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HEALING PSORIASIS WITH UNANI MEDICINE: A CASE STUDY INSIGHT

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Case Study

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ABSTRACT

Round plaques covered in silvery white micaceous scales and erythematous, strongly delineated papules are the clinical features of psoriasis, a chronic inflammatory skin condition. It impacts between 1% to 3% of the global populace. Even with recent significant progress in the treatment of psoriasis, the condition is still incurable. The disease activity is unaffected by current treatment, and relapse happens fast when medication is stopped. Furthermore, there are side effects connected to the systemic and topical conventional medicines used to treat psoriasis. In Unani system of medicine, psoriasis is known as *Taqashshur al-Jild*, which is caused by preponderance of black bile and defined by scaling of skin. Psoriasis can be efficiently managed with a variety of topical and systemic Unani preparations.

No. of Pages: 5 **No. of Figs: 6** **References: 12**

Keywords: *Taqashshur al-Jild*, psoriasis, unani; immune-logical disease; Auspitz's sign; Koebner phenomenon.

INTRODUCTION

Psoriasis is an autoimmune skin condition that is hyperproliferative and can cause pain and itching. Research on the precise cause of this illness is still ongoing. In this illness, the normal one-month period for the epidermal cells to change from the basal cell layer to the skin's outer surface is significantly shortened to just three to five days, leading to the development of immature epidermal cells. The immature nucleated epidermal cells found in the stratum corneum shed their cells quickly as silvery scales. Lymphocytes cause and maintain it, and keratinocytes proliferate subsequent to it. Vascular and epidermal cells proliferate more quickly as a result of a T-cell-mediated immune response.[1]

Psoriasis is a skin condition that presents as well-defined red patches (papules) and round plaques, often with silvery, scaly surfaces. These lesions, which can sometimes be itchy, are typically found on extensor areas like the elbows and knees. It's estimated that psoriasis affects around 2–4% of the population in Western countries. However, its prevalence varies depending on age, region, and ethnicity, likely due to a mix of genetic and environmental factors.[2]

Psoriasis can develop at any age but most commonly appears between 15 and 25 years old. About one-third of people with the condition report being diagnosed before the age of 20. Interestingly, it affects men and women equally.[3,4]

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In India, the prevalence ranges from 0.44% to 2.8%. Unlike in many other regions, it is about twice as common in men as in women, with most cases being diagnosed in individuals in their 30s or 40s.[5]

Unani Concepts :

The *Unani* (Greco-Arab) medical system originated in ancient Greece (Yunan) and was mainly based on the teachings and principles of the Greek physician Hippocrates (460–370 BC). It was further developed and improved by the Roman physician *Jalinus* (Galen, 129–210 CE), the Arab and Persian physicians *Zakariyya al-Razi* (Rhazes, 850–925 CE), Shaykh al-Rayis Abdullah Ibn Sina (Avicenna, 980–1037 CE), Abu'l-Qasim al-Zahrawi (Abulcasis, 936–1036 CE), and Ibn Nafis (1213–1288 CE) [6,7].

Unani medicine envisions the human body comprises seven main components: *Arkan* (elements), *Mizaj* (temperament), *Akhlat* (humours*), A'dā*' (organ), *Razi* (pneuma), *Quwa* (faculties), and *Af'āl* (functions) i.e., called as *Umur-i Tabi'iyya*. The mere absence or derangement of any component threatens the very existence of health and causes disease [8]. The *Unani* system of medicine is founded on both scientific and holistic conceptions of health and healing. Its fundamental principles, diagnoses, and treatment modalities are all based on these beliefs: its holistic approach takes into account the whole person rather than a reductionist approach toward health and disease [7]. Due to its effectiveness and few side effects, *unani* medicine is becoming more and more popular [9,10,]. The current review offers a thorough explanation of psoriasis and the management techniques that are currently being used in both classical *Unani* texts and modern science [11].

Modern medicine uses a variety of medications to treat psoriasis, including topical treatments including corticosteroid application, keratolytics, anthralin and tars, and tazoterene analogues of vitamin D3. Methotraxate, Cyclosporine, and Retinoids are used in systemic treatment. A combination of UVB, PUVA, Bath PUVA, and PDT is called phototherapy. The hepato-toxicity, pulmonary toxicity, pancytopenia, teratogenicity, metabolic abnormalities, and elevated risk of cancer are among the severe side effects of these medicines, notwithstanding their effectiveness.[12]

MATERIALS AND METHODS:

A 65-year-old male patient with psoriasis came to the Out-Patient Department (OPD) of Regional Research Institute of *Unani* Medicine (RRIUM), Srinagar under CCRUM, Ministry of AYUSH, Government of India on 3rd September, 2024, for Unani treatment, as he was not responding to conventional psoriasis treatment. He was treated with Unani medications comprising *Roghan e Gul* (Table 1) and *Hab e Musaffi Khoon* (Table 2) for 2 weeks then planned for Leeching. The response to therapy was evaluated on the basis of Psoriasis Area and Severity Index (PASI) score at each clinical visit, and photographs of the lesions, which were taken at baseline and after completion of treatment. Safety of the treatment was evaluated on the basis of clinical adverse effects, if any at each follow-up and laboratory investigations, which were performed at baseline and after treatment.

CASE PRESENTATION

Chief Complaints

A 65-year-old male patient presented with complaints of red patches with itching and burning sensation all over the body for 10 years.

Medical History:

According to the patient's statement, he was quite well 10 years back, then he noticed some small spots of dryness with itching and shedding of silvery white scales over the back, for which he took allopathic treatment comprising topical and oral steroids, as prescribed by a local dermatologist. Initially lesions and itching were responded well to the treatment, but lesions were relapsed after some time, for which he restarted the same medications, but found no relief and noticed new lesions on the other parts of the body, which progressed gradually to cover the whole body, except head, palms, and soles. Then, he took homeopathic treatment for one year, but condition was relapsed after initial improvement. There was no history of trauma, joint pain or stiffness, hypertension, diabetes mellitus, thyroid disorders, etc. There was no family history of psoriasis or arthritis. He was a non-smoker and non-alcoholic.

Clinical Examination

General Physical Examination:

Patient was a well-nourished male with average built and wheatish color, who appeared anxious. There were no palpable lymph nodes, jaundice, pallor or oedema. His vital signs were within normal limits.

Vital Signs:

- Temperature: afebrile

- Blood Pressure: 120/80 mmHg
- Pulse Rate: 74 beats per minute, regular
- Respiratory Rate: 18 breaths per minute

Systemic Examination
Chest:
- Clear to auscultation bilaterally CVS
- S1 & S2 audible
- no murmurs, no added heart sounds heard

Abdomen:
- soft, non-tender, non-distended
- no organomegaly, normal bowel sounds

Neurological examination:
- alert and co-operative, normal level of consciousness, no gait disturbance
- normal sensation and normal knee & ankle tendon reflexes, abdominal reflexes and plantar
- reflex Musculoskeletal examination
- no joint swelling, no joint tenderness, no joint effusion
- no joint deformities, normal range of motion in all joints

Dermatological examination:
- generalized, symmetrical, well-demarcated, medium to large erythematous plaques with
- silvery white scales were found over the abdomen, back, arms(Figures 1 & 2)
- Auspitz sign (pinpoint bleeding within the lesion on the removal of psoriatic scale) was positive.
- PASI (Psoriasis Area and Severity Index) score was 40.5, revealing that erythema (redness),
- induration (thickness), and desquamation (scaling) were all severe, with involvement of about
- 90% body surface area (BSA)

Investigations:
Laboratory investigations, including complete haemogram, liver function tests (LFTs), kidney function tests (KFTs), and complete urine examination were conducted at baseline and after 12 weeks of treatment.

Diagnosis:
Identification The patient's diagnosis of psoriasis was made after a clinical examination and review of their medical history. Clinical characteristics included the Auspitz sign and clearly defined erythematous plaques with silvery white scales covering them.

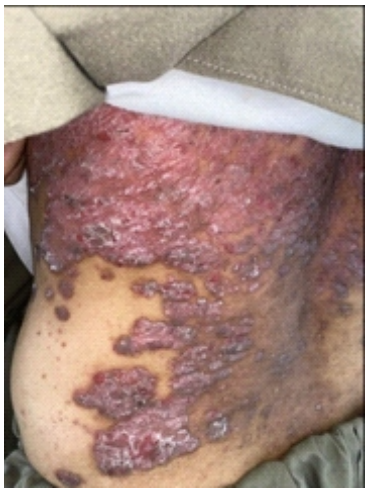
Interventions:
The patient was treated with the following Unani medications started from 3rd September, 2024 and first follow up was after 7 days then he advised for leeching after CT,BT for three times after 15-15 days. The duration of therapy was 55 days. The patient was also advised to avoid sour and sweet items in the diet during the entire period of treatment.

Consent:
Written informed consent was obtained from the patient, and clinical data included in this case study were collected).

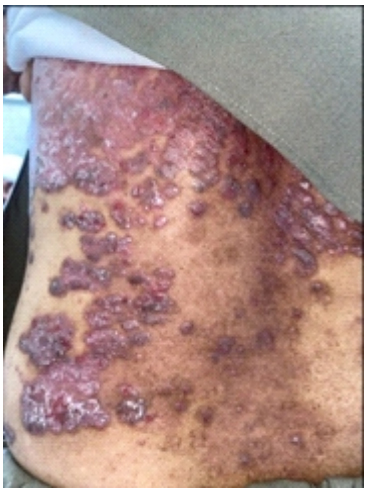
Outcome Measures:
The response to therapy was evaluated by Psoriasis Area and Severity Index (PASI) score (Burge et al., 2016; Valia & Valia, 2010) performed at 0, 7, 15, and 30 and 45 days of treatment, and photographs of the lesions were taken at baseline and after completion of treatment. PASI is currently the gold standard tool to assess the severity of psoriasis and the effect of therapy in clinical research. It is based on the clinical features, including erythema (redness), induration (thickness), desquamation (scaling), and affected body surface area (BSA). PASI scores range from 0-72, with lower scores indicating less severe symptoms and a smaller area of involvement. Safety of the treatment was evaluated by observing adverse events at each follow-up, and conducting laboratory investigations at baseline and after 55 days of treatment.

Initially, the patient was taking some modern medicine as well as homeopathic medicine and when there was unbearable itching. The response of the *Unani* treatment was found highly significant. At the end of the treatment period of 55 days as compared to baseline, there was marked reduction in itching, dryness, roughness, circular erythema, exfoliations[Figures 5 & 6]. The patient returned to his routine work, and there was no discomfort after treatment. All sign and symptoms disappeared in hands and other parts of body but only discoloration is still continuing in the some parts of body. There was no recurrence of sign and symptoms in the follow-up period of 1 month. Neither side effects nor complications were reported during the treatment and follow-up period.

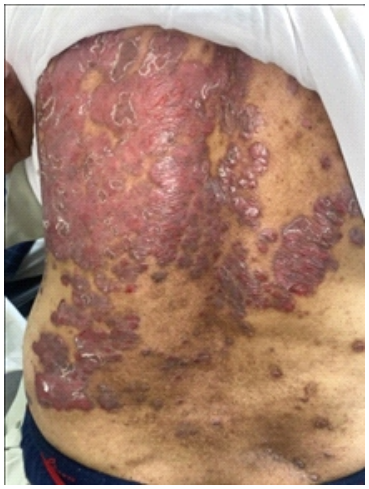
RESULTS



Baseline: Figure 1



Baseline: Figure 2



During the study: Figure 3

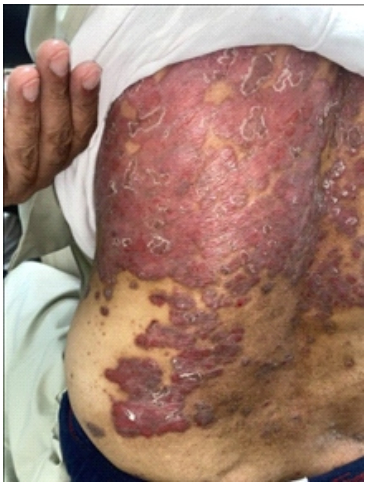
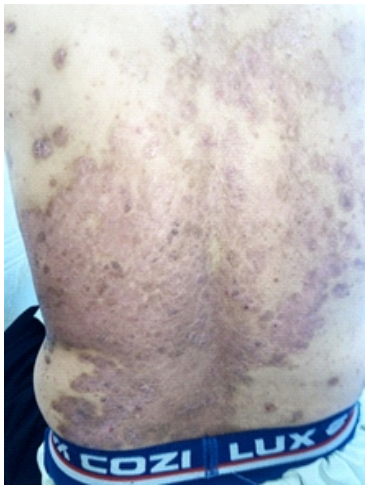


Figure: 4



After Treatment: Figure 5

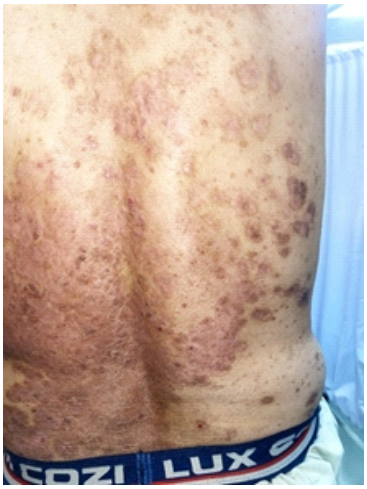


Figure: 6

PASI (Psoriasis Area and Severity Index) score was improved and decreased to 10.5, showing that erythema (redness), induration (thickness), and desquamation (scaling) were all improved, with involvement of about 20% body surface area (BSA) are left.

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