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TREATMENT OF PSORIASIS WITH CHAGA FUNGUS PREPARATIONS

Originally published in Vestnik Dermatologii i Venerologii, May 1973, pp. 79-83.

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Introduction

Widespread occurrences of psoriasis have led to the active research of new and more effective ways of treating this dermatosis. The reason for studying the therapeutic efficacy of the Chaga preparation in treating psoriasis was a case of psoriasis disappearance, as observed by prof. E.A. Dosychev in a patient who was taking Chaga preparations internally for 14 years.

Patient N. (male), born in 1908, a native citizen of Leningrad, a librarian, was suffering from extensive psoriasis from the age of 24. The patient started medical checkups and treatment in 1954 at the Clinic of Skin and Venereal Diseases of the Military-naval medical academy. The patient left the hospital in a state of complete clinical remission, which later was overcome by another relapse of the disease. Further outpatient treatment of psoriasis was not effective.

In 1957 the patient went through some medical tests recommended by the GP and an oncologist, related to some gastrointestinal disorders.

The patient was diagnosed with stomach and intestine polyposis. The oncologist recommended a continuous intake of Chaga extract. As a result of the Chaga intake, the patient experienced disappearance of dyspeptic disorders, an increase of body weight, showed improved blood parameters, an increase of general body tonus and vitality, and overall a great improvement of his general condition. These changes were accompanied by the resorption of polyposis in the stomach and intestine and a complete and lasting disappearance of psoriatic rashes. Multiple control x-ray examinations of the gastrointestinal tract confirmed the disappearance of polyposis. Regular outpatient monitoring (1958 - 1961) also confirmed the absence of skin rashes and a normal skin condition. The exceptions were two instances during the patient's life, when he was forced to have a two months break in Chaga intake because it was sold out. Both times the patient noticed the re-appearance of small isolated spots of flaky skin on the front of his torso. However, after the Chaga intake was resumed, those spots completely disappeared. The patient continues his Chaga intake and stays practically healthy. There are no signs of psoriasis.

Background

The studies of Chaga started in 1951 at the Botanical Institute of the USSR Academy of Science together with the 1st Leningrad Medical University. After the clinical studies Chaga extract was recommended as an official drug in the treatment of stomach and duodenum ulcers, chronic gastritis and stomach and intestine polyposis as well as a tonic and symptomatic cure for inoperable cancer diseases.

Case study

Considering the normalizing impact of Chaga in gastrointestinal dysfunctions we decided to use it to treat patients with acute psoriasis who also suffered from chronic gastrointestinal and liver conditions. A GP was participating in examining the patients.

50 patients were observed (14 women and 36 men). There were 2 patients in the age group 6-10 years, 5 patients in the group 10-20 years, 17 patients in the group 20-30 years, 18 patients in the group 30-40 years, 7 patients in the group 40-50 years and 1 patient in the agegroup of 50 and above. In 37 of these patients the development of psoriasis was preceded by the diseases of gastrointestinal tract or liver (*hyperacid or*

hypo acid gastritis, hepatocholecystitis, gastric ulcer or duodenal ulcer, colitis). In 9 patients gastrointestinal tract conditions appeared during the existing psoriasis condition, other 4 patients had accompanying chronic pharyngonasal cavity conditions. Almost all patients with gastrointestinal disorders were complaining about heartburn, belching, unstable stool, intolerance to fatty foods, pain in the right upper quadrant of epigastric area etc. The patients noted that exacerbation of psoriasis often coincided with exacerbation of gastrointestinal tract disorders. In patients suffering from pharyngonasal conditions, acute tonsillitis, otitis or sinusitis also were very often the cause of the regular recurrence of dermatosis. On top of the common clinical tests during dynamic treatment, all patients were subject to the tests of stomach secretion, gall and variable biochemical blood parameters (cholesterine level, bilirubine, globulin blood fractions, Valtman test, sublimate precipitation test, etc. (*N.B.: the coagulative Valtman test and sublimate precipitation test are tests to check the changes of protein plasma in liver diseases*)). Each patient had both a medical history file and a special medical examination card. Primary tests of the patients were carried out in the Brest regional skin and venerological clinic.

Duration of psoriasis condition before Chaga treatment was 1 year in 5 patients, up to 3 years in 7 patients, 7 to 5 years in 8 patients, up to 10 years in 13 patients, from 10 to 15 years in 7 patients, more than 15 years in 10 patients. Among the patients, 3 were suffering from psoriatic erythroderma, 1 had psoriatic arthritis, 18 had extensive psoriasis with a massive infiltration of plaques, 20 had extensively spread small plaque rashes, 8 had localized psoriatic plaques.

43 patients started the treatment with Chaga extract paste during the acute stage of psoriasis, 7 during the steady-state.

Chaga extract was heated au-bain-marie and 1 table spoon of extract was diluted in a glass of boiled water at room temperature. This solution was taken internal as 1 table spoon, 3 times a day, 20-30 minutes before meals. Water solutions of Befungin® were prepared as 1 dessert spoon of Befungin® concentrate per 100 ml of boiled water (*room temperature*). The intake instructions were the same as above. Both Chaga preparations have no unpleasant odors and tastes, and are well tolerated by the patients even after several months of continuous intake.

Most of the patients (42) only used a Chaga preparation for internal use, 8 were also using ointments and one of the preparations for internal use. 24 patients were using Chaga preparations from 3 to 6 months, 18 patients up to 12 months, 8 patients for more than 2 years. The therapeutic effect of Chaga was manifesting itself pretty slow, reaching maximum at the 3rd month of regular intake. In most cases disappearance of psoriatic rashes started at the torso, then the scalp, upper limbs and finally hips and low legs. The Chaga treatment's normalizing effect on nail plates was noted after 2 – 3 months.

The clinical observations:

Patient K. (female), born in 1928. Got psoriasis in 1964. Since then, the skin of her scalp was covered with plaque in the form of a solid cap. There were also other plaques on different body parts but they were not bothering the patient that much when compared to the head plaque which forced her to wear a hat at all times. The patient was under treatment for 6 years, using mercury-salicylic ointment, Rybakov ointment and vitamin injections. During the application of ointments the infiltration was decreasing or disappearing, flakes became less abundant, however afterwards the skin grew thicker and a bigger layer of flakes appeared. Accompanying medical conditions: hyperacid gastritis; the patient is constantly suffering from heartburn and constipation. Regular outpatient intake of Befungin® started 27 January 1970. The patient had at that time explicit diffuse changes of scalp and some psoriatic plaques of limbs. No other drugs were used.

During the examination on 24 February (one month later) the skin of the scalp is completely free of lesions, but the elbows are still covered with lenticular psoriatic papules.

About three weeks later all gastrointestinal malfunctions had completely disappeared. All skin integuments are of normal color. There is no rash. During the past 2 years the patient is under medical

observation. She is regularly taking Befungin ® and no other drugs. Heartburn, belching, and constipation which were bothering the patient before have now disappeared. Stomach acidity has normalized. Skin integument, including the scalp is without any traces of psoriasis.

Patient Z. (male), born in 1924, started suffering from psoriasis at the front (during the World War II), after a shrapnel head wound. The lesions started on the head, then spread to the torso and limbs. From 1942 to 1963 the patient was under constant medical treatment, either in a hospital or as an outpatient. Only sanatorium / health resort treatments showed remission for several months. In 1963 the patient started experiencing pain in upper and lower limbs joints. From that moment the patient was annually hospitalized (on average for 46-50 days) and was released from the hospital every time with improvements. In 1966 the patient was assigned the "second invalid group rating" with the diagnosis "psoriasis arthropica". (N.B.: In USSR and Russia people with health conditions are assigned so called "invalid group ratings". 3rd group means minor health / performance limitations, like having no pinkie finger, which do not present a serious obstacle for doing most jobs; 2nd group are more severe health conditions, with more limitations and requiring recurring instances of hospitalization; the 1st group is assigned to people who, for example, are missing limbs or suffering from serious life-threatening diseases and are not able to work under the local regulations and specificities of the labor market.) An accompanying medical condition was chronic gastritis. The patient was granted an invalid-adjusted motor vehicle by the state .

The patient started the outpatient treatment with Chaga paste on 16 October 1969. He had a checkup on 16 December 1969, two months later. The patient is continuously taking Chaga. Joint pain and skin itching significantly decreased. Lesions on lower legs are still present and look like massive solid infiltrate plaques of legging-shape. Wrists and forearms show signs of diffuse lesions looking like long gloves. Scalp and buttocks skin is covered in massive infiltrate plaques with multiple layers of flakes.

13 February 1970, after 4 months of continuous outpatient treatment with only Chaga, skin integuments of scalp, torso, and limbs are clean, the joint pain is insignificant, and the general condition is good. The patient also gained weight (from 60 to 65 kg). Medical checkup on 14 September 1970: skin integuments are free of lesions, joint pain decreased and are almost not limiting mobility anymore. The patient got back to work on his own initiative as a quality control employee at the mechanical factory. All the time the patient was taking Chaga, regularly and with enthusiasm. In May 1971 his invalid group rating changed from 2nd to 3rd. Medical checkup in January 1972: skin integuments are clean, general condition is good, mobility limitations are insignificant. The patient is taking Chaga every day.

After receiving the 3rd invalid group rating the patient took a break in Chaga treatment for 2 months: at the end of the 2nd month he again started getting single papules on the scalp, back of the hand, front of the lower leg, joint pain increased significantly. Since then the patient has not interrupted the Chaga treatment.

From 1969 to 1972 the patient was no longer hospitalized, he was staying active and cheerful. During all those years he was not using either cytostatic nor corticosteroid drugs, nor ointments.

The results of our observations are given in the table.

Table 1. Efficiency of psoriasis patients with Chaga

Types of psoriasis	Completely cured	Improvements	No effect	Aggravation
Extensive psoriasis with massive plaques	14	2	2	-
Extensive psoriasis with localized plaques	16	3	1	-
Limited psoriasis lesions	5	2	1	-
Erythrodermic lesions	3	-	-	-
Psoriatic arthritis	-	1	-	-

The Chaga treatment showed improvement only in 8 patients and it was not effective in 4 patients. Probably this was related to alcohol abuse (*of the patients*) during the therapy, self-initiated breaks in taking Chaga and significant deviations in diet and non-standard deviations in the work-rest pattern. Four of these patients had also accompanying pharyngonasal cavity conditions. Two of these patients showed significant improvement of their psoriasis condition, 2 others did not experience any significant changes.

Conclusion

According to our observations, psoriasis-therapy with Chaga is especially successful in cases when psoriasis occurs in combination with chronic inflammatory diseases of gastrointestinal tract, liver and biliary system which manifest themselves before or during the course of psoriasis. The maximum efficiency of Chaga psoriasis treatment is noted after 9 to 12 weeks of continuous intake. Continued regular intake of Chaga lead to a full disappearance of psoriatic lesions without any extra treatments. Long and regular Chaga intake showed an improvement in gastrointestinal functions, increased vitality and general tonus in all patients, with no exceptions. The lab test results of blood, stomach acid, gall, urine and stool also showed improvement.

Most probably, the Chaga treatment of psoriasis may provide a long lasting remission without any other medication or therapies needed. When prescribing Chaga preparations to patients the GP needs to warn them about the time involved before the therapeutic effect becomes noticeable; 9 – 12 weeks. Patients should also be stimulated to normalize their diet and to rest more. There were no side effects or complications observed during the Chaga treatments. Chaga therapy shows good potential in outpatient treatments. The mechanism of the therapeutic action of Chaga in psoriasis should be studied further.

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