

Psoriasis: The “Inside” Story

Doctor, you must help me—I can no longer go on living this way.” These were the first words Mr. A. uttered to me as I greeted him at my door. He was a friendly, pleasant man in his late sixties. Judging by his outward appearance, one would assume there wasn’t a thing wrong with him. But something was indeed wrong—radically wrong. When Mr. A. disrobed, I saw the reason for his torment. He was a victim of one of mankind’s oldest skin diseases: psoriasis. He had been suffering with the disease for thirty years. It had finally reached a point where over 80 percent of his body was covered with thickened, silvery scales that caused pain, bleeding, and intolerable itching.

He had heard about me from a local health food store owner, who told him that I had helped several psoriasis sufferers. Mr. A, having exhausted all other available means of fighting the disease, came to me with the expectation that I might solve his problem.

His case was so severe that I hesitated to accept him as a patient, for fear of giving him false hope. I had no choice, however, when he pleaded, “Doctor, I have no one else to turn to.”

I am happy that he persuaded me to accept him as a patient, for he proved to be totally cooperative. He followed my instructions to the

letter, and much to my (and his) surprise, he was totally clear of all lesions in thirty days!

This patient was, and still is, the fastest-responding case I have ever witnessed. Most patients take from three to six months to show results. Years later, Mr. A appeared before a group of my patients to verify his successful recovery. He was an inspiration to all who met him.

Mr. A's success had come about by following a regimen of therapy based on a theory never before recognized or even seriously considered by the scientific community. This theory accounts for his success and the success of many others whom I have had the privilege of treating.

My Definition of Psoriasis

Since psoriasis has often been described but never really defined, I offer this as a reasonable definition of the disease, based on my many years of clinically dealing with the subject: *Psoriasis is the external manifestation of the body's attempt to "throw off" internal toxins.* In other words, to put it more succinctly, the skin is doing what the bowels and the kidneys *should* be doing. The skin is not ordinarily designed to remove waste matter to any great extent, but, due to the toxic overload produced by a leaky gut, it acts as a backup system and takes on the task of removing toxins—thus the rash, irritation, and lesions.

The Cause of Psoriasis

Looking to the skin for the cause of psoriasis is like looking at the tip of an iceberg and assuming it to be the entire structure. One can keep chipping away at the tip, but the iceberg will never disappear. Why? Because its main body lies hidden beneath the surface, and as long as that remains hidden, the iceberg will continue to exist.

So it is with psoriasis. What one sees on the outside is the physical evidence of something happening *inside* the body. One can treat the outside, but the disease will keep coming back again and again, month after month, year after year, until the patient has exhausted all available avenues of relief. Whom does he turn to? Is there really a remedy to this irritating, often devastating, chronic skin disease? Is it possible

for a victim to be free from a lifetime of pain, disfigurement, and considerable expense?

The answer to these questions is an unequivocal yes! There are solutions to the riddle of psoriasis, solutions that have guided me in effectively managing the disease in a safe, natural way.

If a researcher turns to orthodox medicine for an explanation of the cause of this disease, he will still be met today with the same age-old declaration that "there is no known cause or cure for psoriasis." Only an inner belief that there *must* be an answer, although presently unknown, will motivate this scientist to continually seek a solution.

I have done just that by turning to the works of Edgar Cayce, where I found what sounded like a logical explanation for the disease. "There is a cure," declared Cayce. He then went on to cite the cause and suggest a remedy. The question remained, however, could his theories be proven? This led me into concentrated research for a period of fifteen years. During that time, I convinced my patients, as well as myself, that the information provided by Cayce was indeed valid and worthy of serious consideration in the treatment and management of the disease. In this book, Cayce's information and the concepts drawn from it are revealed as clearly and as simply as possible. Simple, however, does not necessarily mean easy. It all depends on the attitude of the patient. What is easy for one person may seem monumentally difficult to another. I advise my patients to approach the problem in a relaxed, confident way. Anxiety is not part of the regimen.

As an example of the effect of attitude, the skin of one of my patients cleared up in fourteen months after his suffering with psoriasis for fourteen years. He expressed his gratitude when he said, "Fourteen months after fourteen years is not bad." Eight years after his skin cleared, he remained satisfied with his results.

Another patient, after staying on the regimen for two weeks, complained, "Had I known it was this difficult, I would have never started." Needless to say, she remains a victim of psoriasis.

In order for the treatment to work the patient must first understand psoriasis for what it is; second, it is important to get on the right track, to rid oneself of the disease; and third, the patient must have patience and persistence!

The Origin of Psoriasis

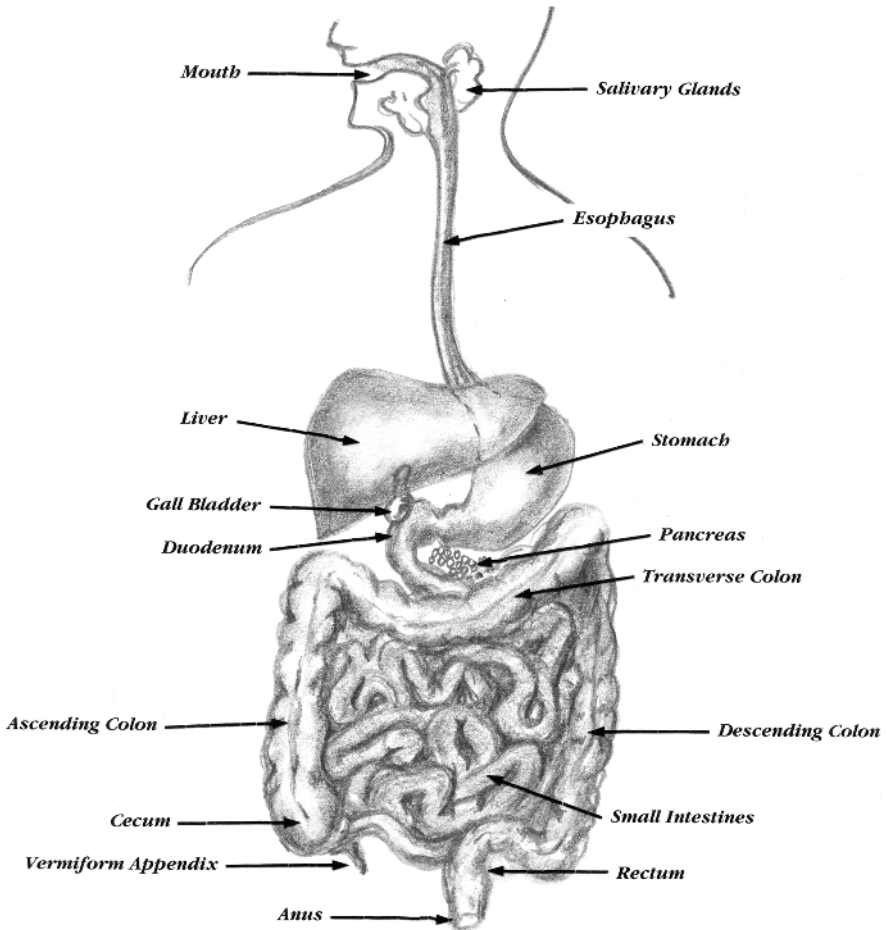
As mentioned earlier, to understand the reason for the outward manifestations of psoriasis, one must go inside the body to find the origin. According to the theories advanced by Cayce, that source is found in the *intestinal tract*. Here is where psoriasis begins and, until this fact is fully grasped and therapy is based on this premise, I believe with utmost certainty that the condition will persist.

For psoriasis to occur, the walls in certain areas of the intestinal tract must become thin and porous. When this happens, toxic substances that should normally pass through the intestines and eventually be eliminated by the body seep through these walls, enter the lymphatic system, and invade the bloodstream. The body's natural purification system, primarily the liver and the kidneys, then tries to filter out these toxins, which build up in the blood. It may take some time, but sooner or later the accumulation of toxins will prove to be more than these organs can effectively handle. When this point is reached, the body's secondary or backup purification systems attempt to aid in the process of elimination. When the liver, the major filtering gland of the body, is overloaded, the skin comes to the rescue and helps to eliminate toxins. When the kidneys are overtaxed, the lungs come into play. This concept is clearly explained in the works of Henry Bieler, MD, and is discussed in a later chapter.

A Brief Anatomy Lesson

The digestive tract, the area primarily involved in the origin of psoriasis, is actually a long tube that carries out various functions all along its course, from the ingestion of food to the elimination of waste products.

When food enters the mouth, certain enzymes begin the process of breaking it down for eventual absorption and assimilation in the small intestine. Before food reaches the twisting and turning small intestine, it must pass down a straight section of tubing called the *esophagus* and enter the stomach. There it may remain for hours, being acted upon by more enzymes and certain acids before passing into the first portion of the small intestine, the *duodenum*, which is only about twelve inches long.



Normal digestive tract.

It then enters the next portion of the small intestine, called the *jejunum*, which, in turn, leads into the *ileum*.

It is within these areas, especially where the duodenum meets the jejunum, that the walls of the intestines in the psoriatic become thin and smooth, allowing a transfer of toxins to take place. This transferance can, however, take place anywhere along the entire length of the alimentary canal. This is called *intestinal permeability*, commonly referred to as the leaky gut syndrome.

The Leaky Gut Syndrome Explained

To facilitate understanding of the leaky gut syndrome, I refer to the impressive work of Zoltan P. Rona, MD, MSC, of Toronto, Canada, who gives the following concise description of this now recognized disease:

The Leaky Gut Syndrome is the name given to a very common health disorder in which the basic organic defect (lesion) is an intestinal lining which is more permeable (porous) than normal. The abnormally large spaces present between the cells of the gut wall allow the entry of toxic material into the bloodstream that would, in healthier circumstances, be repelled and eliminated. The gut becomes leaky in the sense that bacteria, fungi, parasites and their toxins, undigested protein, fat and waste, normally not absorbed into the bloodstream in the healthy state, pass through a damaged, hyperpermeable, porous, or leaky gut.

Dr. Rona states that the leaky gut syndrome “is almost always associated with autoimmune disease, and reversing autoimmune disease depends on healing the lining of the gastrointestinal tract.” He named diseases in this category, such as lupus, rheumatoid arthritis, multiple sclerosis, fibromyalgia, chronic fatigue syndrome, vertigo, Crohn’s disease, ulcerative colitis, and diabetes, among others, as being directly related to a hyperpermeable intestinal wall. With leaky gut problems, we become less resistant to viruses, bacteria, parasites, and candida (yeast infections). These are but a few of the many diseases or conditions that are now being closely scrutinized as having their origin in a leaky gut.

I find it interesting that Edgar Cayce was the first to offer this explanation for the cause of psoriasis, over sixty years ago. He described this osmotic process, which takes place in the intestines, as seepage of toxins through thin intestinal walls. Although he did not refer to it specifically as “intestinal permeability” or “leaky gut,” it is quite obvious that he was describing the same phenomenon using the language of his day.

Why the Walls Break Down

Dr. Rona lists the following causes associated with the breakdown of the intestinal walls that produces the leaky gut syndrome:

- *Antibiotics*, because they lead to the overgrowth of abnormal flora in the gastrointestinal tract (bacteria, parasites, candida, fungi)

- *Alcohol and caffeine*, which are strong gut irritants
- *Foods and beverages contaminated by parasites*
- *Chemicals* in fermented and processed foods
- *Enzyme deficiencies*
- *Prescription corticosteroids* (Prednisone)
- *A diet high in refined carbohydrates* (for example, candy bars, cookies, cake, soft drinks, white bread)
- *Prescription hormones* (birth-control pills)
- *Mold and fungal mycotoxins* in stored grains, fruit, and refined carbohydrates

I would also add the following, each of which will be dealt with as we proceed:

- *Chronic constipation*
- *Improper elimination*
- *Insufficient daily intake of water*
- *Foods high in saturated fat*
- *The “nightshades,”* particularly tomatoes, which carry an enzyme that is powerfully destructive to the psoriatic, eczematous, and arthritic patient
- *Smoking*
- *Negative emotions* such as resentment, fear, and anxiety
- *Depression*
- *Spinal misalignments*
- *Hereditary factors*

Rebuilding the Walls

As you can see, there are many reasons that the intestinal walls break down and become porous. The good news is that the repair and regeneration of these walls is well within the reach of the average person, for the inner *lumen* (wall) that forms the barrier that prevents undesirable elements from seeping through is normally renewed and regenerated every six days—provided, of course, that consumption of irritants is halted and other beneficial substances are introduced.

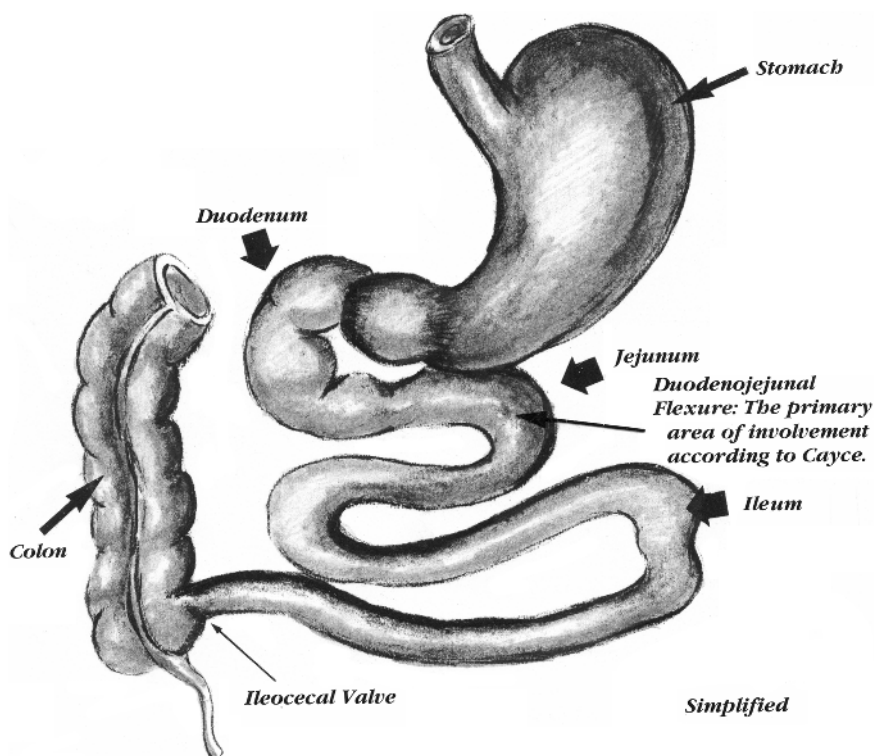
The two primary substances taken internally, which I have used successfully, are *slippery elm bark powder* and *American yellow saffron tea*.

Both are prepared in the form of a tea and are administered with the purpose of healing the internal walls of the intestine and purifying the entire alimentary canal. (These teas may be obtained by calling Baar Products at 1-800-269-2502, online at www.baar.com, or contacting the Heritage Store at 1-800-862-2923, online at www.heritage@caycecures.com.)

The Folds throughout the Intestinal Tract

The food, known as *chyme* at this stage of digestion, continues to move into the ileum, the longest portion of the approximately twenty-three-foot-long small intestine, where nutrients are absorbed and waste matter is passed into the large intestine and then the colon and is eventually eliminated.

The walls throughout most of the intestinal tract should have certain folds present at all times, aiding in the absorption and movement of



The starting point.

the contents that are passing through. These folds begin at the latter half of the duodenum, continue throughout the jejunum, and end about halfway into the ileum. They are more concentrated at the duodenojejunal flexure.

According to the information supplied by Cayce, when these folds become smooth, as though they were thinned out in the psoriatic, they permit a seepage of toxins through the walls and eventually into the bloodstream. Anatomically, they are called the *plicae circulares* (valves of Kerckring).

Although the transfer of toxins occurs primarily at the duodenojejunal flexure, this seepage of poisons can and probably does take place throughout the length of both the small and large intestines of a person suffering from psoriasis. The idea, therefore, in this new approach to the disease is twofold: (1) to cut down or preferably stop ingesting pollutants, and (2) to strengthen these porous intestinal walls.

Why the Intestinal Walls Become Thin

In his 1968 treatise for the Medical Research Division of the Edgar Cayce Foundation, Frederick D. Lansford Jr., MD, reported that the smoothing of the intestinal walls does not always have the same cause, but more often than not is due to improper coordination in the eliminating systems.

Doubtless, some of the conditions that cause poor elimination overlap each other, contributing to a toxic buildup and causing an increase in acids in the blood that should always be alkaline. The acid content of the blood must be reduced. This is the basis for the therapeutic regimen outlined in the subsequent chapters of this book.

The toxic buildup I refer to is caused by not only those elements that have already been identified as having a poisonous effect on the body, such as carbon monoxide, nitrogen oxides, hydrocarbons, cyclamates, and many others, but there are also other substances that are more common but less suspect, especially certain foods that do not necessarily affect the average person but play havoc with the psoriatic. They act as allergens to psoriasis suffers and turn their lives into a living hell. The control of the disease, therefore, is attained primarily by learning to identify those foods that cause a toxic overacidic reaction in the body and by making it a priority to avoid them at all costs.

Why the Intestinal Walls Become Porous

When the intestinal walls are already thin and compromised, they are more susceptible to fungal yeast infections. Yeast that collects in the folds of the intestinal villi (due to overly acidic pH levels that result from eating too many yeast-laden foods, especially sugar and white flour products, or from overuse of antibiotics) can change from normal, beneficial yeast into fungal yeast. This new fungal yeast grows roots (rhizoids) that penetrate the gut wall in their search for nutrition derived from blood, thus opening passageways for the toxic macromolecules to invade the blood circulatory system. The resulting “pinholes” are the source of the term “leaky gut.” The waste matter or toxins that should ordinarily pass out of the body can now find a passageway into the blood. Remove the fungal yeast buildup and the gut will heal, preventing further leakage into the blood. This is best done by avoiding the foods that basically caused the problem—too many carbohydrates and sugars—and instead consume foods that help correct the problem—olive oil and garlic, as well as plain, organic yogurt with live cultures—and the chances of recovery are greatly enhanced. For information on testing for intestinal permeability (leaky gut), have your physician contact Genova Diagnostics at 1-800-522-4762.

Understanding the Connection

Until this concept of nutritional effects on the skin is fully understood, one fights a losing battle. External applications in the form of salves, creams, and even ultraviolet light do help in many cases to clear the skin, but they are palliative at best, and before long, the condition usually returns, often worse than before. To those relatively few who have experienced a spontaneous remission of the disease without ever having a return of symptoms, I say they should thank their lucky stars. For reasons that may never be known, these fortunate few were relieved of a lifetime of anxiety and pain.

To those less fortunate, however, I say, take heart! All is not lost. There is a way out of your dilemma—a natural one that has been proven to be successful in many cases. It is a joy to my patients, as well as to me, to share the knowledge of this alternative path with you in the pages that follow.