

Psoriasis

a) Definition

The term psoriasis derives from the Greek word „PSORA“ (branny desquamation, scabies, redness). The disease is known since ancient times. Psoriasis is a genetically determined disturbance of the skin.

b) Various Types of Psoriasis

- **Psoriasis Vulgaris** is the most widely spread form of psoriasis. During the early stage the blood vessels in the area of the psoriasis focus fill up and dilate. Then a pink or red spot or papule covered in dry silvery scales appears.
- **Psoriasis pustulosa** is characterized by the appearance of red blisters on the psoriasis focus. This is often limited to the palm and sole of foot.
- **Psoriasis Erythrodermie** means an additional inflammation of and in between of the psoriasis foci, causing the foci to merge and affect the entire skin.
- **Psoriasis arthropathica**
This severe form of psoriasis affects the joints.
The disease process may involve severe luxation, stiffening (ankylosis) and deformation of the joints.
- **Psoriasis Capitis** means an infestation of the scalp.

c) Occurrence

Psoriasis is one of the most widely spread skin diseases. 5 to 10 percent of the patients (3 to 6 million people in Germany) are only briefly affected by a temporary flare-up. The number of people suffering from chronic psoriasis is estimated at 2 to 4 percent. This means that approximately 1.6 to 3.2 people in Germany suffer from chronic psoriasis.

d) Possible Activators and Negative Factors

- Mechanical Stimuli
- Intense Exposure
- Infection
- Tooth Root Suppuration
- Hormonal Disorder
- Hormonal Changes
- Certain Medication
- Abrupt Withdrawal of Medication
- Metal Allergy
- Contact with Alkaline Solutions or Chemical Substances
- Severe Overweight
- Too much Animal Protein
- Alcohol
- Psychological, Emotional or Physical Stress (Negative Stress)

e) Common Methods of Treatment

- Salicylic acid is used for scale removal
- Tar has an anti-inflammatory and anti-eczematous effect
- Dithranol has a cytostatic effect
- Corticosteroids (Cortisone)
- PUVA (Blacklight, Photo-Activated Chemotherapy): UVA radiation has only a mild anti-psoriatic effect on its own. Therefore the skin is sensitized with 8-Methoxy-Psoralen (Meladinine, internally or as solution / ointment) and then irradiated with UVA.
- SUP (SET) is the acronym for Selective Ultraviolet Phototherapy. Presumably, the effective wave length to treat psoriasis is 313 nm. Therefore radiation devices that exhibit this particular range have been developed.
- RePUVA oder ReSUP is the combination of retinoic vitamin A acid derivatives. It is one of the most intense treatment options and should only be used in emergencies.
- Balneo Phototherapy: This treatment is offered by German health spas. It attempts to artificially recreate the natural factors of the Dead Sea.
- Methotrexate impedes cell division (Cytostatic Agents)
- Imurek also counts among the cytostatic agents
- Tigason (Retinoid) is a derivative of vitamin A acid. It impedes cell division in a different way than Methotrexate.
- Furfuric Acid

f) Treatment of Psoriasis in the Dead Sea Region

Upon admission to the DMZ clinic every patient is immediately seen by the dermatologist and the internist. In addition to this blood pressure and weight are measured, the general medical history as well as the family's including previous treatments (type, place, successes and failures) are checked and the patient receives a full medical examination. Following this the extent of the skin involvement in psoriasis is calculated. The spread of the disease on skin and joints is then illustrated by way of a graphic outline. In the final step diagnosis, assessment and a treatment plan are prepared. This involves basic ointments, oils, lotions, exposure to sea and sun, balneotherapy and supplementary medicinal therapy. Sun exposure, for example during baths in the sea, is undertaken on a daily basis with increasing retention time. This leads to a slow but steady adjustment to the effects of sun and sea on both the diseased skin and joints and also achieves optimal pigmentation while avoiding sunburn. We believe that this also serves as a preemptive skin cancer precaution.

The Following Treatment Options are available in the Dead Sea Region:

- [Thalassotherapy](#)
- [Balneotherapy \(Thermal Sulphur Baths\)](#)
- [Combined Thalassotherapy and Balneotherapy](#)
- [Supplementary Therapy – Fango, Mud Packs, Ice Packs](#)

Thalassotherapy in the Dead Sea makes Use of the Following Factors:

- [Sunbaths](#) First and foremost, UV exposure serves the treatment of the skin. It also plays an important role when treating arthritis.
- [The hot](#) and dry climate of the Dead Sea region often leads to immediate improvement of the therapeutic process.
- [Sea baths](#) have proven to be effective treatment for both pain and impaired mobility.
- [Natural Bromine Inhalation](#) The clean, allergen free desert air of the Dead Sea region, which is devoid of any sources of environmental pollution, carries a high amount of bromine, which is known as a sedative. Patients who breathe it during their treatments often show a marked

change in their behaviour – they calm down and become less anxious.

- **Fango** is applied to the affected joints on a daily basis by the patients themselves. Exposed to the sun at the beach over a period of 15 to 30 minutes this allows the salts contained in the mud to penetrate the skin.
- **Sulfur Baths** We recommend sulfur baths from the beginning of the second week of the stay in order to achieve an improvement of painfully damaged joints. This also leads to increased mobility.
- **Mud Packs** We prescribe this kind of local therapy after an acclimatization period of two weeks. We prefer full-body mud packs, which are more effective than local applications. Although this method is not allowed in physiotherapy and is not always being tolerated, the majority of patients finds its effect to be soothing. Mud packs can be applied up to four times per week.
- **Ice Packs** A large number of patients prefers this therapy. We only apply this treatment if heat application remains unsuccessful.

Treatment timetable:

	<i>recommended treatment period</i>	<i>recommended</i>
<i>duration</i> Psoriasis Vulgaris	April - November	3 - 4 weeks
Psoriasis pustulosa	April - November	3 - 4 weeks
Psoriasis arthropatica	April - November	4 weeks
Psoriasis Erythroderma	April - November	4 weeks