

Psoriasis

Psoriasis is a chronic, non-contagious skin condition affecting around **2 – 4% of the population**. It tends to run in families, affecting men and women equally, and typically presents for the first time between the ages of **15 and 30**. Psoriasis is most commonly seen in people with white European ancestry, and is relatively uncommon in Asian, black African and black Caribbean families.

Psoriasis Symptoms

Symptoms include **skin itching, dry, scaly patches, papules** and **red, sore skin**. It can affect any part of the body, but is more likely to affect the outer side of joints and on the fingernails/toenails.

Psoriasis regularly affects the torso and limbs, but around 50% of all psoriasis sufferers will also experience changes with their nails. Nails may become discoloured or pitted, and in extreme cases may even detach from the nail bed. Many psoriasis sufferers will experience symptoms on their scalp, around the hairline and eyebrows.

Psoriasis Causes & Triggers

Psoriasis is caused by an over-production of skin cells and is thought to be a result of a problem with the body's immune system. Your body usually replaces skin cells every 28 days or so, but in psoriasis sufferers that renewal process is **greatly accelerated** and the cycle may take a week or less. This over-production of skin cells results in a build-up on the skin and the formation of characteristic "plaques" or white/silver scaly patches of skin.

Psoriasis can be triggered or exacerbated by stress, using astringent or irritating toiletries and household cleaning products, poor diet, hot water, scratching and environmental pollutants.

Types of Psoriasis

Plaque psoriasis is by far the most commonly seen form of the condition and accounts for around 90% of cases. Typically displaying dry, red and sore skin with patches covered in silvery scaly skin, it can appear anywhere on the body.

Guttate psoriasis is usually triggered by a bacterial infection, often of the respiratory tract, and leads to small, itchy, red skin lesions on the torso and arms. Moderate exposure to sunlight can help to clear the condition.

Inverse psoriasis (flexural psoriasis) is similar to plaque psoriasis, but usually exclusively appears in folds of the skin such as the groin, behind the ears, under the breasts and armpits.

Psoriatic erythroderma affects the whole body (usually a minimum of 90% of the body) including the face, hands, feet, torso and fingernails, and refers to a general redness of the skin which can be a result of eczema or a reaction to medication.

Pustular Psoriasis appears on the hands or feet, and presents as watery or yellow pus-filled non-contagious blisters. Usually affecting adults, the blisters can make walking or using the hands difficult.

Psoriasis Treatments

Perhaps rather surprisingly, there is no established treatment plan under the NHS specifically designed for psoriasis. GPs often prescribe a combination of steroids, antibiotics and emollients. Immuno-suppressants may also be used, as can light therapy in more extreme cases. These treatments can be harsh for sensitive skin, and long term use of steroids can cause thinning and discolouration, so you may choose to look for natural alternatives.



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