INTRODUCTION

Pustular psoriasis is a severe but not contagious skin disease.

The chief manifestations are represented by white bumps filled with pus near or inside red skin blotches. These are called pustules, and they can hurt and be scaly, flaky, or itchy.

It’s most likely to affect the palms of hands, the soles of feet, fingers and toes.

Even though one may observe pus on the bumps, it’s not an infection. One can’t catch pustular psoriasis from someone else or give it to others [1,2].

Pustular psoriasis usually happens to adults - it’s rare for kids to have it. It can run in families.

Some people experience cyclic periods of pustules and remission. While the pus is noninfectious, this condition can cause flu-like symptoms such as: fever; chills; rapid pulse; muscle weakness; loss of appetite.

There are three kinds of pustular psoriasis: von Zumbusch; palmoplantar pustulosis (PPP); acropustulosis.

Each of the three forms of pustular psoriasis can have different symptoms and severity.

Treatment for pustular psoriasis depends on the size of the affected area. Smaller patches are often treated with corticosteroid creams, either OTC or prescription. Larger patches may need treatment with oral medications and light therapy [3,4].

Identifying and treating the underlying cause may also help reduce reoccurrence of pustular psoriasis.

Von Zumbusch can develop at any age but predominately affects adults over 50. The outbreak of symptoms, referred to as a flare, may be triggered by any number of factors.
of things, including medications and stress. Diagnosed by a physical exam and the evaluation of a pus sample, Von Zumbusch almost always requires treatment in a hospital [5,6].

Von Zumbusch can appear abruptly on the skin. The symptoms start with widespread areas of reddened skin that become increasingly painful and tender. Within hours, tiny pustules will appear, many of which will consolidate into larger blisters. The pustules can easily rupture when scratched or abraded. Fever and fatigue are common [7].

Within 24 to 48 hours, the pustules will dry up, leaving a glazed and smooth appearance. The affected skin can be extremely itchy and peel away in sheets. This is not only painful but can lead to the rapid loss of moisture and massive dehydration.

Symptoms of severe dehydration can include: Extreme thirst; Dry mouth; Headaches; Reduced urination; Dark-colored urine; Fatigue; Sleepiness; Dizziness; Confusion; Muscle weakness; Rapid heart rate; Rapid, shallow breathing; Fever and chills; Leg swelling.

With Von Zumbusch psoriasis, there are certain specific triggers known to incite a flare [8,9].

Emotional stress; The abrupt discontinuation of corticosteroid drugs; Medications, including salicylates, lithium, penicillin, interferon, and terbinafine; Strong, irritating topical medications, such as coal tar or anthralin; Skin infections, especially Staphylococcus aureus and Streptococcus epidermidis; Excessive sun exposure; Phototherapy; Hypocalcemia (low blood calcium); Pregnancy, most especially during the third trimester; Bacille Calmette-Guerin (BCG) vaccination for tuberculosis.

Despite the plethora of common triggers, most cases of pustular psoriasis are idiopathic, meaning of no known cause.

Supportive therapy with cool compresses and saline or oatmeal baths can help soothe the skin and gently remove (debride) dead skin.

To help temper the acute flare, an oral retinoid called Soriatane (acitretin) is commonly prescribed. Retinoids slow the hyperproduction of skin cells and help bring the acute symptoms under control. Severe cases may require immunosuppressant drugs like methotrexate or cyclosporine of the biologic drug Remicade (infliximab) [10,11].

One the acute crisis has passed, a type of phototherapy, known as psoralen and ultraviolet A (PUVA), may be used to bring the condition into sustained remission.

There is really no way to prevent Von Zumbusch psoriasis given that we know so little about the underlying causes. With that being said, if you have had a previous flare, you are at risk of recurrence and need to take preventive action. This should include:

Avoiding known triggers; Stopping smoking; Reducing your alcohol intake; Avoiding excessive sun exposure; Managing emotive stress.

MATERIALS AND METHODS

The AA have ideated a salve (a natural balsam) that has demonstrated suggestive results.

Only one of the AA has experimented on himself the ointment, on his own elbows affected by P.P. and the remission is complete after 5-7 days.

He is always emotively stressed, drinks wine and smokes too much. Recently he felt fatigue and legs swelling and suffered from tachycardia and black urination.

The cosmetic formula is the following: Yellow beeswax; Propolis cera; Lanolin; Cod liver oil (because it is rich in vit. F); Jamun honey; Green Propolis extract.

It is interesting to stress that the cosmetic system presents a melting point at 26.4° Rø (98.6°F or 36° C) corresponding to the human skin temperature and likewise vit. F of the cod liver oil is exceptional for the cure of all types of psoriasis too.

Green propolis is native to the the State of Minas Gerais (Brazil) also known as Rosemary Bush or Buckwheat.

Beyond the traditional nutrients present in propolis that propolis also offers the Artepelin substance C, with antibiotic properties, anti-inflammatory and wound healing.

Jamun (Syzygium cumini) honey is famous for its antihypoxic activity. A specific dose of this honey can be topically applied to cure the deadly Fournier gangrene.
Since it has high osmotic pressure and viscosity, it prevents microbial growth and promotes wound healing when applied to the affected areas [12,13].

One of the AA used to spread generously the ointment on his elbows in the morning and in the night, before to go to sleep for an entire week.

RESULTS

The experimenter has had the chance to behold these cutaneous manifestations during the weekly treatment:
- After the first day the injured skin was completely red and lucid
- After the second day he did not feel anymore itch
- After the third day the real remission began and between 5th and 7th day flares disappeared at all.

CONCLUSIONS

The experimenter has used for 4 days after the treatment a vanishing emulsion containing allantoin to maintain the skin soft and matt.

The results are encouraging.

Even the symptoms (nausea, fever, leg swelling and rapid heart rate) have been diminishing day after day.

At 8th and 9th day urine was clear.

Statement of Human and Animal Rights

All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008.

Statement of Informed Consent

Informed consent was obtained from all patients for being included in the study.

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