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CONCEPT AND MANAGEMENT OF TAQASHSHUR JILD (PSORIASIS) IN UNANI MEDICINE (GREEKO ARABIC MEDICINE)

Unani Medicine

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ABSTRACT

Psoriasis is a genetically determined, relapsing inflammatory skin disorder of unknown etiology that is characterized by symmetrical, well defined, erythematous scaly lesion, covered with adherent silvery scales. It approximately affects 2 -3% of world population. Inspite of advancement in modern pharmacotherapy, the figure in terms of remission and recurrence of disease, withdrawal symptoms and serious side effects suggests limitation in its management. Henceforth, it is the need of hour to find out safer and effective treatment for Psoriasis and Unani system of medicine provides better alternative. According to Unani physicians, Psoriasis can be correlated with *Taqashshur jild* due to much similarity in symptoms. The treatment modalities in Unani system of medicine provides better and long lasting results via its main principles of treatment viz; *Ilaj bil tadbir* (Regimental therapy), *Ilaj bil dawa* (Pharmacotherapy) and *Ilaj bil ghiza* (Dietotherapy).

KEYWORDS

Taqashshur jild, Psoriasis, Unani system.

INTRODUCTION:

Psoriasis is a chronic, multisystem inflammatory disease that prominently affects skin and joints [1]. Psoriasis provides many challenges viz; high prevalence, chronicity, disfiguration, disability and comorbidities especially cardiovascular involvement and malignancy [1,2]. It affects 1-2% of world population. It is estimated to affect approximately 1.7% of Canadian population, 2% of US population and 1.02% of Indian population [3,4]. The most characteristic lesions consist of red, scaly, sharply demarcated, indurated plaques present particularly over extensor surfaces and scalp[5]. The disease is enormously variable in duration, periodicity of flares and extent. Morphological variants are common [6]. It has bimodal age of onset (16-22 and 57-60 years) and both sexes are equally affected [1,2]. Psoriasis is a multifactoral disorder involving dysregulated inflammation and genetic association [1]. Even though, in conventional medicine, a variety of regimes are available for management of Psoriasis, there remain many patients who fail to respond adequately or develop side effects. The clinical presentation of Psoriasis resembles to *Taqashshur jild* as explained in classical Unani texts and is defined as a common dermatological disorder characterized by dryness and fish like scaliness of skin. The first clinical description of Psoriasis was given by Cornelius Celsusin his treatise De re medica later, Galen (Jalinoos) used the word 'psors' to describe the dermatological disorder characterized by scaliness of the eyelids, corners of eyes and scrotum [7,8]. Renowned Unani physcians like, *Majoosi, Ibn Zohr, Ibn Hubul Baghdadi, Ibnul Qaf, Ahmad bin Mohammad Tabari, Akbar Arzani* and *Azam Khan* described *Taqashshur-wa-Qashaf Jild* in thier treatises, that resemble with present form of Psoriasis[9,10,11,12,13,14,15,16].

Ibn sina defined it as a skin disorder charaterized by dryness of skin and formation of irregular plaques, covered by scales akin to scales of fish [17]. Zakariya Razi in his famous treatise *Alhavi fit tib*, mentioned it as askin disorder characterized by roughness, itching and round scaling on the body, which is caused by *Khilt sauda* [18].

PATHOPHYSIOLOGY

The pathogenesis of psoriasis is debatable. However, one accepted fact is that the time necessary for a psoriatic epidermal cell to move from basal cell layer to the surface and cast off is 3 to 4 days, in contrast to the normal 26 to 28 days [19], The epidermis in psoriatic plaques is hyperproliferative and the dermis contains tortuous, dilated small blood vessels as well as an inflammatory infiltrate of CD4 +ve and CD 8 +ve T cells. Neutrophils and Dendritic cells also contribute to the pathogenesis [20,21], It has been hypothesized that antigen penetrating a defective epidermal barrier stimulates an immune response, but although innate and adaptive immunity seem to be activated, no antigen has been identified. [20,22].

Variety of environmental factors has been found to play a role viz; Stress[20,22], Trauma[20,21,22], Infections (Tonsillitis)[5,20,21,22], Drugs (Lithium carbonate)[6], beta-adrenergic blockers, some antimalarial agents [23], NSAID [6,20,21], Obesity [5] and smoking [5].

According to classical Unani texts the pathophysiology behind *Taqashshur jild* is accumulation of morbid *sauda* (atrabilious humour) in the skin that hinders the nutrition and causes malfunctioning of skin, hence skin loses its power to remove morbid *saudavi khilt* (atrabilious humour). As a result, skin tissue becomes dead and falls out as scales [10]. *Majoosi* has explicated that *tabiyat* expels *khilt ghaleez* towards skin resulting in the dryness and itching of the skin [9]. Ibn Rushd has quoted that leprosy and all s*audavi* disorders are often associated with familial occurrence [24]. Tabari and Daood Antaki revealed *Fasid Khilt* (morbid humours), *hirreef aghziah* (acrid food items), and excess intake of red meat and brinjal as cause of *Taqashshur jild* [14,25,26]. Various precipitating factors mentioned in exemplary Unani texts are:

1. *Yuboosat-wa-Khushunat Jild* (Excessive dryness of skin) [24]
2. Indigestion [16]
3. Unhygienic habits. [16]
4. Excessive intake of alcohol. [16]
5. Excessive use of cold and dry food. [16]

CLINICAL PRESENTATION:

The typical clinical presentation of *Taqashshur jild* as mentioned in classical Unani texts are roughness, itching, scaling and peeling off skin [12,13,25,27]. According to Zakariya Razi, besides the above symptoms there may be pustules on the lesion and peeling of skin is like husk [28].

MANAGEMENT:

In conventional medicine, variety of treatment options are available including both non pharmacological (emollients and balneotherapy) and topical pharmacotherapy (topical corticosteroids, tazorotene, vit D analogs, calcineurin, salicylic acid, coal tar, phototherapy). Systemic therapy includes acitretin, cyclosporine, methotrexate and biologic therapies. All the above medicaments are effective but are associated with adverse effects viz; skin irritation, photo sensitivity, skin burning, itching, hypopigmentation, skin atrophy etc.

Eminent Unani scholars like *Ibn Sina, Akbar Arzani*, *Azam khan* and *Ghulam Jeelani* have described the basic principles of treatment under the following heads:

ILAJ BIL TADBEER (Regimental Therapy)

- *Fasd* (Venesection) [9,11,17,27,32].
- *Taleeq* (Leech application) [17,18,32].
- *Is'hal* (Purgation) by *munzij-wa-mushil sauda* and *mauljubn* [9,11,14,27].
- *Hajamat* (Cupping) [9,17,32].
- *Hammam* (Turkish bath) [17].

ILAJ BIL DAWA (Pharmacotherapy)

Unani physicians emphasised to apply emollients over the lesion frequently in form of ointment or oil. Besides, anti-inflammatory drugs should be applied locally to promote early healing.

- *Tila* of *murdar sang* (Letharge), *sirka* (Vinegar) and *roghan gul* [9,11].

- *Tila* composed of *haldi* (Curcuma longa), *hina* (Lawsonia Inermis), *murda sang* (Letharge), *zaravand* (*Aristolochia longa*), *post anaar* (Punica granatum), *sirka, sharab* and *roghan gul* (oil of Rosa damascena) may be applied locally [11].
- *Roghan gandum* (Triticum aestivum-oil) [32], *roghan banafsha* (Viola odorata-oil), *roghan nilofar* (Nymphaea alba), *roghan badam* (Amygdalus communis-oil), *roghan khardal* (Brassica alba) [11,27], *roghan hindi* [33], *marham basaliqoon* [34] *marham ahmar* [17] and paste of *tukhm jarjeer* (Erusa sativa), *tukhm muuli* (Raphanus sativus) and *kundur* (Boswellia serrata) with *sirka* (Vinegar) may be applied externally on affected parts [35].
- Local applications of *murakhi*, *murattib advia* (Relaxants/ Emollients), *jali* (Detergent), and *muhallil* (Resolvent) [11,14,36].

As per the Unani system of medicine, skin diseases can be due to accumulation of unwanted and waste metabolic products in blood. So the drugs which help in purification, like *shaahtaraa* (Fumaria parviflora), *chiraitaa* (Swertia chairayita), *ushbaa* (Smilax ornata), *chobchini* (Smilax china), *sandal safed* (Santalum album) and *surkh* (Pterocarpus santalinus) and *mundi* (Sphaeranthus indicus) etc, are used for treatment of the disease [37].

- Decoction of *halaila zard* (Terminalia chebula), *kishmish munaqqaa* (Vitis vinifera), *maghz fuloos khaayarshambar* (Cassia fistula-pulp), *ghaariqoon* (Polyporus officinalis), *usarah shahtara* (Fumaria parviflora-extract) with sugar should be given [35].
- *Sufoof chobchini* [38,39], *Sufoof Ushba* [40], *Majoon Najah* [35].
- *Itrifal Shatra* [16], *Tiryaq Farooque* (1.75 gm) with *Sharbat Aslussoos* (35 gm) should be given [10].

ILAJ BIL GHIZA (Dietotherapy)

Advised the patients to avoid meat, sweet [9], sour and salt, and diets producing *balgham* and *sauda* [17,27] Moreover they advised to avoid foods like sour, sweet and reddish in the diet of patient [9,10,11,13,16,17].

Research reports of antipsoriatic herbs

Currently, herbal management of dermatological disorders is gaining universal acceptance due to side effects from long term use of conventional medications. Some herbal alternatives to alleviate psoriasis have been described below based upon various research reports as:

S. No	Unani Name	Botanical name	Parts used	Ref(s).
1	Amaltaas	Cassia fistula	Fruit pulp	Tram & Son (41)
2	Baabchi	Psoralea corylifolia	Seeds	Conner & Neumeier (42)
3	Baabunaa	Matricaria recutita	Flowers	Murti et al. (43)
4	Chobchini	Smilax china	Rhizome	Vijayalakshmi et al. (44)
5	Filfil e Ahmar	Capsicum annum	Leaves	Bernstein et al. (45)
6	Gheekwaar	Aloe barbadensis	Leaves	Choonhakarn et al. (46)
7	Inderjao shireen	Wrightia tinctoria	Leaves	Dhanabal. (47)
8	Karelaa	Momordica charantia	Seeds	Zahra et al. (48)
9	Kalonji	Nigella sativa	Seeds	Dwarampudi et al. (49)
10	Khaar e khasak	Tribulus terrestris	Fruit	Rajesh et al. (50)
11	Khulanjaan	Alpinia galanga	Rhizome	Saelee et al. (51)
12	Neem	Azadirachta indica	Leaves, bark and stemstem	Mundada et al. (52)
13	Penwaad	Cassia tora	Leaves	Singhal et.al. (53)
14	Sharifaa	Annona squamosa	Rhizome and leaf	Saelee et al. (54)
15	Zard chob	Curcuma longa	Rhizome	Joe & Lokesh. (55)
16	Zergul	Calendula officinalis	Flowers	Roopashree et al. (56)

CONCLUSION

Taqashshur Jild (Psoriasis) is a chronic, proliferative, inflammatory skin disorder that affects 2-3% of world population and is characterized by red plaques and silvery white scales. It affects social as well as professional life of the patient. Currently available treatment modalities are only able to relieve the symptoms, moreover; long term administration of these antipsoriatic drugs is inadvisable due to their toxicity and variety of side effects. In this unpromising scenario, Unani medicine is still viable in management of dermatological disorders. Unani literature is endowed with enormous single and compound drugs for the management of *Taqashshur jild* that are safe and effective and have been in use since ages. Henceforth, this system of medicine has much to offer to prove the ability to ameliorate the consequences of *Taqashshur Jild* (Psoriasis)

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