

## Psoriasis

A very common skin disease which is typically featured as patchy, raised, red areas of skin inflammation with scaling, psoriasis often affects the tips of the elbows and knees, the scalp, navel, and around the anus and genital areas.

Over 10% of psoriasis patients also develop an associated inflammation of their joints which often is diagnosed as having psoriatic arthritis. About 1 in 10 people with psoriasis will also develop inflammation of joints.

Psoriatic arthritis is part of a group of arthritis that is more than likely to cause inflammation of the spine. Why this happens is currently unknown, but more than likely a combination of genetic and immune factors as well as environmental factors, are involved.

Psoriasis and the joint disease arthritis often appear separately as the arthritis may precede the psoriasis in the majority of patients. Psoriatic arthritis often occurs within both males and females over the age of fifty and affects many people. Many people will have arthritis for twenty years or more before they get psoriasis.

Patients with psoriatic arthritis may also develop inflammation of tendons, cartilage, eyes, lining of the lungs, and occasionally the aorta. Psoriatic arthritis may also mimic the pattern seen with rheumatoid arthritis.

There are lots of different treatments that are available to help control psoriasis. Some of them will be found over the counter at the local supermarket while others require a prescription. Not every treatment will work for each and everyone so the idea is to find a treatment that will work the best for each individual case with the fewest side effects.

The most commonly prescribed treatments for psoriasis is topical corticosteroids. Which is synthetic drugs that are a bit like naturally occurring hormones in the body that are available in different strengths and formulations that includes lotions, creams, solutions, sprays, gels, and ointments.

Corticosteroids act by slowing down the development of skin cells and lessening the irritation of lesions in patients with psoriasis. Even as corticosteroids may quickly clear lesions, they do not create long term remissions so the lesions linked with psoriasis may happen again after a short term. Side effects are many and may embrace stretch marks or scars on the skin.

Topical treatments work relatively quickly at clearing lesions and are typically well tolerated by the majority of psoriasis sufferers. Topical therapies have remained the mainstay of treatment for many patients suffering with mild psoriasis.

However, topical treatments must be used repeatedly to remain effective and are often not able to maintain remission of an outbreak. Dithranol is a topical therapy which has been used often to treat psoriasis. It can be effective for mild to moderate psoriasis and is often used with ultraviolet treatments for patients with more severe psoriasis.

There are a few major issues which limit the use of Dithranol because it can cause annoyance and burning to the skin and can stain everything it comes in contact with.

While complementary and alternative treatments are becoming more common, it is important to note that to date they have not been tested and studied to the same extent as conventional medical treatments. But as more people have been active partners in their treatment of psoriasis, interest in alternative medicine has grown by leaps and bounds.

## About the Author

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