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# Michaela Turner

PARAMEDICAL SKIN CARE SPECIALIST

NVQL3, IIHT, Dip. CFHP, MPS Pract.(FHP) ACP Pract. MVP, Babtac, DMK & Sterex approved

## Keeping your Psoriasis under control by Michaela Turner

01981 250681

### Introduction: A Brief Description

Psoriasis is an immune-mediated inflammatory disease that appears on the skin. It occurs when the immune system sends out faulty signals that speed up the growth cycle of skin cells. Basically the immune cells (T cells) act like an army within the skin fighting the enemy (infection) which leads to the rapid growth of skin cells. Skin cells normally take on average from 21 up to 28 days to replace themselves; in psoriasis sufferers the skin cells are replaced a speedy 2-6 days. This results in an accumulation of skin cells on the surface of the skin which is referred to as plaques. The appearance is raised red patches covered with silvery white scales.



Currently, there is no cure for psoriasis but the symptoms can be effectively controlled in most people.

### Controlling your psoriasis

The ideal solution would be to slow the renewal process down to an average 28 day cycle.

To do this the immune system needs to send out the correct signals. There are tablets known as Systemic Medication available to do just that, however they all have **potential risks** and **side effects** so are reserved for people with moderate to severe psoriasis.

Examples of systemic medication are:- Methotrexate, Ciclosporin, Acitretin and Hydroxycarbamide which are designed to either slow down the rate at which the skin cells are dividing in psoriasis, suppress the immune system and calm down inflammation.

**Biological injections** are new treatments available to treat **severe** psoriasis that has not responded to systemic treatments. They work by blocking the action of certain immune cells (T cells) or a part in causing psoriasis.

The above treatments are not to be taken lightly and need to be discussed at length with your doctor or dermatologist. Systemic and biological injections require on-going monitoring with blood tests and blood pressure checks, and some tablets cannot be prescribed if you are taking other medications.

The first port of call in controlling your psoriasis would be the application of

**Topical therapies** applied directly to the skin. They are available as creams, lotions, ointments, mousse and gels. The different categories of topical treatments available on prescription or your local pharmacist are: -

- Vitamin D analogues
- Coal Tar preparations
- Topical steroids
- Dithranol
- Vitamin A analogues

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Whatever treatment you use it is vitally important to use a moisturiser to make the skin more comfortable. I would recommend A-Derma Emollient cream which is formulated for babies, children and adults. It contains Oats which are found in young shoots along with Filaxerine, vit B3, essential fatty acids and Omega 6 which soothes the skin, relieving dryness and helps in skin regeneration. Also available in the A-derma range is a repair cream which helps remodel the skin (available from Michaela Turner Skin Care Clinic). Also available at Michaela Turner Skin Care Clinic are various treatments and home care products designed to help with the build-up of dead skin cells, soothe irritation and inflammation, calm, heal,



repair and regenerate the skin. Both treatments and products are gentle but effective containing no harsh ingredients which are scientifically proven.

For more information on these then please call Michaela on 01981 250681/07813721652 or visit [www.michaelaturner.co.uk](http://www.michaelaturner.co.uk)

Keep your psoriasis in check otherwise it can lead to an increased risk of developing other health conditions, which is why it's important to work with your doctor to develop a treatment plan that manages your risk factors and your psoriasis symptoms.

Recognising your trigger factors, keeping fit and following a healthy diet and stress management plan can all help you to manage your psoriasis and improve your overall wellbeing.

**Wash hands only when necessary • Dry well and apply moisturiser or medicated cream • Pat dry, rather than rub • Be very careful not to scratch or irritate psoriatic patches • Wear gloves when doing laundry, dishes, housework, gardening or other activities that could involve contact with irritants • If you have psoriatic plaque on your feet, keep them clean and dry to prevent bacterial or fungal growth • Wear cotton socks and open shoes or sandals when practical • Avoid scratching your scalp when washing your hair • Use sunscreen to protect yourself from damaging sunburn •**

Should your psoriasis be particularly widespread or not responding to any of the above treatments you may be referred to a Dermatologist who may prescribe Phototherapy/Ultra Violet Light Therapy. **Please do not** take it upon yourself to use sunbeds, sunlamps and natural sunlight as UV treatment in hospital is very carefully controlled and using a sunbed outside the hospital setting makes it difficult to ensure that you are receiving the correct dose. Pure UVA sunbeds are also ineffective for the treatment of psoriasis. It is still important to follow sun safety advice even if your psoriasis improves in the sunshine so as to prevent the potential side effects such as skin cancer and **premature ageing**. Sunburn can actually aggravate psoriasis, so **use a sun cream with an SPF of 25** or above and re-apply it regularly. Aim to cover up with a hat, t-shirt and sunglasses, and avoid being out in the hot sun between 11am and 2pm.

**For a personal consultation please call me on 01981 250681.**

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