

THE HISTORY OF PSORIASIS

An unrelenting condition for which people have sought treatment for approximately 2,400 years, psoriasis knows no class, economic or gender boundaries. While approaches to treatment have advanced, total clearance of psoriasis has yet to be reached. The history of psoriasis treatments reflects the culture and science of the times.



First described by Hippocrates (460-377 BC), and known as lepra, psora, alphas and leichen at that time, psoriasis is one of the oldest known conditions in medical history. Hippocrates recommended tar and topical arsenic as treatments.

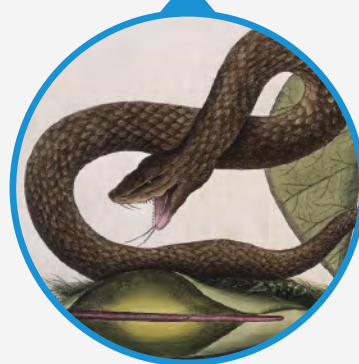


460-377 BC

“The first description of psoriasis appears during the Roman Empire in the 1st century AD in the books of A. Cornelius Celsus » De re medica libri octo». The disease was described as impetigo that can appear on the skin of the extremities and nails.”

“History of Psoriasis,” Brajac I, Psoriasis – A Systemic Disease. 2012:57-68

150 AD



The first to identify psoriasis as a skin disease and name it, Greek physician Galean continued to recommend treatments of arsenic and boiled viper broth for patients.

Dithranol, coal tar, salicylic acid, sunlight, Dead Sea salts and emollients were widely accepted treatments, and arsenic continued to be used in various forms through the middle of the 20th century.



1800s

“Preeminent among the internal remedies which are useful in the treatment of psoriasis is arsenic, which may be justly called a specific in this disease.”

“The Treatment of Psoriasis,” Van Harlingen A, JAMA 1883; 1(18):530-32

“Psoriasis is well known to be one of the most obstinate of all diseases of the skin, discouraging alike the physician and patient, and one which often persists for many years, or recurs, in spite of various attempts at cure.”

The Cure of Psoriasis, with a Study of 500 Cases of the Disease, Observed in Private Practice,” Bulkley, LD, JAMA 1906; XLVII(20):1630-1638

1900s



The long-term use of arsenic caused toxicity in psoriasis patients, creating malignant tumors. Its use was widespread until the introduction of corticosteroids in the 50s.

Sun was long suspected to have a beneficial effect on skin diseases and in the 1920s, ultraviolet radiation was thought to improve psoriasis.



1920s

“Psoriasis, the great dermatologic mystery, is an affliction that has been known since the days of the early Greeks. Much has been learned concerning its symptomatology, its diagnosis, its course, its histopathology, and not a little about its treatment. Concerning its true nature and cause, a maze of speculation has been indulged in, which still clutters the textbooks of today.”

“The Known and the Unknown About Psoriasis” Schamberg JF, JAMA. 1924;83(16):1211-1214

“Therapy of patients with severe psoriasis has been facilitated in recent years by the use of systemic methotrexate. Several common schedules for drug administration include small daily oral doses and weekly intramuscular or oral doses. These schedules were empirically designed and have had reasonably good results. A new schedule of methotrexate administration is recommended for the treatment of psoriasis, based on current knowledge concerning the epidermal cell proliferation kinetics of psoriasis and chemotherapy with cell-cycle specific drugs.”

Methotrexate for Psoriasis: A New Therapeutic Schedule
Gerald D. Weinstein, MD; Phillip Frost, MD
Arch Dermatol. 1971;103(1):33-38.
January 1971

1970s



Several lamps offering different types of light therapy seemed to improve psoriasis symptoms and in some cases, provide remission.

Folate inhibitors, like methotrexate, were first introduced in the 1950s and helped the response rate in disabling cases of psoriasis.



1980s

“Conventional phototherapy with broadband UV-B and photochemotherapy (psoralen-UV-A [PUVA]) are very efficient and widely used treatment modalities for psoriasis. The choice of treatment depends on the type and severity of psoriasis, the patient's age and general health, and the consideration of treatment-associated long-term risks.”

Narrowband UV-B Phototherapy vs Photochemotherapy in the Treatment of Chronic Plaque-Type Psoriasis: A Paired Comparison Study
Adrian Tanew, MD; Sonja Radakovic-Fijan, MD; Michael Schemper, PhD; Herbert Hönigsmann, MD
Arch Dermatol. 1999;135(5):519-524. doi:10.1001/archderm.135.5.519.
May 1999

“With the development of recombinant DNA techniques, it has become possible to develop new biologic therapies that can be designed to specifically alter physiological responses. These new drugs are in use in many different medical fields and will soon be available for the treatment of dermatological diseases, primarily psoriasis. Dermatologists should be familiar with the potential benefits and risks of these therapies to make rational decisions concerning their use in the treatment of their patients with psoriasis.”

Biologic Therapy for Psoriasis: The New Therapeutic Frontier
Prashant Singri, MD; Dennis P. West, PhD; Kenneth B. Gordon, MD
Arch Dermatol. 2002;138(5):657-663. doi:10.1001/archderm.138.5.657.
May 2002

2000s



Biologics, made from substances found in living cells, were introduced and work by targeting the immune system's overactive cells.

Despite the widespread availability of medicines that target the known origins of psoriasis, clear skin still eludes many with psoriasis.

TODAY

“Nontreatment and undertreatment of patients with psoriasis and psoriatic arthritis remain a significant problem in the United States. While various treatment modalities are available for psoriasis and psoriatic arthritis, widespread treatment dissatisfaction exists. Efforts in advocacy and education are necessary to ensure that effective treatments are accessible to this patient population.”

Patient Satisfaction and Quality of Life in Psoriasis and Psoriatic Arthritis
Katherine M. Mercy, MD; Kenneth B. Gordon, MD; Amy S. Paller, MD, MS
JAMA. 2014;312(24):2676-2677. doi:10.1001/jama.2014.12494.
December 2014

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