

# LED-blue light, Babchi seed extract and Malay tea administered both orally and topically to cure inverse and plaque psoriasis

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Sir,

Recently the same AA of this paper published an article concerning the attempt to combat the first onset of psoriasis in young people (the transition from psoriasis punctata to guttata) [1] and now they desire to face the problem of the occurrence of other more severe types of Psoriasis in elder when the first onset of psoriasis punctata had been prior neglected at all.

These kinds of psoriasis are the Plaque and inverse ones, almost as far this modest contribution is concerned, and these diseases appear as a consequential evolution of the first step and the chief responsible of their occurrence is the presence of manifold Streptococcus beta haemolyticus streams in situ or in blood stream [2-4].

Generally, psoriasis is a common skin condition that speeds up the life cycle of skin cells. It causes cells to build up rapidly on the surface of the skin. The extra skin cells form scales and red patches that are itchy and sometimes painful.

Psoriasis is a chronic disease that often comes and goes. The main goal of treatment is to stop the skin cells from growing so quickly.

There is absolutely no definitive cure for psoriasis, but you can manage symptoms. Lifestyle measures, such as moisturizing, quitting smoking and managing stress, may help.

Plaque psoriasis is the most common form amongst the severe stages of this skin plague: plaque psoriasis causes dry, raised, red skin lesions (plaques) covered with silvery scales. The plaques might be itchy or painful and there may be few or many. They can occur anywhere on all body, including genitals and the soft tissue inside the mouth.

Inverse psoriasis indeed mainly affects the skin in the armpits, in the groin, under the breasts and around the genitals. Inverse psoriasis causes smooth patches of red, inflamed skin that worsen with friction and sweating. Fungal infections may trigger this type of psoriasis, when the presence of bacterial colonies are invasive [5].

Common remedies are corticosteroids, especially administered topically, but there are too many problems colleague with this doctrine.

Topical corticosteroids are in effect the most frequently prescribed medications for treating mild to moderate psoriasis. They reduce inflammation and relieve itching and may be used with other treatments.

Mild corticosteroid ointments are usually recommended for sensitive areas, such as face or skin folds, and for treating widespread patches of damaged skin even if it is well known that corticosteroids act for all the time they are employed: relapses due to the ceasing of the usage of cortison are sadly notorious.

Effectively, long-term use or overuse of strong corticosteroids can cause thinning of the skin. Topical

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1 corticosteroids may stop working over time. It's usually  
2 best to use topical corticosteroids as a short-term  
3 treatment during flares.  
4

5 Since it has been well defined that the chief cause of  
6 the occurrence of these two types of psoriasis is the  
7 invasion of streptococcal invasion, the AA have made  
8 up their mind to treat these two skin infections using  
9 very light phytosteroids and isoflavones to apply onto  
10 the interested areas of the body a cream containing  
11 phytosteroids extracted from the seeds of a plant and  
12 to drink the tea of the dried fruits of the same herb  
13 containing isoflavones and to expose these areas to  
14 LED-blue light.  
15

16 The AA of this paper deem that physteroids represent  
17 a class of steroids that are not so strong and could be  
18 used for long term therapies and thought too that these  
19 phytosteroids and consequentially even the isoflavones  
20 of the same plant could be administered both topically  
21 and orally (as teas).  
22

23 The plant the AA have selected is *Psoralea coryfolia*  
24 (the trivial names are: Kushtanashin, Babchi, Malay  
25 tea, Scurf-pea, Fountain bush, West Indian Satinwood.  
26  
27

28 And, precisely,  
29

30 PC seed extract may be inserted in a cosmetic formula  
31 to be spread onto the affected zones twice a day and  
32 PC fruit extract may be administered orally as a tea to  
33 be taken twice a day.  
34

35 Seeds do contain phytosterols and fruits do contain  
36 isoflavones and the two actions are synergical.  
37

38 So the complete treatment is the following: An  
39 ointment made of; *Psoralea coryfolia* seed extract 15;  
40 *Adeps bovis* q.s.  
41

42 And a tea made of PC fruit extract (15%) Madera wine  
43 (10%) and water till 100%.  
44

45 The ointment must be spread in the night before to  
46 go to bed (whilst the AA recommend to spread the  
47 pure extract of PC directly on the infected areas of  
48 the body by the aids of a wadding in the morning  
49 and also the tea must be taken in the morning  
50 (the morning tea must be with no Madera wine for  
51 obvious reasons as driving vehicles or job) and in the  
52 night before to go to bed (this night- tea must be  
53 enriched by Madera wine, that favors the absorption  
54

of the vegetal extract) and the ointment is utterly  
suggested for the night.

The AA have recruited two men, A and B, A is a black  
man coming from the Horn of Africa and B is Caucasian  
coming from Austria.

A is 44 y. old.

B is 42 y. olds.

The two volunteers suffer from plaque and inverse  
psoriasis

The AA prayed the volunteers not to smoke or drink  
alcohol for 21 days, because the proof must last three  
entire weeks, and to spread the pure extract directly  
on the interested spots in the morning, drinking the  
tea (with no Madera wine) and to remain exposed to  
a LED-blue light lamp for 20 minutes.

The night before to go to bed, the volunteers were  
prayed to spread the ointment onto the interested areas  
of the body, to drink the tea corrected with Madera  
wine and to stay underneath the LED blue light lamp  
for 20 minutes.

The AA have observed a neat regression in Case A after  
the 11<sup>th</sup> day and a regression very feeble regression in  
Case B after the 8<sup>th</sup> day, more evident after the 13<sup>rd</sup> day  
and very important after the 19<sup>th</sup> day.

The regression can be represented by the disappearance  
of the silvery scales and the redness and sensation of  
wet around the interested zones.

The fact that one may assist to a quicker regression  
in the black man is due to the ascertainment that  
the incidence and severity of psoriasis is major when  
patients live far from Equator [6].

### 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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