

Total Care of Psoriasis

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It has been almost 200 years since Robert Willan provided the first clinical description of psoriasis; but in spite of many advances in worldwide biomedical research in recent decades, the etiology of psoriasis still remains an enigma. I have contributed more than 50 years of my medical career in dermatology to the study of the clinical aspects, epidemiology, and treatment of this condition and have witnessed significant growth in these areas.

Ten years ago, my lifelong friend and colleague, the late Dr. John T. McCarthy, Editor-in-Chief of *Cutis*[®], asked my colleagues and I to compile a special issue on the state-of-the-art on psoriasis. It was in November of last year that we had the privilege to update this material. It covered the biology of psoriasis; childhood psoriasis; genetics studies on the search for the susceptible gene for its inheritance; development of a new animal model in the use of the SCID (severe combined immunodeficiency disease) mouse; and use of various current treatments, eg, methotrexate, corticosteroids, retinoids, and phototherapy. Now, a year later, *Cutis* is publishing a continuation of these themes by presenting articles on research findings on the neuroimmunology of psoriasis stemming from our laboratories in the Psoriasis Research Institute, including the potential application of conditioning in the pharmacotherapy of psoriasis, risk factors encountered in the course of the condition and their prevention, and the use of cyclosporine as a treatment agent.

It is with fond memories of John McCarthy that, as Guest Editor, I have the privilege to share a few of my thoughts on the evolution of clinical and therapeutic aspects of psoriasis. Foremost is my sound belief in the concept of total care: a third dimension in the treatment of psoriasis. Although I have set forth the tenets of a total care program in earlier publications, I feel they bear repeating at this time. The state of one's health depends on an integrated relationship between hereditary factors, mind-body synchrony, and environmental influences. A breakdown of this integration results in disease, which can progress to illness and death. In treating psoriasis, we are constantly seeking new, innovative, and effective therapies. Our patients receive almost sequentially tar,

anthralin, corticosteroids, and vitamin D3 salve, or they are prescribed methotrexate, retinoids, cyclosporine, and psoralen/ultraviolet A (PUVA). However, most require continued treatment, some for a lifetime.

My colleagues and I have asked the question: Is there a third dimension ... something in addition to topical and systemic therapies? More specifically, in our efforts to help our patients, have we overlooked the mind-body connections and their effects on the immune system? Unfortunately, the person as a holistic entity has been neglected in decades of superspecialization that tends to deal with individual organs. Hence, we have been developing new treatments of psoriasis from the concept of total care.

Psoriasis, when covering extensive areas of the skin, can be a disfiguring and disabling condition, especially in its pustular and erythrodermic forms. Because it is a lifelong disorder characterized by exacerbations and remissions, the parents and the patient should be carefully counseled regarding the nature of the condition and its management.

At the Psoriasis Research Center we have inaugurated a new approach to treating psoriasis—the Total Care Program, which is designed to individualize treatment regimens as well as provide adults and children with guidance in nutrition, exercise programs, general medical and fitness care, stress reduction techniques, and patient education. We find this program augments traditional therapeutic modalities and adds a third dimension in the treatment of psoriasis that cements a partnership between the patient and the physician.

Participation in self-help workshops by patients and their families has a 2-fold purpose. These workshops provide a forum to teach patients about the fundamentals of psoriasis: its cause, natural history, genetics, preventive measures, psychosocial and economic factors, and current research. They also provide patients with an opportunity to share their coping experiences with others. The psychosocial impact of psoriasis can ruin a patient's life. Educating children about the fundamentals of the natural history of psoriasis will provide them with a better understanding of the condition and ways of handling related problems that may arise in the home, school, or play setting.

Since initiating the Total Care Program, we have demonstrated that patients with psoriasis find a progressive lessening in the dosage of their topical and systemic medication, as well as lengthening of their periods of remissions.

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