

Case Report

Unani Management of Taqashshure Jild (Psoriasis): A case report

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Abstract: Psoriasis is a chronic inflammatory disease of skin which affects about 1-3% of world population. Till the date no permanent cure is available for psoriasis, but it could be manage with the help of topical and oral medicines. In conventional system of medicine topical and oral steroids with or without phototherapy are commonly prescribed for the management of psoriasis. But long term use of these medicines may invite several unwanted adverse side effects. As far as Unani system of medicine is concerned Psoriasis is described under the heading of *Taqashshure Jild* caused by deposition of *Khilte ghaleez* (Abnormal Sauda) in skin, and treated by various modes of treatments. But Most of the unani physicians emphasised to apply emollient over the affected part frequently in form of *Marham* (Ointment) having *Murakhi*, *Jali*, *Muhallil* properties. Here in our present study we formulated a *Marham* for local application over the lesions and observe an impressive result. PASI score at the end of study reduced to 4.3 from 50.7.

Keywords: *Taqashshure Jild*, Psoriasis, *Marham*.

INTRODUCTION

Psoriasis is a chronic, immune-mediated, inflammatory skin disease characterized by skin surface inflammation, epidermal proliferation, hyperkeratosis, angiogenesis, and abnormal keratinization [1, 2]. Globally, it affects about 3 % of world population [3]. It can affect any part of the body with varying intensity, sometimes it appear as a single spot, while on the other time it involve whole body skin [4, 5]. The basic pathophysiology behind the development of Psoriasis is T-cell activation, which migrated from lymph nodes and systemic circulation to skin and causes release of cytokines, that trigger on cutaneous inflammation and hyperproliferation of the epidermis results in erythematous, raised plaques with overlying scale [6-9]. Arthritis, depression, insomnia and obstructive pulmonary disease are the ailments commonly found along with the Psoriasis [10]. Various modes of treatments are available for the management of psoriasis like topical and systemic administration of steroids, phototherapy and combination of both. As psoriasis is a chronic disease which require prolong treatment, hence for its long term management efficacious medicine with least adverse affect is required. Although, above mentioned conventional therapies have good effect on psoriasis, but in long term they become insufficient due to poor efficacy, quick relapse of lesions and potential adverse effects of medicines like hepatotoxicity, nephrotoxicity, bone

marrow suppression, hyperlipidaemia, adrenal insufficiency, Cushing's syndrome, etc [11,12].

As far as Unani system of medicine is concerned, psoriasis is not mentioned at all in any classical text, but various skin ailments having scale and itching are described in detail by most of the Unani physicians in their tretises. Among them *Taqashshure Jild* is one, characterised by dryness of skin and scale formation, which clinically resembles very much with the psoriasis [13-19].

Ibn Zohr and *Majoosi* clearly explained the pathogenesis of *Taqashshure Jild* on the basis of Humoral theory, according to them, excessive amount of *Khilte ghaleez* (Abnormal Sauda) gets accumulated in the skin and hamper its nutrition and function, due to which skin becomes dead and fallout in the form of scales [14, 16, 20].

As far as the treatment of *Taqashshure jild* is concerned, Unani physicians are succesfully treating this ailment since ancient times by adopting various modes of treatment like:

- Evacuation of *Khilte Ghaleez* (Abnormal Sauda): this may be done through *Fasd* (Venesection), *Irsale Alaq* (Leeching), *Munzijo-Mushil*, or *Hajama*.

- *Tarteebe Mizaj* and *Badan* by *Hammam*, *Ghiza* and *Rest*.
- Local application of *Murakhi* (*Relaxant*), *Jali* (*Detergent*), and *Muhallil* (*Resolvent*) *advia* in form of *Marham* (Ointment) or *Roghan* (Oil) [13,15,18, 21-23].

Most of the physicians emphasised to apply emollient over the affected part frequently in form of *Marham* (Ointment) or *Roghan* (Oil). Moreover, they also advice to avoid sour and sweet items in diet [13-15,17,19, 24].

So keeping the above facts in mind we formulated a *Marham* (Ointment) containing medicines having *Murakhi*, *Jali*, and *Muhallil* properties and used in Unani for treatment of skin disorders and evaluated its effect in the management of Psoriasis.

The constituent of *Marham* were as follows: *Gandhak* (Sulphur) 100gm, *Suhaga* (*Borax*) 100gm, *Murdarsang* (*Letharg*) 100gm, *Kundur* (*Boswellia serrata*) 100gm, *Raal safaid* (*Vateria indica*) 100gm, *Kafoor* (*Cinnamomum camphora* Linn.) 50gm, *Mom zard* (*Wax*) 100gm, *Coconut oil* 500ml, *Desi ghee* 500mg [15, 25-30]. Dry ingredients of *Marham* i.e. *Gandhak*, *Suhaga*, *Murdarsang*, *Kundur*, *Raal safaid*, *Kafoor* were grinded separately into fine powder form, and base of *Marham* was prepared by heating *Mom Zard*, *Coconut Oil* and *Desi Ghee* together, so that they were mix well together, on cooling powdered drugs were added to the base to form *Marham*, then *kafoor* was added to it.

CASE REPORT

A 54-year-old male, driver by profession approached to National Institute of Unani Medicine Hospital with chief complaints of itching, popular rashes with erythema, along with discoloration, associated with burning sensation all over the body since 4 year. On interrogation patient revealed that, 4 years back, he first noticed a small spot of dryness with itching over the right elbow, for which he went to the local dermatologist and was prescribed oral and local steroids. At that time lesion and itching disappear, but after some time relapse of lesion took place for which patient kept using same medicine, but found no relief and noticed new lesions over the other parts of the body, which gradually progressed further to cover whole body sparing only head, palm and soles. The situation was very frustrating and finally he consulted another skin specialist for further treatment. The specialist advised for biopsy of lesion and kept him on steroid. Biopsy report did not reveal any abnormality. Finally doctor made diagnosis of Psoriasis, and explained to the patient that there is no permanent cure

available for Psoriasis, it could only be managed rather slowed by regular use of steroid and other drugs. Then, patient came to National Institute of Unani Medicine Hospital for further treatment. The patient was treated on OPD basis. He was thoroughly interrogated and examined.

There was no past history of trauma, weight loss, fever, diabetes mellitus, breathlessness etc. The built of the patient was average with fair colour. His vital signs and auscultatory findings were normal. No pathology was found during systemic examinations. On Physical examination of skin numerous small, circular, hard erythematous lesions were found over the abdomen, back, arms and legs. Complete Haemogram, Serum Lipid Profile and radiological examinations were carried out, and were found to be within normal limit. On the basis of above findings and Unani concept of classification of diseases, diagnosis *Taqashshure Jild* was made. The diagnosis by previous dermatologist as Psoriasis was taken as the reference diagnosis of conventional system. Before starting the treatment Patient was instructed to terminate all type of previous treatments, and was trained to carry out the therapy protocol at home. The condition of the patient was assessed at 0, 30 and 60 days of treatment by Psoriasis Area and Severity Index (PASI) scores [31-33] and photograph comparisons taken on 0, 30 and 60 days. PASI scores range from 0-72, with lower scores indicating less severe symptoms and a smaller area of coverage.

Intervention

Patient was instructed to apply the *Marham* over the lesion twice a day, and keep it there for 2 hours and advised to continue the treatment for 60 days. During the whole course of treatment patient was also advised to avoid sour and sweet items in diet. The condition of the patient was assessed at 0, 30 and 60 days of treatment by Psoriasis Area and Severity Index (PASI) scores, and photograph comparisons taken on 0, 30 and 60 days. PASI scores range from 0-72, with lower scores indicating less severe symptoms and/or a smaller area of coverage.

RESULTS

In our patient PASI score on 0th day was 50.7 with involvement of more than 90% of total body surface area, after application of *Marham* patient noticed improvement in symptoms and PASI score reduced to 30.4 at 30th day of treatment, which further reduced to 4.3 at the end of treatment i.e. on 60th day. Hence, an impressive improvement of more than 90% was observed during the whole course of treatment. The findings are summarised in the form of table and the photograph of the lesions below:

Table 1: Showing the improvement in PASI score

PASI score		
0 day	30 th day	60 th day
50.7	30.4	4.3



Base line: (zero days)



1st follow up (30 days)



Final (60 days)

Fig. 1: Photograph of the patient

DISCUSSION

Psoriasis is a chronic inflammatory disease of skin which affect about 3% of world population. Till the date no permanent cure is available for psoriasis, but it

could be manage with the help of topical and oral medicines. In conventional system of medicine topical and oral steroids with or without phototherapy are commonly prescribed for the management of psoriasis.

But long term use of these medicines may invite several unwanted adverse side effects like hypertension, hypercholesterolemia, etc. So there is a dire need to develop new formulation which can provide long term relief without major side effects. As far as Unani system of medicine is concerned Psoriasis is described under the heading of *Taqashshure Jild* caused by deposition of *Khilte ghaleez* (Abnormal Sauda) in skin, and treated by various modes of treatments. But Most of the Unani physicians emphasised to apply emollient over the affected part frequently in form of *Marham* (Ointment) having *Murakhi, Jali and Muhallil* properties. Here in our present study we formulate a *Marham* (containing *Gandhak, Suhaga, Murdar sang, Kundur, Raal safaid, Kafoor, Mom zard, Coconut oil, Desi ghee*) for local application over the lesions and observe an impressive result as PASI score at the end of study reduced to 4.3 from 50.7, this improvement may be due *Jali, Murakhi and Muhallil* properties of constituents of *Marham* [15, 25-30].

CONCLUSION

The case study gives an idea for the line of treatment adopted in such cases and helps to formulate a protocol for large sample studies. The long-term efficacy and safety study may be taken up for evaluating the efficacy of the formulation.

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