

# Whole body cryotherapy in cryo-chamber for treating psoriasis

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With psoriasis, autoaggression by the immune system leads to a chronic inflammation of the skin. Apparently in response to the inflammation stimulus, keratinocytes increase their mitotic rate. The result is a skin renewal within on average five to six days compared to approximately one month for healthy skin. The normal wear process of the skin is disrupted and scale formation results. The diseased, sharply delimited skin areas often itch very severely.

For psoriasis as well defects could be found on a number of genes that could probably be attributed as causes for the disease.

One can distinguish between typical psoriasis (psoriasis vulgaris), the blister forming form (psoriasis pustulosa) and psoriasis arthritis which, as its name suggests, occurs simultaneously with inflammation in the joints. The formation of the individual psoriasis variants can change over the course of life, but more than one type can also occur simultaneously. The early type of the disease (beginning in the second decade of life) seems to be more strongly genetically associated than the late type (5th/6th decades of life). The disease activity can vary quite strongly, although it is generally known to proceed in bouts.

Since psoriasis can not yet be cured, the main attention is focused on symptomatic treatment. Apart from local treatment, frequently with ointments, medicines with a systemic effect, interventions in the immune system, photo and laser therapy and certain health spa treatments are also applied.

Whole body cryotherapy has only appeared in the therapeutic spectrum for psoriasis over the last few years. It is now practiced by many cold therapy centers and recommended also by self-help organizations. Very positive experience has now been gained from its use. A treatment cycle should include about two weeks of 25 to 30 cold exposures. A stationary therapy combined with changes in environment is to be preferred over an out-patient therapy. Locally applied therapeutic agents, such as ointments, must be carefully removed before entering the chamber. Regarding the effect of cold on individual psoriasis forms, experience gained from earlier treatments appears to be inconsistent. It appears that conventional psoriasis reacts best to the cold stimulus. Already after a few days of therapy the itching recedes and the scaling becomes less intense. Good therapeutic successes with regression of the disease foci to a skin reddening without itching are possible. Although more difficult to achieve with whole body cold, therapeutic effects are also attainable with the other two forms of psoriasis, including a reduction in inflammatory signs at the affected joints.

One can expect the therapeutic effect to last several months. It also makes sense to initiate cold application not just when an acute bout starts but also prophylactically when the patient is in a bout-free state.

For stabilizing the success of treatment, just as with the other mentioned therapies, disease promoting factors such as the consumption of luxurious foods and overweight should not be disregarded. Of key importance for therapeutic success is the consideration of the psychological component of psoriasis. This is hardly a matter of debate anymore, especially since monotherapeutic concepts have never produced the success that is desired from treatment. Stress processing disorders can enforce symptoms or participate in their induction, even after a delay.

The integrity of the skin is particularly important for social esteem. It has a strong impact on personal appearance. Visible skin disease impairs self-esteem and can negatively affect social integration. Not rarely additional health problems, also of clinical importance, can then develop from such a situation. Before and parallel to a whole body cryotherapy the individual problematic behavior should be evaluated by the physician, and if necessary a psychotherapist should also be brought in. Efforts to regulate the central activity level and improve a possibly disrupted sleep behavior are effectively promoted, as we have already seen, by applying cold (section 3.5 and [4.7](#) of the book). A relaxation measure should also be provided on a permanent basis.