

Alternative Medicine's Point of View : Psoriasis: A Functional
Diagnostic Medicine Approach

By Dr. Michael John Badanek, BS, DC, CNS, CTPP, DACBN, DCBCN, MSGR./CHEV

Loretta was initially seen in our office over a year ago with a primary complaint of psoriasis. She had been suffering with psoriasis for over five years. Her past history included consulting with her primary physician, two dermatologists and an allergist. Even with intensive medical treatment consisting of topical ointments and systemic medication specifically methotrexate and retinoids, the psoriasis continued to spread and when seen in our office had migrated from her upper arms and back to her distal interphalangeal joints and adjacent nails.

She was at her wits end. Loretta was fed up with simply treating the symptoms and wanted to know if there was a reason for her psoriasis. Of course, we needed to do a thorough investigation and see if we could identify the underlying causes of her problem

Based on our review of all her medicals, including past blood tests and our 41 page medical questionnaire, we decided to order the following labs:

- **CBC Differential**
- **Comprehensive Digestive Stool Analysis**
- **Intestinal Permeability**
- **Candida Immunoglobulins**
- **Intestinal Barrier Function Test**

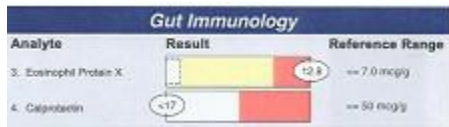
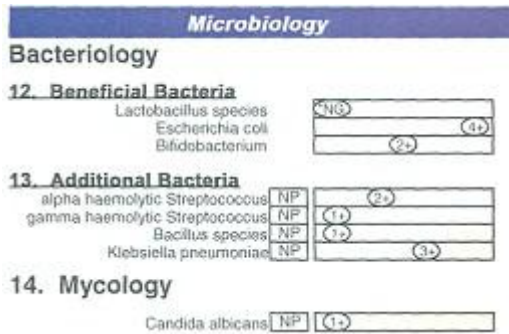
The following is an overview of each of the above labs with our comments:

CBC Differential

Eosinophil#	0.20	K/ μ L		0.00 - 0.50
Basophil#	0.0	K/ μ L		0.0 - 0.2
Neutrophil%	55.6	%		50.0 - 66.0
Lymphocyte%	31.5	%		20.0 - 40.0
Monocyte%	10.1	%	HIGH	4.0 - 10.0
Eosinophil%	4.2	%	HIGH	1.0 - 3.0
Basophil%	0.6	%		0.0 - 1.0

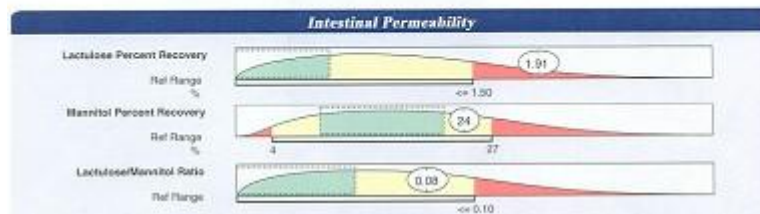
Comments: First thing we noticed was elevated **monocytes and eosinophils**. This should have been a **red flag** to any doctor privy of gut infections **specifically parasitic/fungal infection**, Unfortunately, all prior physicians missed this.

Comprehensive Digestive Stool Analysis



Comments: Based on the results of the CBC and careful review of Loretta's medical questionnaire, we decided to order a comprehensive digestive stool analysis. As you can see above, the microbiology component of the test revealed a **+1 candida albicans** and **bottomed-out beneficial bacteria**. In addition, her **Eosinophil Protein X** was significantly **elevated at 12.8**. This indicates a potential **parasitic/fungal infection**, celiac disease and/or food allergies.

Intestinal Permeability Test



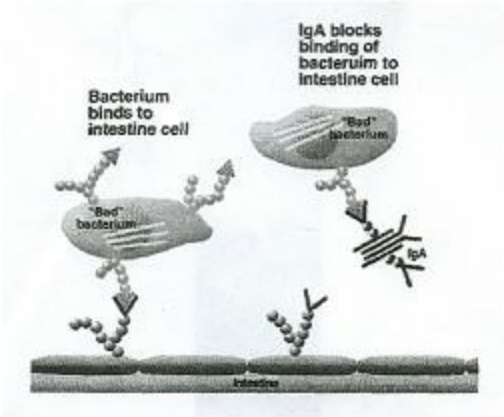
Comments: Concerned that Loretta had a compromised gut integrity, we ordered an **Intestinal Permeability test** and as you can see her **lactulose recovery** was elevated indicating an increase in **intestinal permeability between cells**. This unfortunately resulted in macromolecules, toxins and antigens crossing the intestinal barrier into the lymphatic and circulatory system. This in turn increased the load on the body's detoxification system and stimulated an immune reaction contributing, to what we believed, her psoriasis.

Intestinal Barrier Function Test



TEST	RESULTS		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		
***** SUMMARY RESULTS *****				
THE FOLLOWING ABNORMALITIES WERE DETECTED:				
IgM DIETARY PROTEIN		<400	400 - 2856	ng/ml
IgA DIETARY PROTEIN		<400	400 - 1117	ng/ml
IgM YEAST ANTIBODY		<400	400 - 1876	ng/ml
IgM AEROBIC BACTERIA		<400	400 - 2883	ng/ml
IgA AEROBIC BACTERIA		<400	400 - 1161	ng/ml
IgM ANAEROBIC BACTERIA		<400	400 - 1792	ng/ml
IgA ANAEROBIC BACTERIA		<400	400 - 675	ng/ml

Comments: The above is a great test called **Intestinal Barrier Function test**. This is a few steps up from the Intestinal Permeability Test and gives more information. As you can see Loretta's IgA and IgM are bottomed out showing **less than 400**. This is NOT good. This is a tell-tale sign that her **primary immune function was shot**.



As you can see above, IgA is the body's **FIRST LINE** of immune function. It is imperative for the body to have a healthy levels of IgA to prevent antigens (bacteria, viruses, fungi, parasites, toxins) from entering the lymphatic and circulatory system. IgA is responsible for **BLOCKING** antigens from adhering to the intestinal wall. Without a rich supply of SigA, the antigens will dig deep into the mucosol lining and enter the lymphatic and circulatory system. NOT GOOD!!

Candida Immunoglobulins

GREENVILLE, SC. 29615				
Blood Drawn	Processed	Reported	ISL No.	
08/01/05	08/03/05	08/22/05	107402	

TEST	RESULTS		REFERENCE RANGE	UNITS
	NORMAL	ABNORMAL		
*** MICROFLORA IMMUNE TEST ***				
IgG CANDIDA		9863	0-3200	ELISA
IgM CANDIDA	1350		0-4000	ELISA
IgG E. COLI	570		0-4000	ELISA
IgM E. COLI	1633		0-4000	ELISA

Comments: As you can obviously see, Loretta's IgG candida was off the charts at **9863**. This is terrible revealing the candida antigen had broken through the unprotected IgA barrier and was now in the lymphatic and circulatory system. Remember, an elevated **IgG indicates a systemic overload of the antigen.**

Final Comments: With the above information, we finally had a clear understanding of the underlying cause(s) of Loretta's bout with psoriasis and proceeded to develop a treatment protocol that:

1. **Addressed the systemic candida**
2. **Aggressively improved her compromised SigA**

Results: Within five weeks of starting the treatment protocol, Loretta's skin was free of psoriasis. We were totally amazed, as well as Loretta, at how quick she responded to the patient specific treatment.

This is another case from our patient archives that consistently amazes us. There is NOTHING in our combined 40 years in practice that has consistently produced the kind of results we are now seeing with a variety of tough diseases, like RA, IBS, Lupus, MS, Diabetes.

Dr. Badanek has been and currently is 40 years into active/private practice in the Ocala/Marion County, Florida region. Dr. Badanek practices Natural/Holistic Medicine through the use of Functional/Integrative Models for diagnostic and treatment protocols for the health challenged. Find him online at Dr.Badanek.com and www.alternativewholistic.com, and see what the facility has to offer the sick and health challenged. To schedule an appointment call 352-622-1151