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Praktische Dermatologie

Integrative psoriasis therapy taking into account the provoking factors

English translation of the german original

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The fact that psoriasis is an inflammatory skin disease with redness, scaling and blistering, accompanied by highly exacerbated growth of the upper skin layer, is probably known to all sufferers.
The classification into several clinical forms (psoriasis vulgaris, psoriasis pustulosa, psoriasis arthropathica, psoriatic erythroderma) is also unanimously recognized, but provides little insight into the pathogenesis of this disease.

Classic therapies in Psoriasis

An analysis of the spectrum of treatments for psoriasis in industrialized countries over the last 30 years shows that the same procedures have been used again and again:

1. Radiation therapy: UV treatment under inpatient or outpatient conditions, often combined with chemotherapeutic agents such as psoralen (PUVA therapy).

2. Climate therapy in high mountains or by the sea combines the positive effect of the sun (UV radiation) with the mineral and trace element effect of seawater. Clinical or outpatient approaches with UV rays and brine therapy, which are offered in clinics and spas, are also based on this natural form of therapy.

3. Local symptomatic treatment with various ointments, creams and emulsions, mostly based on cortisone, retinoid, salicylic acid, cignolin and tar formulations.

4. Internal treatment of the most severe forms of psoriasis with vitamin A derivatives (Tigason, Roaccutane) or with cytostatics (methotrexate, cyclosporine).

The above-mentioned forms of therapy are certainly well known to all psoriasis sufferers, but unfortunately they have three things in common:

1. None of these procedures take into account important provocation factors of psoriatic manifestations.

2. All of these methods only target the psoriatic symptoms (inflammation and high multiplication rate of epidermal cells, combined with scaling), so the symptom-free period is limited and relapses always come back more quickly after repeated treatment.

3. All of these procedures have various side effects that can be milder or more serious for the patient with long-term use, ranging from inhibition of the cellular immune response with increased susceptibility to infection, skin atrophy, edema, hair loss and internal organ damage to skin cancer.

In view of these facts, in recent years the attention of those affected has focused increasingly on new, biological, low-side-effect therapeutic approaches, which may also ensure a longer period of absence of symptoms.

Current therapeutic approaches

In recent years, there have been reports of the use of one or other biological agent, mostly as a complement to traditional forms of therapy.

These include, for example:

- the use of Vitamin D3 derivatives (calcipotriol, etc.) for the local treatment of psoriatic skin symptoms
- Fumaric acid preparations for internal and external use,
- polyunsaturated fatty acids such as those from evening primrose and fish oil,
- genetically engineered biologicals to inhibit activated T lymphocytes (blood cells) and their messenger sub-stances (cytokines) (e.g. calcineurin inhibitors) and
- various dietary recommendations, which are also intended to alleviate the symptoms.

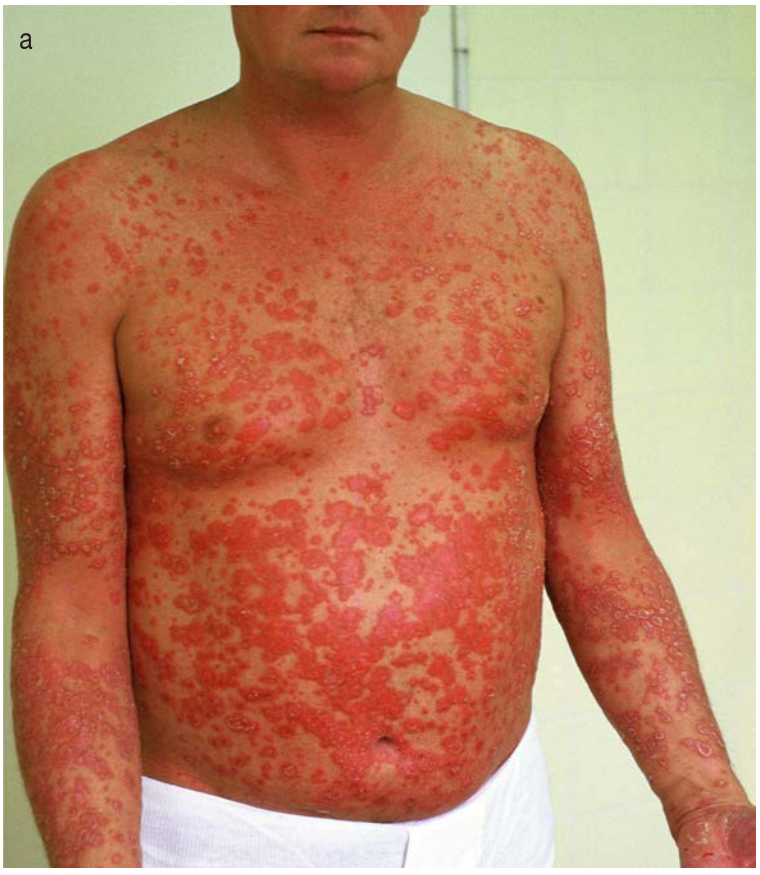
Here too, the approaches and therapeutic successes are a matter of debate, as none of these new remedies have so far been able to achieve lasting relief from symptoms on their own.

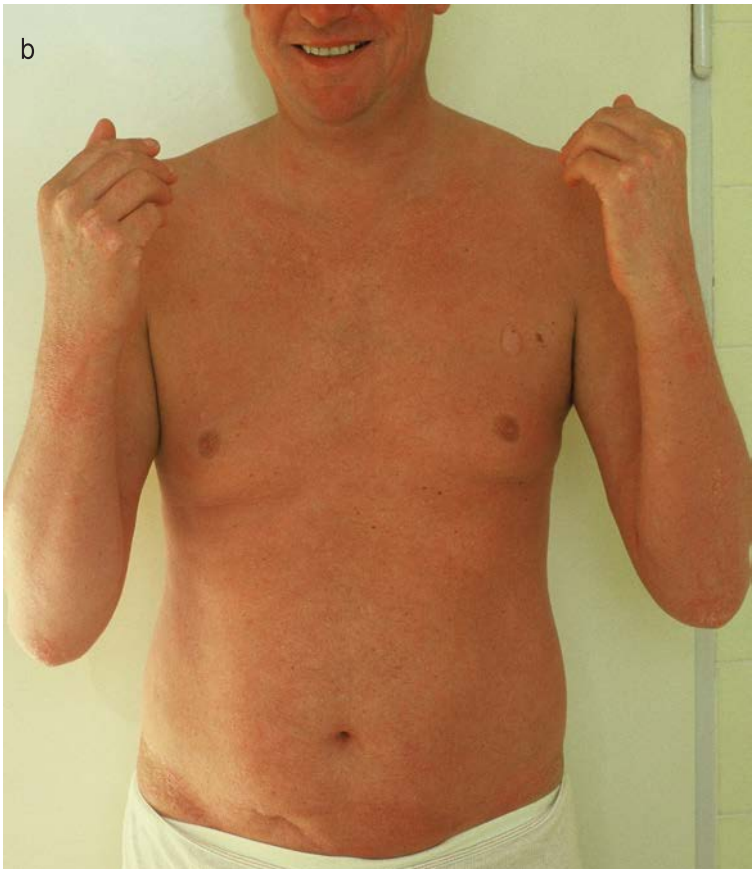
It is therefore becoming increasingly clear that it is not about treating the diagnosis of psoriasis across the board, but rather about treating the individual patient with their own biological characteristics.

The "Neukirchen" Concept

Since 1986, *Spezialklinik Neukirchen* has been treating the various clinical forms of psoriasis using an integrative, complex therapy model. The doctors and scientists at the clinic had previously spent several years working on the problem of the causative factors of psoriatic manifestations.

The currently available scientific literature shows beyond doubt, that in





Figs 1a and b: Psoriasis vulgaris before (a) and after (b) four weeks integrative therapy

50-65% of psoriasis cases (type 1) there is a genetic predisposition, which can be determined using the so-called genetic blood marker systems (antigens of the Lewis blood groups, the HLA and MHC systems). However, it is interesting to note that in these cases, as well as in a large number of patients in whom neither a familial predisposition nor genetic characteristics were recognizable (type 2 psoriasis), the onset of the disease was relatively late (usually in the second decade of life or later).

This shows that, in addition to the genetic predisposition mentioned above, additional provoking factors must occur in order to transform a hidden, genetically anchored psoriasis into a clinically manifest disease.

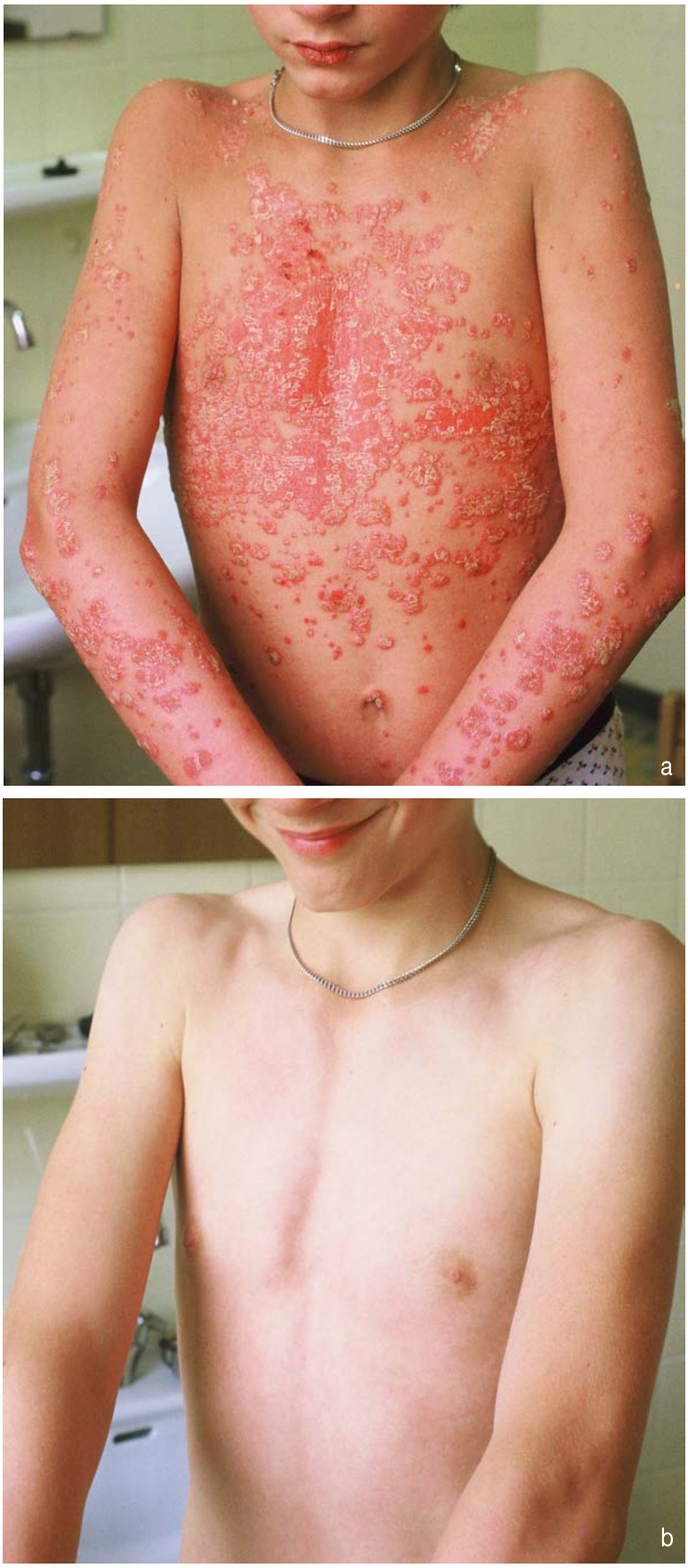
Provoking factors of psoriasis flare-ups

According to the available data, important somatic triggers of psoriatic relapses include:

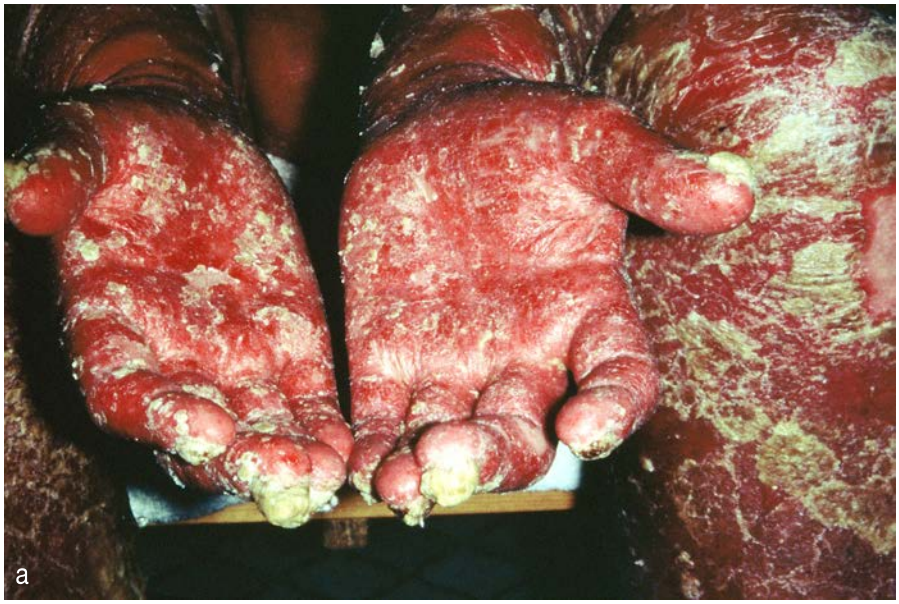
- Skin stimuli of a chemical or physical nature / injuries (Köbner phenomenon),
- negative climatic influences (cold and wet weather, sunburn),
- recurrent bacterial, viral or fungal infections of the skin, mucous membranes and intestines,
- deviations in cellular immune-function due to rapidly multiplying T-cell subpopulations that have been activated by certain antigens,
- long-term use of various medications such as anti-malaria drugs, blockers, lithium, penicillins, sulfon-amides, cimetidine, interferon, etc.
- the consumption of alcohol and certain foods or additives that

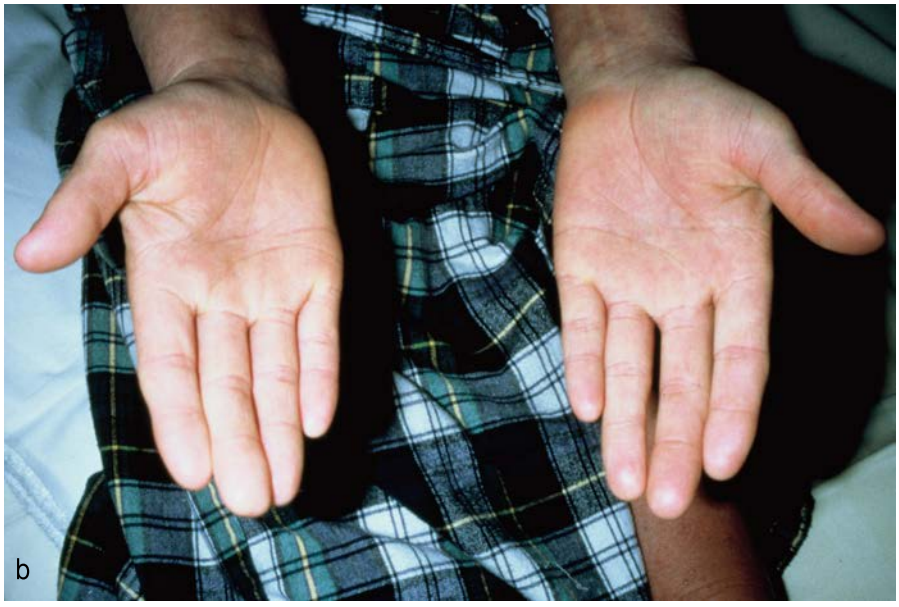
significantly increase the irritation of the skin through pseudo-allergic reactions

- pollutants such as nicotine, pesticides, fertilizers, wood preservatives, solvents, cosmetic ingredients or heavy metals from dental alloys, jewelry, food cans, which are considered potential activators of T cells
- abnormalities in purine, protein and fat metabolism, usually due to an incorrect diet
- a lack of detoxification function of the liver and blood (our own studies show reduced MAO, DAO and GST levels) and
- increased production of protein molecules from nerve and skin cells with an influence on the increased proliferation rate of the upper skin layers and T-cell function
- neurohormonal disorders, combined with significant abnormalities in the levels of stress hormones, which indicate a chronically altered reaction of the nervous system in psoriatic patients.
- inhibition of energy metabolism, associated with low levels of energy-rich substances (ATP) and cyclic nucleotides (cAMP) in the skin cells and leukocytes.
- the negative effect of various psychogenic factors such as conflict situations, exam anxiety, job loss, accidents, operations, divorce, death of relatives, etc. has also been statistically documented in over 40% of psoriatic patients.



Figs 2a and b: Psoriasis vulgaris before (a) and after (b) four weeks integrative therapy





Figs 3a and 1b: Psoriasis vulgaris before (a) and after (b) five weeks integrative therapy

Integrative, individualized therapy concepts

Given the numerous provoking factors of psoriatic flare-ups mentioned above, it is easy to understand that only an individualized holistic therapy can be successful in the long term.

The aim of this therapy is to transform the visible psoriasis into an asymptomatic form and to maintain this state in the long term. Since the genetic predisposition of psoriatic patients cannot be influenced and every patient has their own disease, the primary aim is to identify the individual provocation factors of an exogenous and endogenous nature as precisely as possible and to eliminate these in a targeted manner.

At the Spezialklinik Neukirchen, this is first ensured as part of a comprehensive diagnostic program based on clinical and special biochemical, microbiological, immunological and environmental medical examinations.

The following individual therapy measures are closely based on the results of the diagnostic program and primarily include:

Internal treatment

This includes measures such as:

- elimination of microbial infections of the skin, mucous membranes, airways, urinary tract, intestines or genital area
- restoration of healthy intestinal flora and intestinal function, e.g. using lactic acid-producing bacteria and healthy *E. coli* strains
- identification and elimination of relevant pollutants such as pesticides, wood preservatives, heavy metals from dental alloys, etc.
- activation of detoxification mechanisms of the liver and blood (alcohol/aldehyde dehydrogenases, phenol oxidases, mono- and diamine oxidases, glutathione S-transferases and others). This implies biological liver protection substances, selected foods and B vitamins with a co-enzyme function as well as the drastic reduction of nicotine and alcohol consumption
- elimination of elevated concentrations of disease-promoting substances in the blood (endotoxins, biogenic amines and circulating immune complexes) through exclusion diet, enzyme administration and intestinal cleansing
- reduction of elevated uric acid and fat levels in the blood by means of dietary and phytotherapeutic measures
- activation of the humoral and cellular defense function by means of biological protective substances (immunoglobulins), autovaccines (vaccinations) and biological-

herbal preparations such as Echinacea, Thuja, Baptisia

- substitution of deficient vitamins, trace elements, unsaturated fatty acids (omega-3,6 and 9) and energy-rich compounds (fumaric acid, ATP). The prescription of such products is also individualized and is strictly based on the test results (ATP, fatty acid profile in red blood cells, vitamin status, etc.).

Dietary measures

Experience has shown that most psoriatics must avoid certain foods that can trigger allergic or pseudo-allergic reactions or have an unfavorable effect on the intermediate metabolism. These include foods:

- with an increasing effect on the levels of uric acid and blood lipid levels (pork, offal, asparagus, fatty foods),
- inadvertently supporting the maintenance of bacterial or mycotic foci (sugar and flour products, alcohol),
- with an irritating effect on the nervous and vascular system (biogenic amines, coffee, preservatives, colorants and certain vasoactive spices such as pepper, paprika, curry, chilli),
- which cause allergic reactions through IgE antibodies or trigger pseudo-allergic reactions (without immune system involvement various food components and/or additives).

Local, external treatment

This is usually carried out with products that break down the layers of keratinized skin, inhibit growth and inflammation or are antimicrobial (urea, lactic acid, tar, dithranol, zinc, ATP, antimycotics), which are applied regularly under wet or dry wraps – depending on the condition of the skin and the results of the microbiological lab tests.

The antimicrobial, anti-inflammatory and skin-restorative measures are supported by medicinal baths (with tar-based products, lactic acid, oils). In the post-discharge phase, formulations containing vitamins as well as energy-generating and moisturizing products are generally used.

Psychological support

Our patients receive continuous, individual psychological care through very close contact with our doctors and therapists as well as additional relaxation therapies such as autogenic training, yoga and bio-feedback. This is complemented by regular one-to-one and group discussions to explain the principles of therapy and behavioral therapy instructions (e.g. self-confidence coaching) for the post-stationary phase.

Post-stationary phase

Although most psoriasis patients leave the Spezialklinik Neukirchen symptom-free, it is necessary to implement further dietary, metabolism-supporting and immunoregulating measures in the following six to eight months of the post-stationary phase in order to ensure a lasting symptom-free state. The therapy is gradually discontinued based on the results of repeated clinical-biological check-ups. Close cooperation between the patient and their general practitioner is essential during this period.

A study completed by the German Psoriasis Association in 1990 documents that over 80% of all patients treated in Neukirchen are satisfied or very satisfied with the results of their therapy in the long term (see illustrations 1-3).

We would argue that this result is remarcable, especially considering that neither cortisone preparations (external or internal) nor immune blockers, vitamin A derivatives or photochemotherapy (PUVA) are used in this therapy model.

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