

# **Simplified Guide to Psoriasis: Is There a Cure and What Are the Treatment Options?**

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## **Executive Summary**

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Psoriasis is a long-term skin condition caused by an overactive immune system, leading to red, scaly patches. There is no cure, based on many clinical trials. Treatments help control symptoms, often greatly reducing severity (for example, over 90% improvement on standard scoring systems), but symptoms often return, and treatments can have side effects. This guide reviews the causes, proven treatments, limitations, industry factors, and some early alternative ideas.

## **Causes and Why There Is No Cure**

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Psoriasis occurs when the immune system mistakenly attacks healthy skin cells, driven by specific immune cells and proteins (like IL-17, IL-23, and TNF- $\alpha$ ), along with genes (such as HLA-Cw6). Triggers like stress, infections, or injuries can worsen outbreaks. Long-term studies show it comes and goes but does not go away permanently for most people due to ongoing genetic and immune issues.

# **Proven Treatments**

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## **Skin Creams (Topical Therapies)**

Best for mild cases: Steroid creams (like clobetasol) and vitamin D creams (like calcipotriene). Using them together improves symptoms by 50-70% after 8 weeks.

## **Light Therapy (Phototherapy)**

Uses narrowband UVB light or targeted lasers for moderate cases. Clears skin in 60-80% of people after 20-30 sessions, but ongoing treatments are needed to avoid return.

## **Oral Non-Biologic Medicines**

Drugs like methotrexate (7.5-25 mg per week) or cyclosporine (2.5-5 mg per kg per day). Improve symptoms by 40-60%, but can harm the liver or kidneys and are not suitable for everyone.

## **Biologic Injections**

For moderate to severe cases, these target specific immune proteins:

- IL-17 blockers (secukinumab, ixekizumab): Over 70% major improvement after 12 weeks.
- IL-23 blockers (guselkumab, risankizumab): Over 80% sustained improvement after 1 year.
- TNF- $\alpha$  blockers (etanercept, adalimumab): 50-70% improvement.

They work quickly but increase infection risk and symptoms often return (80-90% relapse within 6 months) when stopped.

# How Well Treatments Work and Their Drawbacks

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Reviews of over 100 trials show biologics reduce severity by 75-95%, compared to 40-60% for older treatments. However, after 5+ years, fewer than half of patients stay clear, and side effects build up (like cancer risk or gut issues). No treatment fixes the root cause; they mainly hide symptoms.

## Role of Drug Companies and Research Gaps

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Most high-quality trials (>90%) are funded by drug companies (e.g., Novartis for secukinumab, Janssen for guselkumab). Studies on cheap options like diet or probiotics are few, small, and often poorly designed. This may favor expensive ongoing treatments (\$20,000-50,000 per year) over prevention.

## Promising but Unproven Approaches

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Early, small studies or reports suggest these may help as add-ons:

- **Special Diets:** Anti-inflammatory diets avoiding gluten and dairy (Pagano diet) or low-FODMAP diets linked to improvement in 20-50% of users, but not proven in large trials.
- **Gut Bacteria Changes:** Probiotics (like Lactobacillus) reduced symptoms in small studies; idea is poor gut health triggers flares.
- **Herbal Options:** Oregon grape cream improved mild cases by 70% in small trials.
- **Stress Management:** Techniques like mindfulness cut flares by 30-50% in observational studies.

These need large, independent trials to confirm benefits, including roles of allergies or toxins.

# Recommendations

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Follow expert guidelines (American Academy of Dermatology/National Psoriasis Foundation): Start with creams or light therapy for mild cases; use pills or injections for severe. Watch for related issues like joint pain or heart risks. Include lifestyle changes and team care while awaiting more research.

# Conclusion

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Psoriasis treatments have improved a lot, but no cure exists. Future "precision medicine" targeting genes and immunity is needed. More unbiased research on alternatives will help reduce biases and improve results.

# References

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# Additional Phase References

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**DISCLAIMER:**

This analysis is for research and educational purposes only. It provides critical analysis of medical literature and evidence-based information but does **not** constitute medical advice, diagnosis, or treatment recommendations.

**Always consult qualified healthcare professionals**

for medical decisions, treatment plans, and health-related questions. The information presented here should not replace professional medical judgment or be used as the sole basis for healthcare choices.

**Key Limitations:**

- Medical knowledge evolves rapidly; information may become outdated
- Individual health situations vary significantly
- Not all studies are equal in quality or applicability
- Risk-benefit assessments must be personalized
- Drug interactions and contraindications require professional evaluation

This analysis aims to inform and educate, not to direct medical care. When in doubt, seek professional medical guidance.