

Mikhail Peslyak's modular strategy — it is a scientific evolution of John Pagano's method.

The strategy for achieving sustainable remission is based on an evidence-based model of the pathogenesis of psoriatic disease (PsD). The main goal is to normalize small intestinal permeability and microbiome. Sustainable and long-term remission is achieved through an individual diet, elimination of risk factors and an individual course of treatment for **SIBO (small intestine bacterial overgrowth).**
The course of treatment includes Matkevich lavage and bacteriophages.



More information on the coach's website: https://psorias.info

Scientific Rationale

Process or Component	Pagano Method (Pagano 2008a, Pagano 2008b)	Modular strategy based on a pathogenesis model (Peslyak & Korotky 2020).
Increased small intestinal permeability	It is defined as LGS (Leaky Gut Syndrome). One primary cause is permeability to various unidentified toxins.	SP1. One of the two main causes. Increased permeability to specific bacterial products (lipopolysaccharides, peptidoglycans, and bacterial DNA).
Specific SIBO (Small Intestinal Bacterial Overgrowth)	In the work (Pagano 2008b, Chapter 9), an overgrowth of the fungus *Candida albicans* in the small intestine is identified as one of LGS causes.	SP2. One of the two primary causes. An elevated level of a specific SIBO — one that includes PsB psoragenic and EnB enhancing bacteria. These bacteria serve as a source of bacterial products.
Substances that trigger and sustain psoriatic inflammation	Unidentified toxins.	Bacterial products (lipopolysaccharides, peptidoglycans, and bacterial DNA). The result of the activity and breakdown of psoriatic and enhancing bacteria in the small intestine.
Mechanism by which these substances enter the skin	Not described.	Fragments of bacterial products enter the skin inside blood neutrophils, which have endocytosed them while still in the bloodstream. Within inflamed skin, these neutrophils undergo NETosis (a form of self-destruction). As a result, the bacterial product fragments are released into the dermis, triggering an inappropriate response from the skin's immune system.

Practical application

Component	Pagano Method (PM) (Pagano 2008a)	Modular Strategy (MS)	Comparison of the Modular Strategy (MS) and the Pagano Method (PM)
Collection of primary information	Yes	Module M1. Phases A and B.	**MS.** Module M1. 1.1. Lifestyle, health status in general. 1.2. History and assessment of the state of industrial safety. 1.3. Collection and analysis of test results and conclusions. Both existing (phase A) and new (phase B). **PM** - only paragraphs 1.1 and 1.2.
Overweight correction	No	Module M2.	**MS.** Studies have proven the correlation between the severity and torpidity of PsD and overweight. Therefore, MS includes Module M2 (Afifi 2017, Duchnik 2023, Ford 2018). **PM.** Does not take into account the role of excess weight. As a rule, the Pagano diet promotes weight loss.
Constant diet	The Pagano diet is the same for all patients. Testing for gluten intolerance is permitted, as is an elimination diet to identify sensitivities to any food products. (Pagano 2008b)	Module M3. • The individual diet with the exclusion (limited consumption) of foods containing potentially problematic substances (PPS). PPS are glycoalkaloids (found in nightshades), lactose, gluten, etc.). An individual diet is formed on the basis of tests and dietary trials and the requirements of a low-microbial diet. • PM-based eating and drinking regimen	**MS.** Module M3. The individual diet is developed based on tests (for gluten and lactose) and/or dietary trials involving foods that contain potentially problematic substances (PPS). Such trials are particularly necessary if the patient is unaware of how nightshades affect them (as there are no tests available to assess the impact of glycoalkaloids on small intestinal permeability). Possible results: - the admissibility of nightshades without restrictions; - admissibility of nightshades with specific restrictions; - inadmissibility of nightshades; The results of tests and trials determine the formation of an individual diet (Acharya 2020, Keuter 2024, Peslyak 2025). **PM** – uniform recommendations for diet and nutrition. In the work by (Pagano 2008b), testing and dietary trials are mentioned, but no conclusions are drawn for the purpose of providing individual recommendations.
SIBO. Risk factors.	No	Module M4. Identification and elimination (reduction of intensity) of these factors.	**MS.** The key role of specific SIBO in PsD pathogenesis (Peslyak & Korotky 2020, Peslyak 2026a). **PM.** In the work (Pagano 2008b, Chapter 9) identifies an overgrowth of the fungus *Candida albicans* in the small intestine as one of the causes of impaired small-intestinal permeability. However, SIBO is not mentioned anywhere.
SIBO. Diagnostics.	No	Module M5.	

Component	Pagano Method (PM) (Pagano 2008a)	Modular Strategy (MS)	Comparison of the Modular Strategy (MS) and the Pagano Method (PM)
Course of treatment (CT).	Universal treatment	Module M6. Individual course of SIBO treatment.	**MC** - an individual course of treatment based on the results of the SIBO diagnostics, as well as the patient's health status as a whole (Hersko 2024, Knez 2024). **PM** is a course of treatment that is the same for all patients.
CT. Medicines.	Dietary supplements and herbal teas	• Phage therapy (IPATH - USA) • Other antimicrobials	**MS.** Phages and other antimicrobial agents selected based on the results of SIBO diagnostics make the course of treatment more effective.
CT. Internal cleansing.	• At-home enemas • Colonotherapy	• Dr. Matkevich intestine lavage • Enterosorbents	**MS.** Matkevich lavage allows you to cleanse the entire gastrointestinal tract, and not only the colon (as with colonotherapy) (Peslyak 2026b). Intestinal sorbents enhance the cleansing effect.
	• Fruit fasting diet • Water (1.2-1.6 liters per day, in addition to other liquids) • Natural laxatives		**MC and MT.** Common components.
CT. External remedies.	Natural	• Natural • Gels with phages	**MS.** In the presence of secondary infection on psoriatic rashes, phage gels are recommended.
CT. Exercises and procedures.	Outdoor exercise (walking, running, cycling, hiking, etc.)		**MC and MT.** Common components.
	Spine therapy	A set of yoga exercises	**MS.** Physical and yoga exercises provide preventive therapy for the spine (if there are no special problems).
CT. Right thinking and behavior	• Focus on recovery, exclusion of PsD from your image • Belief in a positive result and autosuggestion • Patience and perseverance • Communication with successed patients • Support for loved ones		**MC and MT.** Common components.
Constant Mode	Universal regimen.	Module M7. Individual regimen.	**MS.** As a rule, an individual regimen consists of two individual plans (individual plans). For example: IP1 is a permanent long-term (from 6 months or more). IP2 is short-term (1 week of fasting diet and cleansing procedures). IP2 replaces IP1 twice a year (for example, in spring and autumn) for one week. In case of relapse, modules M4 and M5 are performed, after which a new individual course of treatment (Module M6) is prescribed. **PM.** Only a universal regimen, and in case of a relapse, a universal course of treatment.

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