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Review Article

Unani and Modern Aspect of Psoriasis (Da-us-Sadaf): A Review

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I N F O

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A B S T R A C T

Psoriasis is a red and scaly chronic skin condition of unknown cause. The primary concern to most patients is unsightly appearance. Social exclusion discrimination is psychologically devastating for individuals suffering from psoriasis and their families. It can occur at any age. Psoriasis could be defined as an autoimmune disease. But no autoantigen responsible for this disease has been defined yet. In the Unani system of medicine, psoriasis is described in various headings such as Da-us-Sadaf, Taqashshure Jild, Qooba-e-mutaqashshira, Chambal and Al sadafiya, but there is no description of the word psoriasis and its cause in the Unani system of medicine. But a renowned Unani physician Ibn-e-zuhr use the term Taqasshure Jild, where abnormal humor (sauda-e-ghaleez in skin) is responsible for this disorder. The sauda-e-ghaleez hampers the skin nutrition hence the skin becomes dead and falls out in the form of scale. Unani physicians are successfully treating this ailment since ancient times by adopting different modes of treatment. This paper aims to explore each and every aspect of this disease.

Keywords: Da-us-Sadaf, Taqashshure Jild, Ibn-r-Zuhr, Psoriasis

Introduction

Psoriasis is a papulosquamous disorder of the skin characterised by sharply defined erythematosquamous lesions. They vary in size from pin-point to large plaques. Besides the skin, it may also affect the joints and nails. It is unusual in occurrence and the incidence is 2% to 4% of the world's population.[1] A family history of psoriasis is found in 30% of patients.

The pathogenesis of psoriasis is debatable. However, one accepted fact is that the time necessary for a psoriatic epidermal cell to travel from the basal cell layer to the surface and be cast off is 3 to 4 days in contrast to the normal 26 to 28 days. In the Unani system of medicine, psoriasis is known as Da'u-us-Sadaf, which is an Arabic term composed of two separate words. Da means disease and Sadaf means pearl. In psoriasis, scales that peel off from the lesions, look like pearl, hence it is also called Daus-sadaf. Psoriasis is a derivative of the word "psora" which means scales because the scales are pathognomonic features.[2] In the modern system of medicine, psoriasis is an inflammatory condition of the skin characterised by the presence of sharply demarcated dull red scaly plaques particularly on extensor prominences.

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Prevalence

It is a worldwide disease affecting about 2% to 4% of the population.[1] According to numerous studies, there is a variable sex incidence but according to current status, the prevalence of psoriasis is equal in both but most commonly occurs between the ages of 15 to 25 years. In all patients of psoriasis, about one-third of people with a positive family history of psoriasis and people of all races can be equally affected.[3]

Aetiology

According to modern medicine, the cause of psoriasis is not completely known due to which it is believed that it is a multi-factorial disease and has a genetic cause triggered by environmental antigen in genetically susceptible individuals.[3]

Humors: Khilte ghaleez (sauda)[4]

Natural History

Faber and Peterson postulated the theory of latent psoriasis which begins near the time of birth and ends when clinical evidence of disease appears.[5]

Triggering Factors

Factors that may adversely affect psoriasis, like overindulgence in alcohol, drugs (beta-blocker, antimalarial, ACE inhibitors indomethacin systemic interferon) trauma either thermal chemical dyslipidemia, obesity, smoking and sunlight may worsen the condition.[6]

Clinical Features

Pruritus is not very extensive in the case of psoriasis but it becomes quite uncomfortable during acute attack particularly when it involves the scalp and intertriginous region. Plaques, in case of psoriasis, are thick and scaly due to abnormal keratinization. When the lesions are present over joints, intragluteal region or on the palm and soles results in the development of the painful fissure. When scales are removed from the lesion, some droplets of blood appear, which is known as Auspitz's sign. A phenomenon known as the Koebner phenomenon is recognised as the development of new lesions at the site of injury or trauma like scratching noxious stimuli like sunlight and rubbing.[6] Following a physical trauma, which initiates skin immune responses that involve the release of antimicrobial peptide (AMP), which binds to the self RNA/ DNA fragments released by damaged skin cells and form AMP self-DNA/ RNA complexes, which are also found in psoriatic lesions these complexes initiate the disease.[1]

Clinical Types of Psoriasis

Plaque Psoriasis

This type of psoriasis can flare up very quickly and unexpectedly to cover 20 to 80% of the body. It is most commonly seen over the extensor surfaces of limbs, particularly on elbows and knees lower back over the scalp and hairline.

Itching is not an important feature of plaque psoriasis. It is the most common form of psoriasis affecting about 85 to 90% of patients.

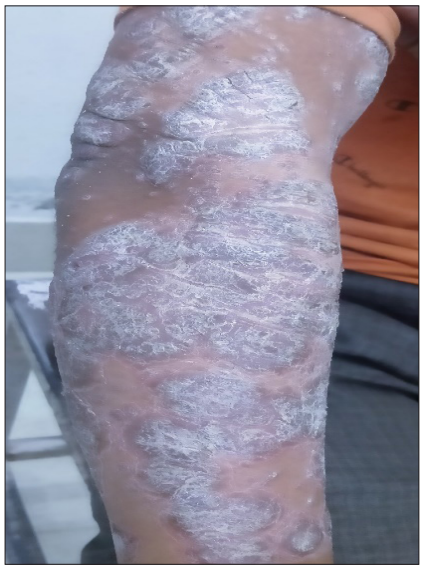

Figure 1.Plaque Psoriasis

Guttate Psoriasis

This type of psoriasis refers to the sudden onset of multiple Guttate (teardrop-shaped) lesions. It is often the initial presentation of psoriasis in children or young adults. It usually arises after the streptococcal throat infection.

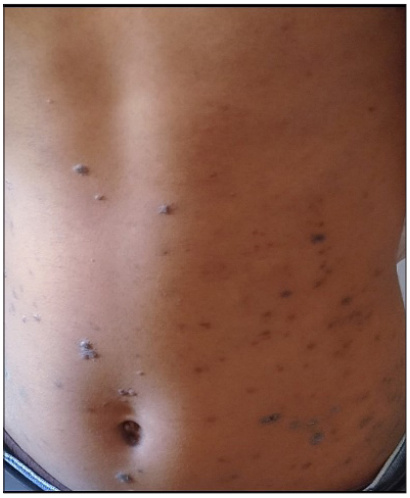

Figure 2.Guttate Psoriasis

Flexural Psoriasis

The lesions in flexural psoriasis are pink in colour that lack scales. It usually affects the skin folds like groin, perianal area and genitals.

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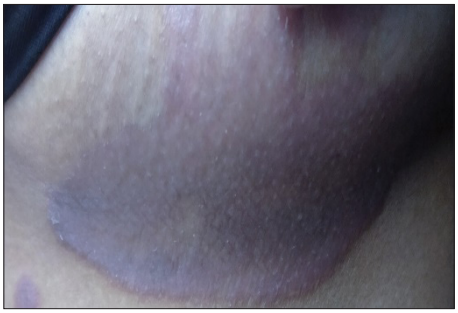

Figure 3.Flexural Psoriasis

Pustular Psoriasis

It is the cruellest form of psoriasis with pustules and scaling expands all over the body. It is associated with extensive inflammation, malaise and pyrexia.[7]

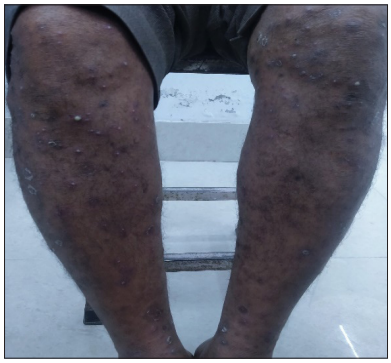

Figure 4.Pustular Psoriasis

Pathology of Psoriasis

Psoriasis is considered to be a long-term epidermal disease in which the biochemical or cellular defect resided within the keratocyte. Accordingly, prior to the ways involved in epidermal function were incriminated, as being abnormal in psoriasis, including cyclic AMP, protein kinase C, polyamines and Transforming Growth Factor (TGF) alpha. A major shift was observed when T-cell suppressing agent cyclosporine was found to result in a significant improvement of psoriasis. The role of lymphocytes subsets, as well as cytokines involved in chemotaxis, homing and activation of inflammatory cells, has been extensively investigated. Although some regard psoriasis as an autoimmune disease, till date no true autoantigen has been definitively identified.[8] Some Unani physicians like Ibn-e-zuhr and Majoosi clearly explain the pathogenesis of psoriasis (Daus-Sadaf), which exclusively depend on the abnormality in the levels of humors that are expelled out from internal organs towards the skin.[9]

Diagnosis

Diagnosis of psoriasis is totally based on clinical examination, skin involvement and its characteristics. There is no precise test available for the diagnosis of psoriasis. Sometimes skin scraping and biopsy are carried out to differentiate it from fungal infection and malignancy so that, appropriate treatment can be initiated to combat the disease condition.[10]

Management of Psoriasis

Various treatment options are available nowadays for the management of psoriasis, like in modern medicine, topical and systemic steroids, immunosuppressant drugs, some keratolytic agents, and various emollients are used for local application. But in Unani medicine, we use some musaffi advia both single drugs like shahtra, chiraita, sarphooka, unnab and compound formulations like majoonushba, itrifalshahtra, sharbatmusaffi, habb-e-musaffikhas internally and topically muhallil, jail and murakhkhi advia can be applied either in the form of marham or as roghan. A clinical study on majoonushba and roghan-e-Hindi by Lone AH et al. shows a decrease in both objective and subjective parameters of psoriasis.[11] In another clinical study by Qureshi MA et al. on Saboos-e-Aspaghol as local application and majoon-e-musaffi-e-khas as oral drug was given and also hijama was performed along with these drugs shows improvement in the overall disease patches and subsequent symptoms.[12] A clinical study was done in Ajmal Khan Tibbiya College and Hospital on patients visiting the OPDs of Amraz-e-jild-wa-zohrawiya and Ilaj-bit-tadbeer on 60 randomly selected patients who received Majoonchobchini 6 gm twice daily and wet cupping fortnightly for two months. The results show a marked beneficial effect in patients with psoriasis and psoriatic arthropathy.[13] We can also treat the disease by simply evacuating the abnormal humor from localised lesion which can be done by Irsaal-e-alaq, hijama, and fasd.[14]

Conclusion

This review provides an understanding of aetiology, clinical types, triggering factors, clinical features, pathogenesis and management of psoriasis. From ancient time, this disease has been treated by adopting various modes of treatment in both modern and Unani medicine. Various case studies are carried out on Unani and modern drugs and as well as on therapeutic regimens which prove to be beneficial in controlling this disease but don't provide complete relief as relapses are common after treatment, that's why more research and study is required in this area to find out the hidden linkages and to explore all secrets behind each and every drug which is used in the management of this disease condition either in modern medicine or in Unani medicine. This review will surely prove to be an exposure to patients, medical practitioners, pharmacists, and other persons involved in giving or taking treatment of psoriasis and will help them to recognise the infection in a much better way to take a safe and valuable action.

Conflict of Interest: None

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