

DR. JONATHAN V. WRIGHT'S NUTRITION & HEALING

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Exclusive Interview

Nutritional Breakthrough on Psoriasis Steven A. Smith, M.D.

Steven Smith earned his B.S. from Indiana Wesleyan University in 1975 and his M.D. from Indiana University School of Medicine in 1979. Following a residency in internal medicine, he completed a residency in dermatology at the University of Texas in 1984. He is a Diplomate of the American Boards of Internal Medicine and Dermatology, and a Fellow of the American Academy of Dermatology, the American College of Physicians, and the American Society of Dermatologic Surgery.

From 1985 to 1988, Dr. Smith was Head of the Section of Dermatology at the Oral Roberts University School of Medicine. He developed and taught the dermatology instruction of fourth-year medical students and residents in internal medicine, pediatrics, and family practice.

Since 1990, he has developed a novel mineral compound for the treatment of psoriasis.

Q: Dr. Smith, welcome on behalf of the readers of *Nutrition & Healing*. We are especially interested in your work on psoriasis. Tell us, how did you conceive of combining nickel and bromide for psoriasis treatment?

A: In 1984, I was finishing dermatology residency, treating patients with severe psoriasis, and I saw not just a terrible skin condition but broken lives due to the illness. I really started to care about these people.

Strong motivation.

In early 1985, working in Tulsa at the City of Faith Medical Center, I

started praying for a breakthrough for psoriasis and several other chronic skin diseases. Of course, I reviewed the medical literature and kept my ears open too...my wife and I, my nurse, and some psoriasis patients with whom I shared this vision began to pray also.

My wife is not a scientist or medical person, although she's had chemistry courses. In 1987 or so, she was praying, and she felt God spoke to her in spirit and told her nickel and bromide. She told me. I could not relate that to any known dermatology research, but I kept looking. About a year and a half later, at an American Academy of Dermatology meeting, Israeli scientists presented abstracts and posters on serum bromide levels in psoriasis patients treated at the Dead Sea.

Were these before-and-after levels?

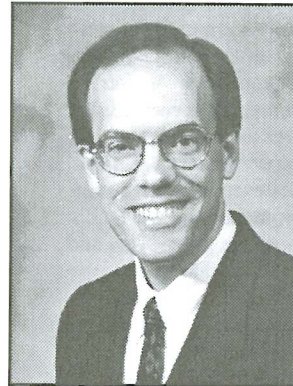
Yes. After treatment, usually very helpful treatment, there was a significant rise in serum bromide. In the Dead Sea environment, bromide is the second-highest anion, in both the bathing and drinking water. After that, I decided to try inorganic nickel and inorganic bromide for our patients.

Part of that seems counter-intuitive, because by then as a result of your wife's prayer, you had studied serum nickel in untreated individuals with psoriasis and found elevated serum-nickel levels.

Correct, but I went back to the original Word my wife had been given.

There is some precedent, though. By now we know that elevated serum copper doesn't necessarily mean too much, but sometimes that the body is "mobilizing" it, to fight inflammation for example.

Steven A. Smith, M.D.



"In early 1985, working in Tulsa at the City of Faith medical center, I started praying for a breakthrough for psoriasis and several other chronic skin diseases. Of course I reviewed the medical literature..."

Right. Seeing the dramatic results the Israelis were reporting, we put the nickel and bromide together and have been working to develop the treatment since 1990. By now, we have done several controlled studies with more than 300 patients.

Is nickel essential to life?

It appears to be. Dr. Forrest Nielsen...

From the USDA Grand Forks Agricultural Research Station?

Yes. He was first to publish on the essentiality of nickel. It appears to have been nailed down by Kirchgessner in Germany and Anke in Poland in the 1980s. I have a citation for you: Nickel, An Essential Element, IARC Scientific Publications No. 53, 1984, pp 339-365.

What about bromide?

That's unclear. A 1988 article by Anke demonstrated that severely bromide-deficient goats had reduced growth, poor conception rates, reduced milk-fat production, decreased hemoglobin concentrations, and a shorter life expectancy, but outright essentiality wasn't proven.

So even if it's not essential, it appears to have some distinct

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effects on normal physiologic function. However, 19th century Materia Medica texts are replete with warnings about "Bromism."

It's possible to overdose nearly anything, and bromism was clearly bromide overdosing. Bromides were found useful against epilepsy in the 1850s and doses from 1000 to 3000 milligrams daily were used for prolonged periods of time. So, by the late 19th century, bromism was a fairly common observation. It consisted of lethargy, decreased alertness, impotence...in dermatology, a pustular and sometimes even ulcerative skin rash called bromoderma. But remember, those are gram a day and more doses. The World Health Organization's recommended daily intake for bromide is 1 milligram per kilogram, or approximately 70 milligrams daily for an "average" adult. The "no adverse affect" dose is four times that, or 280 milligrams.

And your psoriasis treatment uses substantially less than that. Back to nickel...isn't nickel sensitivity a relatively common problem in dermatology?

Nickel sensitivity is a real concern for any dermatologist. Approximately 10% of women, but less than 5% of men, have nickel sensitivity to topical nickel. Also, there are reports of flares of pre-existing nickel dermatitis induced by orally ingested nickel. But the doses I'm using are small and rarely cause that problem. I've worked with more than 2000 individuals with oral nickel, I think I have most of the world's experience with it. In my cases, oral-nickel sensitivity occurs in less than one in a hundred.

Do you bother with patch tests?

I did patch tests to nickel during my studies, before and after oral administration. Positive patch tests would actually convert to negative after the individual had been taking oral nickel for a time.

An unintended oral desensitization?

It seems so. The other safety issue is potential nickel carcinogenesis. It's been shown in a number of studies, in different animals, long-term studies, that orally administered nickel is extremely safe and not carcinogenic. Nickel sulfate which we are currently using in our products has been extremely well studied in a number of toxicological assays and is considered very safe.

You report a double-blind placebo-controlled study of oral nickel and bromide in Archives of Dermatology. It would appear that those on placebo steadily worsened, while those taking the nickel/bromide combination either stayed the same or got somewhat better....

Statistically, that's correct, though we had some in the nickel/bromide group who improved markedly, some moderately better, some mildly better....The study was performed in the fall and winter, when psoriasis frequently gets worse. That's probably the reason for the placebo group worsening.

You also performed an open trial of twelve weeks duration using higher but still quite safe quantities of nickel and bromide. You reported that 98% had moderate-to-marked improvement. The "p" value is remarkable, at $p < 0.00005$.

That's right. We've found that absorption of nickel is quite variable, and higher, but still quite safe amounts are much more effective. We've recently settled on an "ideal treatment range" for serum nickel of 20-40 micrograms per liter. Dosage can safely be adjusted as needed to achieve this level. I found nickel to be much better absorbed on an empty stomach, taken with water only.

At these higher quantities you report adverse effects....

Yes, there was swelling of the hands and feet in 5 of the 86 individuals, a 5.8% rate. All of these resolved either during continued dosing or on stopping the treatment. The other 81 of the 86 reported no adverse effects.

You have a company that makes nickel/bromide product for psoriasis....

I incorporated Plymouth Pharmaceuticals in 1991. I was working with the FDA; it was an extremely expensive prospect. We had an I.N.D., but it would take years and years. Then in 1994 we discovered that we were actually already "grandfathered in" under the United States Homeopathic Pharmacopeia...the ingredients we were using, and the quantities were already approved under that format.

Even your "higher" doses are still within the homeopathic range....I suspect the FDA didn't tell you about the U.S. Homeopathic Pharmacopeia.

Not at all. I kept telling them, "I'm using extremely low quantities of naturally occurring minerals; why am I even dealing with you, this is more on a nutritional level." It felt like a brick wall dealing with them. So when we discovered on our own that we were covered under the U.S. Homeopathic Pharmacopeia, we re-oriented to nickel sulfate and potassium and sodium bromide approved there, rather than the nickel dibromide we'd used in the I.N.D. studies. In fact, our liquid products are made by Boericke and Tafel, and BHI does our tablets.

Thanks to the FDA, you've inadvertently moved into homeopathy. I'll send them a thank you!

I'm a traditional type of doctor, but I've always been open to alternative therapies. Right now I'm on a steep learning curve.

Apparently successful nickel/bromide combination treatment for psoriasis appears entirely original with you and of course, your wife and her prayer. This use for either element isn't in the U.S. Homeopathic Pharmacopeia, in 19th century Materia Medica, or anywhere in the medical literature that I could discover.

Actually, there is a 1911 article by Klopinski who was studying oral nickel sulfate. He mentioned in one sentence that it appears to hold psoriasis in check...but he used quantities hundreds of times higher than I've found necessary, and no bromide with it.

Which appears to make the nickel more effective...Where can we obtain more information?

Call Plymouth Pharmaceuticals at (800) 316-9636 or our E-mail address: info@lomalux.com. We have both over-the-counter and prescription products for psoriasis and other skin conditions.

Thank you, Dr. Smith, for a facinating talk.