



Psoriasis

Is caused by abnormal reactivity of specific T cells in the skin. Is linked to Coeliac disease and Crohn's disease. There can also be emotional factors to trigger. (39% of psoriatics report a specific stressful event within 1 month before initial episode). Stress management can be beneficial in the treatment.

Factors to address are:-

Gastrointestinal function (digestive dysfunction and bowel toxemia dysbiosis)

- incomplete digestion or poor absorption. Evaluate digestive function with complete digestive stool analysis. Re-enforce digestion (HCL, pancreatic enzymes)
- High fibre diet – fruits, vegetables, milled flaxseed, chia seed, whole grains, legumes to bind toxins and promote their excretion
- Probiotics lactobacillus, bifidobacterial hydrastis as needed

Liver Function

- Eliminate alcohol
- Support the liver by eating bitter foods – rocket, chard, chicory (boosts immunity and lowers LDL), collard greens, kale, mustard greens, turnip leaves, spinach, endives, cress, dandelion greens, watercress

Bile Deficiencies

- Bile acid can assist for short term treatment of psoriasis. 1-6 weeks diet high in vegetables and fruits, devoid of hot spices, alcohol, raw onion, garlic and carbonated drinks was shown in a Hungarian study to alleviate symptoms in 78% of patients

Nutrition

- Omega 3 fatty acids are abnormal in psoriatics – treatment with fish oils (higher EPA: DHA) ratio improves symptoms. Deep sea fish salmon, mackerel or herring are therapeutic
- Vit A, zinc are essential to skin health. Chromium is indicated to increase insulin receptor sensitivity – psoriatics have increase serum insulin and glucose
- Active Vitamin D can be lower in psoriasis patients
- B6 & B12. Psoriasis is an independent risk factor for cardiovascular disease – whether risk factors are caused by psoriasis or share common pathogenesis. Dyslipidemia, coronary calcification, increased highly sensitive C reactive protein, decreased folate and hyper homocysteinemia are more common in psoriatics. Rapid keratinocyte turnover in psoriasis may over consume folate, inducing deficiency.
- Selenium – low concentrations in whole blood Se are common in psoriasis. Selenium rich foods included brazil nuts, fish (crab, salmon), pork shrimp, brown rice, beef, chicken, walnuts