

1/2005 Februar

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## Integrative Psoriasis Therapy Considering the Provocation Factor

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Sonderdruck  
aus derm (11) 2005, 59–64

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# Integrative Psoriasis Therapy Considering Provocation Factors

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That psoriasis is an inflammatory skin disease characterized by redness, scaling, and plaque formation, accompanied by a significantly accelerated growth of the upper skin layer, should be known to all affected individuals. The classification into several clinical phenotypes (psoriasis vulgaris, psoriasis pustulosa, psoriasis arthropathica, psoriatic erythroderma) is unanimously recognized; however, it provides little insight into the pathogenesis of this disease.

## Classical Treatment Methods for Psoriasis

The analysis of the treatment spectrum for psoriasis in industrial countries over the last 30 years shows that the same methods are still used:

1. Radiation therapy: UV treatment under inpatient or outpatient conditions, often combined with chemotherapeutics like psoralens (PUVA therapy).
2. Climate therapy in high altitudes or by the sea combines the positive effects of the sun (UV radiation) with the mineral and trace element effects of seawater. Clinical or outpatient approaches based on this natural therapy form also include W-radiation and brine therapy, which are offered in clinics and spa resorts.
3. Local symptomatic treatment with various ointments, creams, and emulsions, mostly based on cortisone, retinoids, salicylic acid, calcineurin, and tar formulations.

4. Systemic treatment of severe forms of psoriasis with vitamin A derivatives (Tigason, Roaccutan) or with cytostatics (methotrexate, cyclosporine).

The aforementioned treatment methods are certainly well known to all psoriasis patients; however, they unfortunately share three commonalities:

1. None of these methods consider the provoking factors of psoriatic manifestations.
2. All these methods only address the psoriatic symptoms (inflammation and high proliferation rate of epidermal cells, associated with scaling); therefore, the symptom-free period is limited, and recurrences occur more quickly after repeated treatment.
3. All these methods have various side effects that can be mild or severe for the patient with long-term use, ranging from suppression of cellular immune response with increasing susceptibility to infections, skin atrophy, edema, hair loss, and internal organ damage to skin cancer.

Based on these facts, the attention of those affected has increasingly focused in recent years on new biological, low-side-effect treatment approaches that can also ensure a longer period of symptom freedom under certain conditions.

## Current Treatment Approaches

In recent years, various treatment centers have reported the use of one or another biological agent, mostly as a supplement to classical treatment

methods. This includes, for example, the application of

- Vitamin D3 derivatives (calcipotriol, etc.) for local treatment of psoriatic lesions
- luminal acid preparations for internal and external use
- multiple unsaturated fatty acids, such as those from evening primrose and fish oil
- genetically engineered biologicals to inhibit activated T-cells and their cytokines (calcineurin inhibitors, etc.)
- various dietary recommendations that are also supposed to alleviate symptoms.

Here too, the approaches and treatment successes are controversially discussed, as none of these new agents has yet been able to claim lasting symptom freedom on its own.

It is becoming increasingly clear that it is not about diagnosing psoriasis in general, but rather about treating the individual patient with their own biological pattern.

## The Neukirchen Model

Since 1986, the various clinical forms of psoriasis have been treated at the Neukirchen specialized clinic based on an integrative, complex therapy model. The doctors and scientists of the clinic had previously spent several years dealing with the issues of the causative factors of psoriatic manifestations. The data currently available from the literature clearly show this.





Fig: psoriasis vulgaris a) before and b) after four weeks of integrative therapy

It is known that in 50-65% of psoriasis cases (type 1), there is a genetic predisposition, which can be detected using the so-called genetic blood marker systems (antigens of the Lewis blood groups, the HLA and MHC systems). Interestingly, however, the fact that both in these cases, as well as in a large number of patients in whom neither a familial predisposition nor genetic characteristics were detectable (psoriasis type 2), the disease only broke out relatively late (usually in the second decade of life or later).

This fact shows that, in addition to the aforementioned genetic predisposition, additional provoking factors must occur to transform latent, genetically anchored psoriasis into a clinically defined, visible disease.

## Provoking factors of psoriatic flare-ups

According to the data available to us, the following are considered important somatic triggers of psoriatic flare-ups:

- Chemical or physical skin irritations-shear nature/Injuries (Köbner-Phenomenon);
- negative climatic influences (wet cold Weather, sunburn);
- recurrent bacterial, viral or mycotic infections of the skin, the Mucous membranes and intestines;
- Deviations in the cellular in the-function is expanded by clonal T-cell subpopulations caused by be-agreed antigens have been activated;
- the long-term intake of various-medicines such as anti-malaria-Drugs, B-blockers, lithium, penicillins, Sulfonamides, cimetidine, interferon, and others;
- the consumption of alcohol and alcohol-the right food-there are additives that are pseudoallergic reactions to the stimulus-significantly increase the condition of the skin;
- Pollutants such as nicotine, pesticides-de, Fertilizers, Wood preservatives,
- Solvents, cosmetic ingredients or heavy metals from dental technology- stanchions, jewelry, tin cans, which are considered as potential activators of the T-Cells apply;
- Deviations in purine, protein-and lipid metabolism, usually by fal-nutrition;
- a lack of antitoxic funk-liver and blood (own Research shows degraded MAO, DAO and GST values);
- the increased production of neuro-peptides from nerve and skin cells with influence on the epidermal Hy-perproliferation and T-cell function;
- neurohormonal disorders, ver-bonds with significant catechol-min-deviations and blockages of the B receptors. Recent results from our laboratory will show in this-significantly increased Norepinephrine levels in the plasma, which a chronically altered reaction-the state of the neurohormonal Refer to the regulation of the psoriatic.





Fig: psoriasis vulgaris a) before and b) after four weeks of integrative therapy

Abnormalities in pituitary function, associated with significantly elevated GTH levels, as well as the negative stress effects on cellular immune function have also been reported in the literature;

Inhibition of energy metabolism, associated with low levels of energy-rich substances (ATP) and cyclic nucleotides (cAMP) in skin cells and leukocytes;

- The negative effects of various psychogenic factors such as conflict situations, exam anxiety, job loss, accidents, operations, divorce, death of relatives, and others have also been statistically documented in over 40% of psoriasis sufferers.

### Integrative, individualized forms of therapy

Given the above-mentioned multifactorial determination of psoriatic flare-ups, it is easy to understand that

Only an individual integrative therapy that takes the above-mentioned provocation factors into account can be successful in the long term.

The goal of this therapy is to transform manifest psoriasis into a symptom-free form and to stabilize this condition in the long term.

Since the genetic predisposition of psoriasis patients cannot be influenced and each patient has their own form of the disease, the primary attempt is to identify the individual provocation factors of an exogenous and endogenous nature as precisely as possible and to specifically eliminate them.

At the Neukirchen Special Clinic, this is first ensured within the framework of a comprehensive diagnostic program based on clinical and special biochemical, microbiological, immunological, and environmental medical examinations.

The following individual therapeutic measures are based

strictly adhere to the results obtained in the diagnostic program and primarily include:

#### Internal treatment component

This includes measures such as:

- Remediation of microbial foci that have infected the skin, mucous membranes, respiratory tract, urinary tract, intestines, or genital area.

Restoration of healthy intestinal flora and intestinal function, for example, 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, and others.

Activation of phase I and II detox mechanisms of the liver and blood (alcohol/aldehyde dehydrogenases, phenol oxidases, mono- and diamine oxidases, glutathione S-transferases)



sen, among others). Biological liver protective substances, selected foods and B vitamins with coenzyme function, as well as the drastic reduction of nicotine and alcohol, are used here.

- Elimination of elevated concentrations of disease-promoting substances in the blood (endotoxins, biogenic amines, and circulating immune complexes) through an exclusion diet, enzyme supplements, and intestinal cleansing.
- Reduction of elevated uric acid and fat levels in the blood through dietary and phytotherapeutic measures.
- Activation of the humoral and cellular defense function through immunoglobulin supplements, autovaccines, and biological plant preparations such as Echinacea, Thuja, and Baptisia

Replacement of missing vitamins, trace elements, unsaturated fatty acids (omega-3, -6, and -9), and energetically active substances (fumaric acid, ATP). The prescription of such medications is also individualized and strictly based on the test results (ATP levels, fatty acid profile in erythrocyte membranes, vitamin status, etc.)

#### Dietary Measures

Experience has shown that most psoriasis sufferers must avoid certain foods that can trigger allergic or pseudo-allergic reactions or have an adverse effect on intermediate metabolism. This includes foods that

increase uric acid and blood lipid levels (pork, offal, asparagus, fatty foods),

have an adverse effect on the maintenance of bacterial or mycotic foci (sugar and flour products, alcohol),



Fig: Psoriasis vulgaris a) before and b) after five weeks of integrative therapy

- with irritating effects on the nervous and vascular systems (biogenic amines, coffee, preservatives, dyes, and certain vasoactive spices such as pepper, paprika, curry, chili),

- which cause allergic reactions with IgE antibodies or contribute to the development of pseudoallergic reactions without immunoglobulin involvement (various food components and/or additives).

#### Local, external treatment

Treatment is usually carried out with keratolytic, growth and anti-inflammatory, or antimicrobial preparations (urea, lactic acid, tar, dithranol, zinc, ATP, antimycotics), which are applied regularly under wet or dry compresses depending on the skin condition and the results of the microbiological examinations.



The resulting focus-rehabilitating, anti-inflammatory, and skin-building effect is supported by medicinal baths (tar, lactic acid, oil baths). During the follow-up treatment phase, vitamin-containing, energy-boosting, and moisturizing preparations are generally used.

### Psychological Care

Consistent, individualized psychological care for patients in Neukirchen is ensured through very close contact with our doctors and psychologists, as well as through additional relaxation therapies such as autogenic training, yoga, and biofeedback. This also includes regular individual and group discussions to explain the therapy principles and behavioral therapy instructions (e.g., self-confidence training) for the follow-up treatment phase.

### Follow-up Phase

Although most psoriasis patients leave the Neukirchen Special Clinic free of symptoms, it is necessary to initiate further dietary, metabolic support, and immune-stimulating measures during the following six to eight months of the follow-up treatment phase to ensure permanent freedom from symptoms.

The therapy is gradually tapered based on the results of repeated clinical-biological control examinations. Close cooperation with the treating family physician is essential during this time.

A study completed in 1990 by the German Psoriasis Association documented that over 80% of all patients treated in Neukirchen are satisfied or very satisfied with their treatment outcome in the long term (Figs. 1-3).

We believe that this result is significant, especially when known-

Obviously, neither cortisone preparations (external or internal), nor immunosuppressants, retinoids, or photochemotherapy (PUVA) have a place in this therapy model.

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