



### Featured Product

#### **Fish oil**

Take a fish oil supplement to help restore the balance of omega fatty acids in your body—it reduces inflammation and nourishes the skin.

### Resources

Click on the following links for more AIM information and upcoming events

[Website](#)

[Blog](#)

[Facebook](#)

[Pinterest](#)

### **AIM for health!**

22635 NE Marketplace Dr.  
Suite #130  
Redmond, WA 98053

**(425) 949-5961**

# *What's your skin telling you?*

## Eczema vs. psoriasis – what's the difference?

**By Dr. Alison Kerns**

Eczema and psoriasis are two of the most common yet challenging chronic skin conditions encountered in dermatology. Both conditions tend to have a genetic component and can be triggered by stress and environmental factors. Neither condition is contagious nor infectious and they cannot be transmitted by external contact or exposure. They can easily be confused with each other though, so it is important to be able to recognize the main differences between them.

The term “eczema” is oftentimes used synonymously with atopic dermatitis (AD), a chronic inflammatory skin disease that causes dry, itchy, irritated skin. AD affects approximately 5 to 20 percent of children worldwide. In childhood eczema, food allergens are estimated to contribute to up to 30 percent of the cases. In eczema, the skin is dry, scaly, intensely itchy, red and splotchy with raised lesions on the face, neck,

upper trunk, wrists, hands and in the “flexor” surfaces of the arms and legs. The lesions weep, crack, swell and crust over.

AD is considered an “atopic” condition because there is a predisposition towards a hypersensitivity allergic reaction. Eczema is considered a type 1 immediate hypersensitivity reaction and is associated with the formation of IgE antibodies (an immediate immune response) from exposure to allergens (environmental, irritants, food, animals, etc). It is also associated with other atopic conditions, such as allergic rhinitis (hay fever) and asthma – as a group they are referred to as the “atopic triad”.

On the other hand, psoriasis is a complex, chronic, relapsing/ remitting, immune-mediated inflammatory disease characterized by red, scaly patches, papules and plaques. It is caused by an overproduction of the cells in the outermost layer of the skin.

Environmental, genetic and immunologic factors all play a role. The disease affects 2 to 4 percent of the general population. Although psoriasis can begin at any age, there seems to be two peaks in onset typically: one between the ages of 20 and 30 and another between the ages of 50 and 60.

Whereas the rashes in AD can have irregular edges and texture, psoriatic lesions tend to be more uniform and distinct. Red or pink areas of thickened, raised and dry skin appear with a silvery hallmark scale on the scalp, the extensor surface (back of elbows and the front of knees) of the elbows and knees, lower back and buttocks. In up to 30 percent of patients, the joints are affected and the skin lesions may vary in severity from minor localized patches to complete body coverage. Psoriatic lesions tend to be more common in areas of trauma, abrasions or repeated rubbing and use...

*For the rest of Dr. Alison's article, visit [aim4healthblog.com](http://aim4healthblog.com).*

## Treatment options for eczema and psoriasis

**By Dr. Mohammad Shegeft**

Eczema and psoriasis are easily confused because they share a defining characteristic - the inflammation of the skin. Though there are important differences between the two conditions, our goal for treatment remains the same - to reduce itching, while simultaneously working towards a cure.

**Diet** – Red meat or other proteins that contain a high amount of saturated fats also have a pro-inflammatory molecule called arachadonic acid. Reducing your consumption of these meats will not only help you reduce cholesterol levels, but will also help prevent skin outbreaks. Here are some other healthy tips:

- Increase fiber in the diet by eating whole grains and organic fruit/vegetables.
- Decrease or avoid the following foods: meat, alcohol, dairy, hot sauces, spicy foods, fried foods, fatty foods, rich foods and salty foods.
- Increase foods rich in vitamin A and B complex: black rye, cold water fish, avocados, sea vegetables (seaweed), whey, apples, cucumbers, millet, rice polishing, rice bran and sprouts.
- Make sure you have optimal gut bacteria by supplementing with probiotics.

**Hydration** – Improve hydration of your skin by using natural body soaps or soaps with the fewest ingredients (especially in the winter months). If you take baths, make sure to apply moisturizer within three minutes of exiting the tub in order to retain hydration in the upper layers of your skin. If you do have some dry skin, reach for that all purpose Calendula. Calendula is a wonderful herb for the skin that promotes healing and soothes itchy tissue.

**Avoid irritants** – This can be said for both topical irritants such as wool, dusty and dry environments, chemical exposures and foods that may be causing inflammation in your body. Identify and eliminate food sensitivities. When toxins build up in our system, from food or from our environment, the body tries to excrete them, oftentimes leading to eczema or psoriasis.

**Individual Nutrients** – Studies have shown that people with dry skin also have decreased levels of vitamin A and zinc. Given that vitamin A and zinc play a critical role in the health of skin cells, supplementation might be warranted even without this association. It is also important to note that glutathione levels have also been shown to be low in people with psoriasis.

**Omega-3 fatty acids** – Eicosapentaenoic Acid (EPA) bind to the same receptor site as arachidonic acid, reducing inflammation in our body.

**Liver function** – The connection between the liver and skin relates to one of the liver's basic tasks - filtering and detoxifying the blood. If the liver is overwhelmed by excessive levels of toxins (like from alcohol or tobacco) or if there is a decrease in the liver's detoxification ability, which happens with a MTHF-R deficiency, the systemic toxin level will increase and the psoriasis/eczema will get worse.

**MTHF-R deficiency** – One of the differences between eczema and psoriasis is the genetic component. A deficiency in the MTHF-R gene will reduced glutathione production, leading to less detoxification and more systemic inflammation. Taking methylated folic in the form of MTHF can help not only treat existing symptoms of eczema and psoriasis, but can also help prevent future outbreaks.

### **UPCOMING MTHFR SEMINAR @ AIM:**

Saturday, November 22

1–3 p.m.

For more information, call

(425) 949-5961