Clinical observation of Unani Medicine in the treatment of Psoriasis: A case study

Masroor Ali Qureshi*,1+ Humaira Bano2
1Regional Research Institute of Unani Medicine Mumbai, JJ hospital compound, Byculla Mumbai 400 008
2Regional Research Institute of Unani Medicine Aligarh 202 002
E-mail: *doctormasroorali@gmail.com

Received 6 March 2018; revised 29 October 2018

A thirty year old female patient was suffering from multiple patches with severe itching, burning, sever pain and scaly skin, came in the OPD of RRIUM Mumbai. The patient had lesions on feet, legs and arms since 4 years. Most of the lesions were located near the joints. After proper history, examination and routine laboratory investigations, she was diagnosed as psoriasis and Psoriatic Arthritis. The patient was treated with Unani Medicine along with wet cupping. After three months of treatment marked remission were found in all features, assessment of regression was done by measuring of plaques in cm, while other feature assessed by using of dermatology life quality index (DLQI).

Keywords: Psoriasis, Psoriatic arthritis, Unani medicine

IPC Code: Int. Cl.18 A61K 38/00, A61K 39/395, A61K 36/00

Psoriasis is a non infectious chronic inflammatory disease of the skin and joints characterized by well defined erythematous plaques with large adherent silvery scale3, causes red, flaky, crusty patches of skin covered with silvery scales on human skin. Lack of itching is a simple way to distinguish psoriasis from eczema; psoriasis does frequently itch and causes other symptoms5. Clinical and epidemiological data of Psoriasis accounted for 2.3% of the total dermatology outpatients. There was a distinct male preponderance. Mean age of onset was lower in women at 27.6 years, although the severity of the disease is the same in both sexes. Family history may be positive in 2% of patients1.

Psoriasis is one of the most baffling and persistent of skin disorders. It's characterized by skin cells that multiply up to 10 times faster than normal. As underlying cells reach the skin's surface and die, their absolute volume causes raised, red plaques covered with white scales. Psoriasis typically occurs on the knees, elbows, and scalp and it can also affect the torso, palms, and soles of the feet. The symptoms of psoriasis vary depending on the types. Some common symptoms for psoriasis are as follow.

- Plaques of red skin, often covered with loose, silver-colored scales; these lesions may be itchy and painful, and they sometimes crack and bleed.

In severe cases, the plaques of irritated skin will grow and merge into one another, covering large areas.

- Disorders of the fingernails and toenails, including discoloration and pitting of the nails; the nails may also begin to crumble or detach from the nail bed.

- Plaques of scales or crust on the scalp.

Psoriasis can also be associated with psoriatic arthritis, which leads to pain and swelling in the joints. The National Psoriasis Foundation estimates that 10% to 30% of people with psoriasis also have psoriatic arthritis2. There are lot of Unani medicines used for psoriasis in Unani system of medicine and may Unani formulations have been trial so far on psoriasis. A clinical trial was conducted by Shamim Khan et.al. In which they evaluated Psoralia corylifolia linn and Marham-e- Gulabi , a Unani formulation in 40 patients of psoriasis and concluded an overall clinical improvement6 . In this case study the patient was treated with Paste of Saboos-e-Asphghol7 and Majoon-e- Musaffi-e-Khas8, recommended in the treatment of psoriasis in Unani classical books and Musaffi Ajeeb9 a non pharmacopoeil formulation of Rex Remedies. It is claiming to be Blood purifier.

Case study

A 30 years female patient was suffering from multiple sizes of patches, intense itching, pain and burning along with some bared wound over the feet.
Scaly skin was also found positive at all over the plaque on the feet, the colour of the skin was changed into dark colour and a lot swelling over the toe. After questioning patient revealed that the scale of the skin frequently shed off while rubbing or itching. Most of the lesion appeared near to the joints e.g. Near to ankle, over the big toe, fingers and elbow, due to these lesions patient was complaining discomfort and joints pain. The size of the lesion over the big toe was measuring about 8 cm. Similarly a big lesion over the lateral part of the right foot, near to ankle gather round with multiple small lesions was measured about 7 cm.

**Methodology**

30 years female patient was suffering from multiple patches with severe itching, burning, severe pain and scaly skin, was registered in the OPD of RRIUM Mumbai. She was diagnosed as psoriasis and Psoriatic Arthritis. The Patient was treated with Unani Medicine and wet cupping. The laboratory investigations, Urine routine and microscopic, complete Haemogram and stool test for Ova and cyst were done. General and local examinations were also performed to evaluate any abnormal finding. Measurement of patches was also recorded before and after treatment.

**Local Examination**

In local examination there were many patches with different sizes with bared wounds on feet and small spotted lesions at all over legs and arms.

**Clinical features**

Following of the clinical features were present at base line.

1. Patches
2. Itching
3. Pain and burning
4. Bared lesion
5. Scaly skin
6. Discharge
7. Disturbed quality of life

**Drug dose and mode of administration**

The Paste of Saboos-e-Aspghol (*Plantago Ovata*) was given for local application twice a day for two days to subside the acute inflammation, intense pain and itching. After two days Unani compounds Majoon-e-Musaffi-e-Khas 6g twice a day. Musaffi Ajeeb 30 mL twice a day for 3 months was given. The patient was also advised coconut oil and camphor in the ratio of 100:1 for local application over the diseased part. The wet cupping (Hijama Bil shurt) was also performed on the both hands and feet at the end of the treatment.

**Analysis**

Features like pain, itching, burning and disturbed quality of life was measured by given score using the Dermatology life quality index (DLQI) module.

**Scale: Method of Scoring**

- Very much = 3
- A lot = 2
- A little = 1
- Not at all = 0

**Results and discussion**

It was observed that the size of patches was reduced (Table 1 & Fig. 1). The effect of drugs was significant. This improvement may be due to the anti inflammatory effect of Saboos-e-Aspghol (*Plantago Ovata*). It was also observed that the quality of life of patient was a lot improved. (Table 2). Psoriasis lesions and psoriatic arthritis was observed at the beginning of the treatment (Fig. 2 & Fig. 3). Other features like itching, burning and pain was also observed but after three of months it was almost disappeared.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Site of lesion</th>
<th>Size before treatment</th>
<th>Size after treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Toe</td>
<td>8cm</td>
<td>0cm</td>
</tr>
<tr>
<td>2</td>
<td>Elbow</td>
<td>5cm</td>
<td>1cm</td>
</tr>
<tr>
<td>3</td>
<td>Ankle</td>
<td>4cm</td>
<td>0cm</td>
</tr>
<tr>
<td>4</td>
<td>Front of ankle</td>
<td>3cm</td>
<td>1cm</td>
</tr>
<tr>
<td>5</td>
<td>Lateral part of right foot</td>
<td>3cm</td>
<td>0cm</td>
</tr>
</tbody>
</table>

![Fig. 1 — Showing effects of treatment on patches before and after treatment](image-url)
disappeared. The effect of medicines was found highly significant on itching, burning and pain. This effect may be due to blood purifier effect of Majoon Mussafi Khas and Mussafi Ajeeb. There was remarkable improvement in the lesions, all the lesions were almost reduced (Fig. 4 & 5). This improvement may be because of anti-inflammatory, soothing and moisturizing effects of Saboos-e-Aspghol (plantago ovata). The patient was further under observation for 3 months and observed that neither relapsing eruptions nor flare up the residue of lesions.

Conclusion

It can be been concluded that the unani treatment is proved highly effective in the treatment of Psoriasis. It has been also observed that there was no side effect during the treatment. The unani drugs used in the treatment of psoriasis may have properties of reducing metabolic rate of body and dermis or correction of biochemical and immunological response that considered being the responsible for psoriasis. The Unani drugs used in the treatment of psoriasis in above case study is proved safe and effective so it is recommended to research on large no of sample size to evaluate the efficacy of drug scientifically in the treatment of psoriasis.

References