoms once present – Ophthalmology, 2011: doi: 10.1016/j.opth.2010. 12.020)

The chosen topic for this month is:

## Psoriasis

### Protocol Summary

| Ranking   | Nutritional Supplements                            | Botanical Medicine  |
|-----------|--|---|
| Primary   | <a href="#">Fumaric acid</a>                       | <a href="#">Cayenne</a>   |
| Secondary | <a href="#">EPA/DHA</a>                            | <a href="#">Aloe</a>  |
| Other     | <a href="#">Folic acid</a><br><a href="#">N-AC</a> | <a href="#">Barberry</a><br><a href="#">Oregon Grape</a><br><a href="#">Burdock</a> |

**Primary** – Reliable and relatively consistent scientific data showing a substantial health benefit.

**Secondary** – Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.

**Other** – An herb is primarily supported by traditional use, or the herb or supplement has little scientific support and/or minimal health benefit.

## Description

- Psoriasis is a disease whose main symptom is grey or silvery flaky patches on the skin which are red and inflamed underneath.
- It affects 2 percent of the population in the UK.
- Commonly affected areas include the scalp, elbows, knees, navel, palms, ears and groin.
- Psoriasis is autoimmune in origin, and is not contagious.
- Around a quarter of people with psoriasis also suffer from psoriatic arthritis, which is similar to rheumatoid arthritis in its effects.
- It may appear for the first time at any age, although it is more likely to appear between the ages of 11 and 45.
- There is a genetic link and it tends to be familial. About 30% of people with one first degree relative with psoriasis develop the condition.
- This genetic tendency is triggered by infection; certain medicines, including ibuprofen and lithium; psychological factors, including stress; or skin trauma.

## Symptoms

- Normally there is a constant shedding of dead cells. However, due to the acceleration of the replacement process, both dead and live cells accumulate on the skin surface.
- Often this causes red, flaky, crusty patches covered with silvery scales, which are shed easily.
- It can occur on any part of the body although it is most commonly found on the elbows, knees, lower back and the scalp.
- It can also cause intense itching and burning.

## Facts

Around six percent of those with psoriasis will also get psoriatic arthritis. Psoriatic arthritis primarily occurs in fingers and toes, but is also quite common in the spine. Psoriasis is driven by the immune system, especially involving the T cells (a type of white blood cell). Normally, T cells help to protect the body against infection and disease. In the case of psoriasis, T cells are activated erroneously and they then trigger other immune reactions, leading to inflammation and to rapid turnover of skin cells. These cells pile up on the surface of the skin, forming itchy patches or plaques.

The first outbreak of psoriasis is often triggered by emotional or mental stress or physical skin injury, but heredity is a major factor as well. In about one-third of the cases, there is a family history of psoriasis. Researchers have studied a large number of families affected by psoriasis and identified genes linked to the disease.

Psoriasis is a chronic disease, but patients may experience periods of remission that alternate with flare-ups lasting for several weeks or months. Conditions that may cause flare ups include infections, stress, and changes in climate that dry the skin. Also, certain medicines, including antimalarial drugs, Lithium salt and beta blockers may trigger an outbreak or worsen the disease.

## Conventional Treatment

Standard treatments for psoriasis include topically applied corticosteroids and synthetic vitamin D, light therapy, oral medications, and injections.

Phototherapy using ultraviolet light can be very effective for psoriasis. Previously, UVB and PUVA (UVA exposure after ingestion of a sun-sensitizing pill) were the most common forms of light therapy. A newer treatment called narrow-band UVB (NB-UVB) seems to work at least as well as these if not better, and with fewer side effects. The latest equipment uses laser to deliver NB-UVB with pinpoint accuracy. **Heliotherapy** uses the sun as a source of natural ultraviolet radiation to treat psoriasis. Treatment with light is not appropriate for every patient.

## Lifestyle Changes

The following strategies may help to relieve psoriasis symptoms:

- daily baths (preferably with colloidal oatmeal, Epsom salts, or Dead Sea salts added to the water)
- daily use of a heavy moisturizer or ointment (preferably one that is chemical-free such as [Green People](#))
- avoid alcohol consumption
- managing stress (possibly with the help of relaxing exercises like yoga, deep breathing, or meditation)

## Therapies

**Acupuncture** - A preliminary trial treated 61 psoriasis patients with acupuncture that did not respond to conventional medical therapies. After an average of nine acupuncture treatments, 30 (49%) of the patients demonstrated almost complete clearance of the lesions, and 14 (23%) of the patients experienced a resolution for two-thirds of lesions.

**Meditation** - Stress reduction has been shown to accelerate healing of psoriatic plaques in a blinded trial. Thirty-seven people with psoriasis who underwent light therapy were randomly assigned to receive either topical ultraviolet light treatment alone or in combination with a meditation-based stress reduction technique guided by audiotope. Those who received the stress-reduction intervention showed resolution of their psoriasis significantly faster than those who did not.

**Hypnosis**, both on its own and as an addition to other psoriasis treatment, has been cited as being helpful in clearing psoriasis in several published case reports. These findings further support the role of stress in the disorder. In one case report, 75% resolution of psoriasis resulted from using a hypnotic sensory-imagery technique. Hypnosis may be especially useful for psoriasis that appears to be activated by stress.

**Topical Aloe Vera** - In a 2009 study of 80 psoriasis patients, researchers found that an aloe vera-based cream was more effective than triamcinolone acetonide (a corticosteroid) in reducing symptoms of psoriasis.

**Capsaicin Cream** - Capsaicin (from chili peppers) may help ease psoriasis symptoms when topically applied, according to a 1999 study. Thought to reduce psoriasis-associated itching, capsaicin cream may produce a burning sensation with the first few applications.

**Omega-3 Fatty Acids** - Following a diet rich in omega-3 fatty acids may help to improve psoriasis symptoms, according to research published in 2006. This study also showed that some psoriasis patients may benefit from a gluten-free diet.

## Dietary Changes

Anecdotal evidence suggests that people with psoriasis may improve on a hypoallergenic diet. Three trials have reported that eliminating gluten (found in wheat, rye, and barley) improved psoriasis for some people. Other food groups can also be triggers to a flare-up and need to be investigated on an individual basis. Allergy testing and food elimination diets would be recommended under the guidance of a licensed healthcare professional.

Ingestion of alcohol has been reported to be a risk factor for psoriasis in men but not women. It would therefore be prudent for men with psoriasis to restrict their intake of alcohol or avoid it entirely.

## Nutritional Supplement Treatment Options

**Fumaric Acid** – *according to practitioner instruction.* Fumaric acid, in the chemically bound form known as fumaric acid esters, has been shown in case studies, preliminary trials and double-blind trials to be effective against symptoms of psoriasis. However, because fumaric acid esters can cause significant side effects, they should be taken only under the supervision of a practitioner familiar with their use. Nevertheless, these side effects have been reported to decrease in frequency over the course of treatment and, if they are closely monitored, rarely lead to significant toxicity.

**Fish Oil** – *up to 3.6 grams daily EPA.* In a double-blind trial, fish oil was found to improve the skin lesions of psoriasis. In another trial, supplementing with 3.6 grams per day of purified eicosapentaenoic acid (EPA) reduced the severity of psoriasis after two to three months.

One trial showed that applying a preparation containing 10% fish oil directly to psoriatic lesions BID resulted in improvement after seven weeks. In addition, promising results were reported from a double-blind trial in which people with chronic plaque-type psoriasis received 4.2 g of EPA and 4.2 g of DHA or placebo each day for two weeks. Thirty-seven percent of those receiving the essential fatty acid experienced greater than 50% reduction in the severity of their symptoms.

Supplementing with fish oil also may help prevent the increase in blood levels of triglycerides that occurs as a side effect of certain drugs used to treat psoriasis.

**Folic Acid** – *in accordance with practitioner recommendation.* Folic acid antagonist drugs, such as methotrexate may be used to treat psoriasis. In one study, high

amounts of folic acid (up to 10 mg daily, on a gradual reducing concentration), led to significant reduction in the side effects of drug therapy.

**N-acetylcysteine (NAC)** – **600mg TID**. NAC has an ability to decrease proliferation of skin cells. Preliminary studies indicate that use of N-AC may reduce the skin thickening and irritation associated with psoriasis.

## **Botanical Treatment Options**

**Cayenne** – **(topical) 0.025 to 0.075% capsaicin ointment QID over pain areas with unbroken skin**. Cayenne contains a resinous and pungent substance known as capsaicin. This chemical relieves pain and itching by depleting certain neurotransmitters from sensory nerves. In a double-blind trial, application of a capsaicin cream to the skin relieved both the itching and the skin lesions in people with psoriasis. There may be a burning sensation the first several times the cream is applied, but this usually becomes less pronounced with each use. The hands must be carefully and thoroughly washed after use, or gloves should be worn, to prevent the cream from accidentally reaching the eyes, nose, or mouth and causing a burning sensation. The cream should not be applied to areas of broken skin.

**Aloe** – **(topical) apply a 0.5% extract TID**. A double-blind trial found that topical application of an aloe extract (0.5%) in a cream was more effective than placebo in the treatment of adults with psoriasis. The aloe cream was applied TID for four weeks.

**Barberry** – **(topical) apply a 10% concentration TID**. An ointment containing Oregon grape (10% concentration) has been shown in a clinical trial to be mildly effective against moderate psoriasis but not more severe cases. Whole Oregon grape extracts were shown in one laboratory study to reduce inflammation often associated with psoriasis. Barberry, which is very similar to Oregon grape, is believed to have similar effects. An ointment, 10% of which contains Oregon grape or barberry extract, can be applied topically TID.

**Burdock** – **2ml tincture daily, in divided doses**. In traditional herbal texts, burdock root was believed to clear the bloodstream of toxins. It was used both internally and externally for psoriasis. Traditional herbalists recommend 2 to 4 ml of burdock root tincture per day. For the dried root preparation in capsule form, the common amount to take is 1 to 2 grams TID. Many herbal preparations will combine burdock root with other alterative herbs, such as **yellow dock**, **red clover**, or cleavers. Burdock root has not been studied in clinical trials to evaluate its efficacy in helping people with psoriasis.

**Coleus** – **2 – 4ml daily of fluid extract**. Although clinical trials are lacking, some herbalists use the herb, coleus, in treating people with psoriasis. Coleus extracts standardized to 18% forskolin are available, and 50 to 100 mg can be taken BID–TID.

## Homoeopathy

There are some **tissue salts** and **herbs** that are considered to be natural cures for psoriasis and are used in the treatment of this condition by **addressing internal** and **external symptoms**.

### Salts

**Natrium Muriaticum 6C** and **Kalium Sulphate 6C** are among the salts that are widely recognized for the **effective treatment of psoriasis** because they:

- *help hydrate the skin*
- *reduce inflammation*
- *keep cell membranes healthy*
- *reduce the symptoms of scaly skin*
- *assist in the healing and elimination of dead or infected cells*

*For further information, contact:*

### Tracy S Gates

Director, PURE BIO LTD.  
01403 730342  
[info@purebio.co.uk](mailto:info@purebio.co.uk)