Psoriasis Autoimmune Disease Analysis

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Multiple diseases affect human beings severely, which are non-contagious and have lasting impacts on the body. One such disease is psoriasis, which is autoimmune and has specific features of abnormal skin with raised and slightly swollen body areas. However, autoimmune disease is an abnormality in terms of dysfunctional and deviant immune responses. According to modern research, almost eighty types of autoimmune abnormalities exist among human beings with variable and different severity levels. In autoimmune diseases, the whole body is under threat, and any part of the body can be affected, along with low fever and exhaustion. In this context, when a human body is under psoriasis attack, multiple small patches to whole-body covering with patches are observed. Multiple types of psoriasis may include plaque, guttate, inverse, pustular, and erythrodermic.

Moreover, it is worth noting that in more than ninety per cent of cases, plaque psoriasis is reported. The standard and initial symptoms in this regard include the presence of reddish patches with somewhat whitish scars on the top side of the infection. At the beginning or most commonly reported, body areas include navel areas, backsides of forearms of bode and scalp, etc. Symptoms other than visualization may include itching conditions ranging from slight to very severe. In addition, itching action or condition relates to the meaning of psoriasis. It is a Greek word that has roots in itching or itching conditions, etc. Further, various symptoms and signs of this disease vary according to the type of psoriasis. For example, in the case of pustular psoriasis, multiple bumps appear on the skin, which is filled with non-infection pus. Similarly, in the case of inverse psoriasis, various inflammatory patches often appear on the skin that looks smooth, having frequent infected areas of the body's genital parts (Ayala et al.).

In addition, mouth psoriasis is very rare, and in contrast, psoriatic arthritis and nail changes are common types. In the case of psoriatic arthritis, it poses high variability regarding clinical presentation and is reported as chronic inflammation arthritis. The inflammation, in this case, usually occurs at joints or around the connective tissues, causing slight to severe pain. In case of nail changes, psoriasis affects and transforms the appearance of nails along with the fingers of both hands and feet. Multiple medical signs are also identified by the practitioners other than appearance; these medical signs may include frequent rashes and bleeding from them after removing the scale, itching with pain, skin trauma, etc.

However, as far as the causes of this disease are concerned, studies are unable to completely understand and estimate the causes of psoriasis. However, various theories can roughly elaborate on the causes. The foremost cause on the list is genetics. It is observed that more than thirty-three per cent of patients have reported a family history of psoriasis. Researchers have identified, in this context, the genetic loci associated with this disease. For example, in the case of twins, the chances of disease vary greatly. In the case of identical twins, there are seventy per cent chances for psoriasis

development, while in the case of non-identical twins, chances are less than twenty per cent. In alliance with genetic causes, the environment also plays an essential role as the causative agent of psoriasis. Undoubtedly, the hereditary basis is a strong reason for this disease, but the environment also shares the central part of developing this disease (Wikipedia).

In addition, lifestyle also becomes a causative agent of this disease. For example, any chronic infection, season or climate change, stress, and pollution can cause severe effects. Similarly, HIV can cause harsh impacts in this regard. The personals with positive HIV are more susceptible to this disease than people with negative HIV. Further, various microbes can play an active role in paving the way for psoriasis. In this aspect, strep throat, candida, and Malassezia species are important examples. Meanwhile, various drugs and medicines can also induce psoriasis. Regular drug usage can aggravate the severity of the disease.

Furthermore, in severe conditions with psoriasis, the epidermal layer faces rapid growth. The skin cells abnormally produce wound repairs, and the next phase again starts with complex scars and blisters filled with pus. In this connection, the sequence of the pathological cycle goes on as the infection due to some reasons at the initial stage, which activates the body's immune system for defence purposes, further following the maintenance phase with chronic momentum of the disease. These changes go on, and inflammation leads to pus-filled blisters involving T cells and dermis. In prolonged cases, the gene mutation may occur, which proves more susceptible to developing psoriasis. Meanwhile, the diagnosis of this disease apparently depends on skin appearance. In this regard, specific blood tests and diagnostic procedures are not recommended. In very severe cases, scraping of the skin or skin biopsy may be performed to confirm the visualized diagnosis.

Hence, considering the management of this disease, it is worth noting that no cure is available in this regard. However, multiple treatment options can be adopted to lessen the severity of the disease. For this purpose, various topical agents like topical corticosteroids are active agents that can limit the severity within eight weeks of usage. Similarly, ultraviolet phototherapy, which involves exposure to sunlight, can reduce the impact of the disease. To attain this purpose, various lamps have been made by scientists. Further, disease-resistant treatment can be adopted by using various systemic agents. Various studies also suggest that an improved diet can also have positive impacts. However, eventually, surgery is recommended to remove chronic psoriasis. Patients can benefit from surgery by adopting all the recommendations by clinical practitioners.

Work Cited

[1] Ayala-Fontánez, Nilmarie, David C. Soler, and Thomas S. McCormick. "Current knowledge on psoriasis and autoimmune diseases." *Psoriasis (Auckland, NZ)* 6 (2016): 7.

[2]https://en.wikipedia.org/wiki/Psoriasis – (This page was last edited on 29 November 2021).

Worksheet

Q1: What is the title of your essay?

Answer:

Psoriasis Autoimmune Disease

An autoimmune disease, psoriasis, has specific features of abnormal skin with raised and slightly swollen body areas. In this case, some parts of the whole body are covered with blisters and patches filled with non-infection pus. As far as an autoimmune disease is concerned, it is an abnormality in terms of dis-functioning and deviant immune response. The human immune system fails to defend against disease; instead, the immune system facilitates disease attack up to some extent.

Q2: What were your sources?

There are two sources, and both of the sources are mentioned at the end of the essay titled 'Work Cited'. These are required sources according to the given instructions to complete this essay.

Q3: Discuss the validity of each one of your sources. Be sure to make comments regarding credibility, bias, timeliness (when was your cited reference written/updated?), and information content.

My first source is an article published in 2016 titled "Current knowledge on psoriasis and autoimmune diseases" regarding psoriasis. It is a detailed article adorned with recent and current information to the publishing date. The quoted information reflects a detailed introduction to psoriasis with various causes, types, management, and available treatment options.

Similarly, the second source used is the Wikipedia page that was last updated and edited on 29 November 2021. The page and article address various dimensions and evidence of disease with detailed information about causative agents and available remedial cures.

Q4: How did you search for these sources? What was the process you went through to find the sources?

For both of these two sources, I consulted www.google.com. Huge information and articles were available, but for more precise and reliable information, I used to consult https://pubmed.ncbi.nlm.nih.gov/. Secondly, I fetched relevant information from Wikipedia according to the given instructions to accomplish this essay.

Q5: Is the topic of your paper controversial? Is it possible you would find conflicting information on this topic? Which of your sources would be more reliable for information, and how could you tell?

No, the topic is not controversial at all. The relevant data and information have a solid and concrete scientific basis. However, I found the first source reliable because of its valid argumentation, which

was presented comprehensively.