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ALOPECIA AREATA AND PSORIASIS

The cause of alopecia areata and psoriasis are very similar; both are autoimmune problems, which means that one group of white blood cells attacks some cells in the skin or hair. (Millions of different groups of white blood cells circulate in the blood and lymphatic system. They help protect the body from attack by viruses, bacteria and other microorganisms.)

People who experience alopecia areata or psoriasis have a genetic predisposition for the problem. However, it still takes something to trigger the problem. The trigger could be a viral or bacterial infection, a vaccination, stress, and trauma to the skin or exposure to a substance not previously encountered.

Stress can influence both problems through its effects on the sympathetic nervous system. Stress causes sympathetic nerves to increase their production of noradrenaline in the skin, which increases the autoimmune reaction.

One therapy for alopecia areata and psoriasis involves the oral intake of the amino acid tyrosine. Tyrosine decreases the production of noradrenaline from the sympathetic nerves in the skin, which in turn, decreases the relevant white blood cells. Tyrosine also increases the production of melatonin, which makes hair follicles less prone to an autoimmune attack.

It must be emphasized that there is no treatment for either problem that works 100% of the time. A treatment that helps one person may not help another.

The main treatments trichologists use for alopecia areata include the oral intake of L-tyrosine, the topical application of thymus extract, the oral intake of zinc, the use of such irritants as anthralin (if non-prescription) and aromatherapy. The main treatments for AA used by doctors include tacrolimus ointment, topical, oral and intralesional steroids, thymopentin taken orally, systemic PUVA (psoralen with ultraviolet A), Regaine 5%, topical sensitizers such as squaric acid dibutyl ester (SADBE) or diphencyprone, and irritants such as creams containing anthralin (for example, Dithrocream).

Treatments for psoriasis include ultraviolet therapy, tar and zinc sulphate creams, dithranol, corticosteroids, daivonex, vitamin A derivatives, the intake of essential fatty acids, water bath hyperthermia, methotrexate, cyclosporin, and, more recently, drugs that specifically target the T cells such as Amevive.