

Psoriasis

More than seven million Americans suffer with psoriasis, a chronic skin disorder characterized by an overproduction of skin cells that result in flaky and patchy raised areas on the skin's surface. The plaques of skin can appear anywhere on the body, but the lesions primarily appear in the skin over the elbows, knees and scalp. Psoriasis can cause pain, itching, burning and emotional distress.

Psora is a Greek word meaning to itch, but only 50% of patients do itch. Psoriasis is a chronic skin condition presenting with familiar red, scaly, silvery patches. Psoriasis is NOT CONTAGIOUS. It may be inherited. Chromosome 6 and 8 linked with Psoriasis. 1-2% of population may be affected. Scandinavia, Eastern Europe and Israel show a high incidence. It is less prevalent in black populations. It may develop at any age, but mostly after 15-30 years of age and even infants may develop "Napkin Psoriasis".

[Psoriasis](#) is an immune-mediated, genetic disease manifesting in the skin and/or the joints. In plaque psoriasis, the most common type, patches of skin become inflamed and are covered by silvery white scales. Psoriasis can be limited to a few lesions or can involve moderate to large areas of skin. The severity of psoriasis can vary from person to person; however, for most people, psoriasis tends to be mild.

Psoriasis triggers

Most people living with psoriasis experience good days when their skin clears and bad days when psoriasis flares. A trigger is usually needed to make psoriasis appear — whether it is for the first time or the thirtieth. Common psoriasis triggers are:

- [Infection](#)
- [Reaction to Certain Medications](#)
- [Skin Injury](#)
- [Stress](#)
- [Weather](#)
- [Other \(hormones, smoking, heavy alcohol consumption\)](#)

Infection

Studies show that some infections can trigger psoriasis. Dermatologists have seen people with a family history of psoriasis get strep throat and develop their first psoriasis lesions two weeks later. Strep throat often precedes an outbreak of [guttate psoriasis](#). [Inverse psoriasis](#) is frequently aggravated by a thrush infection. Infections that can trigger psoriasis are:

- Thrush (Candida albicans)
- HIV (Human immunodeficiency virus)
- Boils (Staphylococcal skin infections)
- Strep throat (Streptococcal pharyngitis)
- Viral upper respiratory tract infection

Treating the infection in many cases lessens or clears the psoriasis.

Reaction to Certain Medications

Some people develop psoriasis for the first time or experience a flare-up after taking certain medications. Medications that can trigger psoriasis are:

- Anti-malarial drugs. Dermatologists have seen people develop psoriasis for the first time after taking an anti-malarial medication.
- Beta-blockers (medication used to treat high blood pressure) and heart medication. These worsen psoriasis in some people.
- Corticosteroids. These medications, which range in potency from extremely mild to very strong, are used to treat psoriasis and can be very effective. It is important to use these medications as directed. Overuse and sudden withdrawal of some oral corticosteroids can aggravate psoriasis.
- Indomethacin (non-steroidal medication used to treat arthritis and other inflammatory conditions) worsens psoriasis in some people.
- Lithium (used to treat manic depression and other psychiatric conditions) aggravates psoriasis in about 50% of people who have psoriasis.

If you have psoriasis or a family history of psoriasis, be sure to let the doctor prescribing any of the above medications know. Other medications can sometimes be substituted.

Skin Injury

People with psoriasis often notice new lesions 10 to 14 days after the skin is cut, scratched, rubbed, or severely sunburned.

This is called the "Koebner phenomenon" and is named after Dr. Koebner who in the 19th century observed that a patient developed new lesions in areas where his horse bit him. This relationship between skin injury and developing new psoriatic lesions has been observed in many patients. Today, a wide range of traumas and skin conditions are known to trigger Koebner's phenomenon:

Skin Trauma	Skin Conditions
Acupuncture	Boils
Bites	Dermatitis
Bruises	Herpes blisters
Burns	Lichen planus
Chafing	Scabies
Chemical irritation	Vitiligo
Cuts and scrapes	Other
Pressure against the skin	
Shaving	
Sunburn and peeling	
Adhesive tape on the skin	
Tattoos	
Vaccinations	
Other	

Research shows that about 50% of people with psoriasis experience the Koebner phenomenon — developing a psoriatic lesion at the site of a skin injury or in the same place as another skin condition. About 10% of psoriasis patients develop a new psoriatic lesion each time the skin is injured. The likelihood of developing the Koebner phenomenon may increase when psoriasis lesions are already present.

Stress

Ask anyone with psoriasis what triggers a flare-up, and stress is likely to top the list. Scientific studies confirm that stress can worsen psoriasis and increase itching. Some people can even trace their first outbreak to a particularly stressful event.

Having psoriasis is, in itself, stressful. When lesions are visible, people may stare and not want to get near. They may ask, "What did you do to your skin?" Even a spouse, parents, children, friends, and co-workers can be visibly uncomfortable. Some people report that a spouse cannot bear to touch them during severe outbreaks. Others say they feel embarrassed or ashamed by their skin.

When psoriasis develops on the hands and feet, it is often difficult for people to perform daily tasks, such as picking up objects, typing, and walking. This can make holding a job or caring for a child extremely challenging. The itching and pain caused by psoriasis also makes daily life difficult.

Treating psoriasis can add to the stress. Some treatments are time-consuming. Broadband phototherapy requires three to five visits per week to a clinic, and narrowband requires two to three. Topical medications can be time-consuming to apply. After spending time and money to treat the psoriasis, a person may find the treatment ineffective. Potential side effects deter some people from opting for systemic medications, such as methotrexate and cyclosporine. The cost of treating psoriasis adds stress to many people's lives. Some living with psoriasis find that they cannot afford to pay for the newer treatments, such as the biologics.

When the everyday stress of living with psoriasis is compounded by a stressful event at work, a personal crisis, or an especially hectic time, such as the holidays, the stress can feel overwhelming.

People may try to alleviate stress with herbal or natural over-the-counter remedy. However, some food supplements and herbal remedies interact negatively with prescription medications. People also turn to alcohol and other drugs to reduce stress. Research shows that this actually increases stress.

Dermatologists recommend that their patients tell them if they feel overwhelming stress. There are many healthy ways to relieve stress. Many patients find that psychological counselling or joining a support group effectively reduces stress. Your dermatologist may be able to help you find a therapist or a support group. Some patients prefer to adopt a popular relaxation technique, such as meditation. Exercise also can help reduce stress.

Weather

Winter tends to be the most challenging season for people living with psoriasis. Numerous studies indicate cold weather is a common trigger for many people and that hot and sunny climates appear to clear the skin.

Cold winter weather is dry, and indoor heat robs the skin of needed moisture. This usually worsens psoriasis. Psoriasis can become even more severe when the stress of the holidays and winter illnesses combine to compromise immune systems.

While a hot and sunny climate may help clear psoriasis, air-conditioning can dry out the skin and aggravate psoriasis. Moisturizing can help prevent this.

Other

Science has not uncovered all psoriasis triggers. Hormones, smoking, and heavy drinking appear to trigger psoriasis in some people.

How hormones affect psoriasis is still not well understood. Research shows that many people develop their first psoriatic lesions just after puberty when hormone levels change. When hormone levels increase during pregnancy, psoriasis improves for many women. A recent study showed that 55% of pregnant women with psoriasis reported an improvement, 21% saw no change, and 23% experienced worsening. After delivery, only 9% reported improvement and 65% saw their psoriasis worsen. More research is needed to understand these effects.

Research suggests that localized (on the palms and soles) pustular psoriasis may be more common in people who smoke tobacco. Other studies suggest a correlation between smoking and developing plaque psoriasis. There also seems to be a link between smoking and developing severe psoriasis.

Quitting smoking improves psoriasis for some; however, quitting does not always clear the psoriasis. More research is needed in this area.

It is now believed that heavy drinking may trigger psoriasis in some people. Heavy drinking also may make treatment less effective. Again, more research is needed.

More Good Days than Bad

While there is no cure, psoriasis can be successfully managed so that one experiences more good days than bad. Numerous treatment options are available, and recent advances are revolutionizing the management and care of psoriasis. A dermatologist considers a patient's overall health, age, lifestyle, and the severity of the psoriasis in order to find a treatment option that will achieve maximum effectiveness.

Types of psoriasis

Psoriasis can range from mild to moderate to very severe and disabling.

Discoid or Plaque Psoriasis

Most commonly silvery scaly areas on elbows, knees scalp, trunk.

Nails

Pitting, peripheral loosening and lifting, discoloration and thickening of nails.

Scalp Psoriasis

Scaly dandruff like thick scabs, itching or no itching. Scalp Psoriasis may be the first sign of Psoriasis.

Guttate Psoriasis

Particularly in children often after streptococcal ENT infections mainly on trunk as small pink raindrop maculae with scaling

Flexural or Inverse Psoriasis: Skin folds of axillae, groin and under breast. May look glazed and scaling absent. May look like fungus or eczema of skin folds.

Napkin Psoriasis

Well defined glazed areas in nappy area in babies.

Generalised Pustular and Erythrodermic Psoriasis

Superficial pustules on red base. Most severe degree. Admission to hospital may be necessary.

Psoriatic Arthritis

Seronegative arthritis of fingers particularly the terminal interphalangeal joints, Spine and sacro-iliac joints, often associated with psoriasis, nail involvement of fingers and toes. Mostly HLA-B27 group of patients.

Treatment

Currently, there is no cure for psoriasis. However, there are many treatment options that can clear psoriasis for a period of time. Each treatment has advantages and disadvantages, and what works for one patient may not be effective for another. Dermatologists have the medical training and experience needed to determine the most appropriate treatments for each patient.

Guttate Psoriasis- prognosis good and mild treatment like coal tar cream or diluted cortisone 20% in Crème Classique cream, (containing Cetomagrocol as anti-inflammatory).

FAQ

This section answers questions submitted by Creme Classique visitors. If you are looking for information that is not on this site, please submit your question to www.cremeclassique.com/info.

General Information

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- [Can psoriasis be cured?](#)

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Is psoriasis contagious?

No, psoriasis is not contagious. It is not something you can "catch" or "pass on." The psoriatic lesions may not look good, but they are not infections or open wounds. People with psoriasis pose no threat to the health or safety of others.

What causes psoriasis?

No one knows exactly what causes psoriasis, but it is believed to have a [genetic](#) component. Most researchers agree that the [immune system](#) is somehow mistakenly triggered, which speeds up the growth cycle of skin cells. A normal skin cell matures and falls off the body's surface in 28 to 30 days. But a psoriatic skin cell takes only three to four days to mature and move to the surface. Instead of falling off (shedding), the cells pile up and form the lesions.

The exact cause of psoriasis is unknown; however, researchers suspect that whether a person develops psoriasis or not may depend on a "trigger." Possible psoriasis triggers include emotional stress, skin injury, [systemic](#) infections, and certain medications. Studies have also indicated that a person is born genetically [predisposed](#) to psoriasis, and multiple genes have been discovered over the past 5 years confirming this fact. Even so, not everyone with psoriasis will have a family history of the disease.

How is psoriasis diagnosed?

No special blood tests or diagnostic tools exist to diagnose psoriasis. The physician or other health care provider usually examines the affected skin and decides if it is psoriasis. Less often, the physician examines a piece of skin (biopsy) under the microscope.

Is there a cure for psoriasis?

There is no cure, but many different treatments, both [topical](#) (on the skin) and [systemic](#) (throughout the body), can clear psoriasis for periods of time. People often need to try out different treatments before they find one that works for them.

What treatments are the best for me?

The unpredictable nature of psoriasis makes treatment challenging for many people. A wide range of [treatments](#) is available. No single psoriasis treatment works for everyone, but something will work for most people. It is hard to predict what will work for a particular individual; however, it is important to be open-minded and willing to work with your doctor to find a treatment that will work for you.

Can psoriasis affect all parts of the body?

Psoriasis most commonly appears on the [scalp](#), knees, elbows and torso. But psoriasis can develop anywhere, including the nails, palms, soles, genitals and

face (which is rare). Often the lesions appear symmetrically, which means in the same place on the right and left sides of the body.

Can psoriasis occur at any age?

Psoriasis often appears between the ages of 15 and 35, but it can develop at any age. Approximately 10 percent to 15 percent of those with psoriasis get it before age 10. Some infants have psoriasis, although this is considered rare.

Is psoriasis more prevalent in men or women, or in different ethnic groups?

Psoriasis occurs nearly equally in men and women across all socioeconomic groups. It is also present in all racial groups, but in varying rates.

What health complications are associated with psoriasis?

The skin, the largest organ in the body, plays an important role. It controls body temperature and serves as a barrier to infection. Large areas of psoriasis can lead to infection, fluid loss and poor blood flow (circulation).

Is psoriasis linked to other diseases?

[Psoriatic arthritis](#) is a specific type of arthritis that has been diagnosed in approximately 23 percent of people who have psoriasis, according to the Psoriasis Foundation's 2001 Benchmark Survey. Psoriatic arthritis is similar to rheumatoid arthritis but generally milder. In psoriatic arthritis, the joints and the soft tissue around them become inflamed and stiff. Psoriatic arthritis can affect the fingers and toes and may involve the neck, lower back, knees and ankles. In severe cases, psoriatic arthritis can be disabling and cause irreversible damage to joints.

If I have psoriasis does that mean I will develop psoriatic arthritis?

Approximately 10 percent to 30 percent of people with psoriasis will develop psoriatic arthritis, although it often may go undiagnosed, particularly in its milder forms. It can develop at any time, but for most people it appears between the ages of 30 and 50. Having psoriasis does not guarantee that you will eventually develop psoriatic arthritis.

How severe can my psoriasis become?

Psoriasis can be mild, moderate or severe. Three percent to 10 percent of the body affected by psoriasis is considered to be a moderate case. More than 10 percent is considered severe. The palm of the hand equals 1 percent of the skin. However, the severity of psoriasis is also measured by how psoriasis affects a person's quality of life. Psoriasis can have a serious impact even if it involves a small area, such as the palms of the hands or soles of the feet.

What are psoriasis triggers?

[Triggers](#) can include emotional stress, injury to the skin, some types of infection and reactions to certain drugs. Stress can cause psoriasis to flare for the first time or aggravate existing psoriasis. Psoriasis can also be triggered in areas of the skin that have been injured or traumatized. This is known as the "Koebner phenomenon." Vaccinations, sunburns and scratches can all trigger a Koebner response. The Koebner response can be treated if it is caught early enough. Certain medications, like anti-malarial drugs, lithium and certain beta-blockers, are also known to cause people's psoriasis to flare. Other triggers may include weather, diet and allergies. Triggers will vary from person to person and what

may cause one person's psoriasis to flare may produce no reaction in another individual.

Why does my psoriasis itch, and how do I control the itching?

Itching that is associated with psoriasis arises when certain chemicals stimulate nerve fibres just below the outer layer of the skin. Itch messages travel to the brain along the same pathways in the nervous system that carry pain messages. Itch messages trigger the urge to scratch.

One of the simplest ways for people with psoriasis to control itch is by keeping the skin moisturized. Dry skin can induce and aggravate itch. Many people also rely on simple, inexpensive measures, such as pressing a wet towel against the itchy spot. Others find cold showers and cold packs offer relief. Other treatments for itch include antihistamines, steroids, capsaicin, topical anaesthetics, topical immunomodulators, antidepressants and aspirin.

Will having psoriasis affect my lifestyle or quality of life?

For the most part, people with psoriasis function normally. Sometimes people experience low self-esteem because of the psoriasis. Psoriasis is often misunderstood by the public, which can make [social interactions](#) difficult. This may lead to emotional reactions such as anxiety, anger, embarrassment and depression. Psoriasis can affect the type of [work](#) people do if it is visible.

What is the financial impact of psoriasis?

Psoriasis is a chronic (life-long) illness. Most people need ongoing treatments and visits to the doctor. In severe cases, people may need to be hospitalized. About 56 million hours of work are lost each year by people who suffer from psoriasis, and between \$1.6 billion and \$3.2 billion is spent per year to treat psoriasis.

Is there hope for a cure?

Yes. Researchers are studying psoriasis more than ever before. They understand much more about its genetic causes and how it involves the immune system. The National Psoriasis Foundation and the federal government are [promoting and funding research](#) to find the cause and cure for psoriasis

Who gets psoriasis?

Psoriasis occurs in both children and adults and may appear at any age, although it is most commonly diagnosed between the ages of 15 and 35. Both men and women of any race may be affected.

How common is psoriasis?

It is estimated that over seven million Americans (2.6%) have psoriasis, with more than 150,000 new cases reported each year. According to the National Psoriasis Foundation, 20,000 children under 10 years of age are diagnosed with psoriasis annually.

Can psoriasis occur on the sole of the foot and be mistaken for a plantar wart?

Psoriasis can and does occur on the sole of the foot. The psoriatic lesion can be painful to walk on, as can a plantar wart. It can be mistaken for a plantar wart by both the patient and the physician or podiatrist.

Psoriasis on the sole of the foot is usually of the [plaque type](#). A person who has had psoriasis for some time may recognize the lesion as psoriatic plaque. Psoriasis may not be the first thing that comes to mind in a person who has no previous experience with the disease. Failure to recognize the lesion as psoriasis may lead to a long period of incorrect treatment, and failure to institute treatment for a developing case of psoriasis.

There are some diagnostic tips for differentiating psoriasis on the sole of the foot from plantar wart:

If psoriasis is developing on the sole of the foot, there is a good probability it is also developing on other parts of the body. Likely places to look for developing psoriatic lesions are the knees, elbows, hands and scalp.

Can psoriasis be cured?

No. The tendency to develop psoriasis is inherited through a person's genes. We hope to be able to safely modify these genes in the future, but the technology is not yet developed. We do foresee a time, when we will have more specific and more effective therapies for the various forms of psoriasis. Also, while psoriasis cannot be cured, it can often be completely cleared for periods of months or even years. Occasionally, it never returns at all. In most patients, however, it is a chronic, life-long condition with alternating periods of flaring and clearing.

Is risk for skin infections higher in people with psoriasis than in people with normal skin?

Studies have shown that psoriatic plaques and adjacent normal skin usually have the same type of bacteria, but the number of bacteria / mm² is higher in the psoriatic plaques. This, in itself, is usually not an increased risk for secondary infections.

Risk is increased when skin and/or plaques or [guttate](#) pustules are colonized by the highly invasive Staphylococcus aureus, a species of bacteria capable of causing serious skin and systemic infections.

Risk for secondary infections may also be increased by hard scratching that abrades the skin and opens it to bacterial invasion. Hard scratching should be avoided for this reason, and also because abrasion of the skin can be a [trigger](#) for formation of new psoriatic lesions.

A skin hygiene program recommended by a dermatologist is usually adequate to keep bacterial populations in check. Specific anti-bacterial measures may be prescribed by a dermatologist when such measures are warranted.

Symptoms of secondary infection are redness of skin around a psoriatic lesion or increased redness of the lesion, increased warmth in the skin and/or pus in the skin in the area of a lesion. Fever, malaise and light-headedness can be symptoms of more serious, systemic infection.

Will psoriasis shorten my life?

Psoriasis itself does not appear to shorten a person's life. Patients with psoriasis should be able to live full lives into their senior years.

Will psoriasis cause my hair to fall out?

Psoriasis itself will not cause the hair to fall out. However, very thick scales in the scalp can entrap hair and as you attempt to remove the scales, you can loose hair

in the process. In addition, some medications such as salicylic acid can temporarily damage the hair.

Should I change my psoriasis skin care regimen during the winter?

It's important to increase your use of moisturizing creams and ointments during the winter, applying heavy layers, especially over the skin affected by psoriasis. It is helpful to apply the moisturizing cream while your skin is damp. Also, be sure to pat yourself dry after bathing—don't rub yourself with the towel.

During the winter months, the humidity is generally lower, especially in homes with forced air heating. This tends to cause dry, itchy skin. Scratching affected skin will worsen your psoriasis and can even cause new lesions to form. Thus, it is important not to scratch, pick, or scrub psoriasis lesions.

Is it true that getting a skin scrape can lead to a psoriatic lesion?

Yes. Psoriasis patients can develop lesions at the site of significant skin trauma, especially during a period of active disease. Psoriasis worsens in areas of skin scrapes, scratches, and cuts (such as surgical wounds). That's why it is so important not to pick, scratch, or scrub the lesions and scales. The development of a psoriatic lesion at the site of skin trauma is called Koebner's phenomenon.

Can you control psoriasis with diet?

Unfortunately no. However, the healthier the lifestyle the better. Especially one that includes regular exercise. For more information about exercise and psoriasis, visit the web site of the [National Psoriasis Foundation](#).

For African and other darker-skinned people, is the treatment for psoriasis different than for people with light-coloured skin?

The immunologic dysfunctions that are a major predisposing factor in psoriasis are believed to be the same in all persons regardless of skin colour. The patterns of genetic inheritability for the predisposing factors may vary in different groups.

The pigmentation of skin is controlled by hormonal processes that are unrelated to the immune and inflammatory processes that underlie psoriasis. It is interesting to note that all humans, regardless of skin colour, have about the same number of melanocytes (pigment-containing cells) at any given site on the skin. Variations in skin colour are due to differences in hormonal regulation of pigment formation within the melanocytes, and transfer of the pigment from melanocytes to keratinocytes (the cells that make up the majority of the outer layer of skin). A principal hormone in the regulation of human skin colour is melanocyte-stimulating hormone (MSH).

The incidence of psoriasis is much lower in dark-skinned West Africans and African-Americans than in light-skinned people of European ancestry. Incidence is also low in Japanese and Eskimos, and is extremely low to non-existent in Native Americans in both North and South America. The reasons for this epidemiologic disparity are not known, but are believed to involve genetic, geographic and environmental factors.

The treatment of psoriasis in African-Americans is largely the same as treatment in light-skinned patients. An adjustment in therapy is made in the use of [photo chemotherapy \(PUVA\)](#) and [phototherapy](#). In PUVA, both the chemical photo sensitizer and the ultraviolet dose are adjusted for skin type and pigmentation.

Are homeopathic treatments effective for psoriasis?

There is no scientific evidence that homeopathic treatments are effective for treating psoriasis. However, it's not impossible that some of these treatments might be helpful. Scientific studies need to be done in order to resolve this issue.

Is there a way to curb scratching?

While scratching is effective in temporarily relieving pruritus, hard scratching can also be a trigger for formation of new psoriatic lesions or worsening of existing lesions. Especially during active phases of psoriasis, abrasion of the skin is one of the causes of Koebner's phenomenon—the induction of psoriatic lesions by injury to the skin. Hard, constant scratching can cause the type of skin injury that leads to development of Koebner's phenomenon.

Pruritus control should perhaps be made a focus of psoriasis treatment, along with educational counselling. General measures for control of pruritus include keeping the skin cool and moisturized and avoiding irritating fabrics. Ice packs may help stop the itching. A heavy moisturizing cream applied twice daily will help control scaling and pruritus. Specific pharmacologic measures should be prescribed by the dermatologist on the basis of the patient's history of psoriasis and overall medical condition.

What should I look for in an OTC psoriasis shampoo?

There are numerous shampoos available at most drug stores. Look for a shampoo that contains tar or salicylic acid such as Crème Classique Shampoo. Be sure to treat your scalp gently, as harsh shampoos, scalp massages or scratching can aggravate psoriasis.

Is Skin-Cap® effective for controlling psoriasis?

Skin-Cap® is an over-the-counter zinc spray preparation that contains a prescription-strength corticosteroid (clobetasol propionate). It was marketed without disclosing this ingredient on the product label. Numerous potentially harmful side effects of clobetasol propionate include stretch marks, thinning skin and dilation of tiny blood vessels. The U.S. Food and Drug Administration (FDA) cautioned that users should not stop treatment with this product without a dermatologist's help because an abrupt halt could cause serious, even life-threatening, flare-ups.

What effect does the sun have on psoriasis?

Natural sunlight can have a positive effect on psoriasis. The long-known benefits of sunlight provided the basis for the development of ultraviolet light therapy for treating psoriasis and other skin diseases. However, you should never get enough sun exposure to turn your skin red or cause a sunburn, which can actually cause psoriasis to flare and worsen.