

Skin care for psoriasis skin – individually adapted

published in Beauty Forum 2009 (10), 48-51

Every problem skin requires a skin care which is optimally adapted to the individual patient, particularly during non-acute conditions or periods free of complaints. Preventive care may help reduce the stress for psoriasis- affected persons.

Psoriasis belongs to the keratoses. Keratosis is the generic term for cornification disorders. There are various causes for this disease. It is intensified by external factors or sometimes even triggered by them. A low atmospheric humidity in rooms, chilly and damp weather and stress for instance play a role in this connection. Characteristic sign is the inflammation of the skin (erythema). The area is covered with scales consisting of keratinocytes which shed a lot faster than on normal skin.

The skin care needs to be non-irritant which means that substances should be used that are compatible with the physiology of the skin. This applies for the formula but as well for the concentration of the skin care substances. In contrast to acne which is a cornification disorder of the sebaceous glands with cosmetic treatments concentrating on the face, neck and décolleté, the skin care for psoriasis patients is focussing on knees, elbows, the scalp but also the finger nails. This is a particular challenge for the cosmetic practice as besides the dominant facial area also the other body areas have to be included which means that there are three treatment areas:

- full-body treatment
- facial application and the
- treatment of critical areas

Full-body treatment

The full-body treatment has to follow corneo-therapeutic principles. It is the objective to ensure the best possible skin condition in order to protect the skin from external irritations as for instance low atmospheric humidity, changes in temperature, pathogenic germs or irritant substances.

Itching may be caused by natural substances of the body as e.g. dried perspiration. That is the reason why **clothes** should be wide enough, breathing and light and consist of soft materials. Wool or specific waterproofed materials may be counterproductive in this case. These are only marginal conditions that have

to be considered in cases of cornification and barrier disorders and will have no influence on the basic causes of psoriasis; in combination with a well-funded nutrition counseling and personal attention they are, however, major jigsaw pieces in the effort to limit the impacts of the disease.

The full-body treatment starts with **skin cleansing** or a **shower**. It is important to use mild cleansing products which can be removed without leaving any residues. Aggressive tensides and re-fattening ingredients are taboo and it is recommended to use soft water for the shower in order to avoid skin reactions with the substances responsible for the water hardness. An alternative may be baths with sea salt or salts of the Dead Sea.

If partial **peelings** are necessary, the respective areas are covered with an enzyme peeling mask for about 10 to 20 minutes which is then removed before taking the bath. Mechanical peelings with abrasive bodies are not appropriate. In case it is necessary to clean the acutely scaling areas of scales the dermatologist has to be consulted. In terms of balneology a number of interesting treatments is available ranging from fango, thermal baths up to sessions with the favorite kangal fish that nibbles off scales.

After cleansing, the skin should be **tonified** in order to prepare the skin for the active agents that will be integrated into the skin with the following packs. As is the case with the cornification disorder "acne" liposomal skin tonifying lotions have proved successful which also contain D-panthenol and fumaric acid in addition to the native phosphatidylcholine. Fumaric acid is a body-identical substance and not to be confounded with fumaric acid esters that are used for the oral therapy of psoriasis.

Most suitable for the **body pack** are systems consisting of emulsifier free base creams and active agent concentrates (sera) since also the psoriasis-prone skin is not uniform and shows individual differences regarding skin hydration, lipid content and elasticity. Also age and seasonal influences play their part in this context. Since extensive skin areas are concerned, it is

recommended to eke out base creams with lukewarm water for cost reasons. As with problem skins, it is also a matter of principle in this case to use products that are largely free of additives, i.e. they should not contain any preservatives and perfumes, emulsifiers and occlusive components. The active agents to be used are as follows:

Essential fatty acids (EFAs) that stabilize the skin barrier and whose metabolites have anti-inflammatory effects:

- linoleic acid (soybean oil, safflower oil, phosphatidylcholine)
- alpha-linolenic acid (linseed oil, rosehip oil)
- gamma-linolenic acid (evening primrose oil)

anti-inflammatory substances:

- boswellia acids (frankincense resin)
- berberine alkaloids (mahonia extract)
- acetoside (ribwort extract)
- salicylic acid; has also keratolytic effects
- chamomile extract
- echinacea extract

vitamins / vitamin-related substances:

- D-panthenol
- vitamin A
- vitamin E
- vitamin D; contained in avocado oil

moisturizing substances:

- aloe vera extract
- algae extract
- CM Glucan
- urea
- amino acids (NMF)

re-fattening substances (cf. essential fatty acids):

- neutral oil (capric/caprylic triglyceride)
- jojoba oil
- shea butter
- olive oil
- avocado oil

The **active agents are selected** after a precise instrument-based and visual skin analysis. The therapist will proceed cautiously to find out which specific active agent will be the most effective remedy for the individual skin. It definitely makes no sense to mix the above mentioned active agents into a cocktail. Experience has shown that healing earth that is rich in clay or clay powder can be added to the packs. However, the disadvantage of these mineral packs is that they have to be removed with moist towels with the result that the moisturiz-

ing substances applied before are partially removed too.

Before the pack, a **massage** can be offered whilst taking into account that the acutely inflamed areas have to be spared. It is recommended to combine the oils used for the pack with the base cream.

If necessary, the treatment can be completed with a **finishing cream** that is sparingly applied. Overtreating definitely needs to be avoided as this might trigger negative reactions of the skin. **Finishing treatment and home care** should be carried out with the same components that were used at the beauty institute. Similar to the acne treatment the home care has to be carried out in two steps:

1. skin toning with a liposomal lotion (see above)
2. skin care cream containing evening primrose oil and urea; or alternatively: cream containing ribwort, mahonia extract and salicylic acid.

Facial treatment

With exception of the hairline and the skin behind the earlobes, the facial skin is not affected by psoriasis. However, it makes sense to proceed in a similar way as for the full-body treatment, if only to avoid any further complication of the treatment. Instead of a pack (fleece) a mask is used which mostly consists of generously applied rich creams (active agents, see above). The cream may simultaneously be used as a medium for a light massage with the advantage that active agents like vitamin A, C, E and D-panthenol are perfectly penetrating into the skin. When using hardening modeling masks based on calcium sulfate (follow INCI) in order to provide a temporary occlusive cover, an insulating layer of a base cream or vegetable oil like rosehip oil has to be applied to make sure that the calcium salts will not get onto the skin.

Particularly critical areas

Most complicated is the treatment of the **scalp** because of the hairs. These areas can just be remedied with liposomal lotions containing fumaric acid or linseed oil in nanoparticulate form. Lipid-containing formulations are out of question as they ruin the hair style and can only be removed with tenside-containing cleansing products which also remove the active agents applied before. All the more important is it to largely protect the scalp from chemical substances. In other words, hair gels, sprays as well as shampoos with aggressive cleansing substances and re-fatteners have to

be reduced to a minimum. Perms and hair dyeing should be avoided too. It is also important to protect the skin against sun radiation whereby it is recommended to avoid creamy UV-absorbers containing products and to use a head covering instead. Easier said than done, however this proved to be the most effective prevention.

Finger and toe nail beds quite often are also sensitized by psoriasis. In this case it is helpful to bathe them in liposomal fumaric acid solutions. Egg cups work well for finger nail baths. The liposomes will penetrate under the nails and spread the active agents. It is recommended to cure toe nails with foot baths or soaked fleeces, above all, if the soles are affected too.

Holistic strategy

Frequently the susceptibility to psoriasis is inherited. However, it is evident that the disease involves a whole set of **co-factors** to finally manifest itself. Among these may be **mental** (stress), **nutritional** (unbalanced consumption of fatty acids), **drug-related** (beta blockers), **technical** (chemical substances at the workplace) or **climatic factors**, just to mention a few. That is why **adequate counseling during the treatment** and the **ability to empathize** are vital components for the long term success of a preventive skin care.

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