



Research Article

Evaluation of Therapeutic Effect of Unani Formulation in Scalp Psoriasis: A Case Series Study

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A B S T R A C T

Introduction: Psoriasis is considered one of the most chronic inflammatory disorders of the skin which affects almost about 2% world's population. Their prevalence is low among the Asian and African populations. It is a multifactorial disease that primarily affects the skin and later on joints. Plaques in the case of psoriasis are thick and scaly due to abnormal keratinisation and abnormal keratinisation is most commonly seen in the case of scalp involvement. The scalp is the most common region affected in psoriasis that's why effective therapeutic regimens are essential for the management of scalp psoriasis. Scalp psoriasis is characterised by the presence of reddish and scaly patches which can spread to the neck, forehead, and behind the ears.

Objectives: Evaluation of Unani formulation as local application and Qushta Sadaf (calcium) as oral preparation in patients with scalp psoriasis.

Method: The observational clinical study was carried out on patients with scalp psoriasis. Patients are advised to apply Unani formulation over the scalp and calcium supplements once a day for 5 weeks. The assessment of efficacy was evaluated by a decrease in subjective parameters.

Results: The result was encouraging.

Conclusion: The applied Unani formulation as local application and calcium as oral preparations were found to be effective and safe in the management of scalp psoriasis. However further studies are needed to be carried out for a longer time with a larger sample size to rule efficacy of the Unani formulation.

Keywords: Psoriasis, Scalp Psoriasis, Plaque, Keratinisation, Scaly Patches



Introduction

The scalp is the most common region which easily affected by psoriasis and in almost 80% of cases, scalp involvement was seen. Scalp psoriasis is difficult to treat that's why special attention is required in its management. Scalp psoriasis can be psychologically devastating and can also affect the quality of life very badly and that's why effective treatment is required for the improvement of quality of life.¹ Scalp psoriasis is characterised by sharply demarcated red scaly patches with silver-white scaling. The exact aetiology of scalp psoriasis is unknown; it can resemble or coexist with seborrheic dermatitis. It can be associated with early or late-onset of any type of psoriasis which includes psoriasis vulgaris, guttate psoriasis, pustular psoriasis, erythrodermic psoriasis, and even psoriatic arthritis. Scalp psoriasis can be aggravated by the use of many cosmetic products which include hair colour/dye, hair styling products, different shampoos, conditioners, gels, and hair serums. Scalp psoriasis can affect all adults and even children but in the case of children, the plaques are thinner, erythematous, and silvery and can involve the hairline post-auricular region. The scalp involvement might be the first sign of generalised psoriasis in the case of children and young adults.² Some regard psoriasis as an autoimmune disease, to date no true autoantigen has been definitively identified.³ But in Unani some Unani physicians like Ibn e Zuhr and Majoosi clearly explain the pathogenesis of psoriasis (Da us Sadaf) which exclusively depend on the abnormality in the levels of humors that are expelled out from internal organs towards the skin.⁴

According to Unani medicine, these abnormal humors are responsible for this disease condition like *khilte sauda* (black bile), *safra e ghairtabayee* (abnormal bile), *safra e mutaharrika* (brunt bile), *mirrasauda* (saudasafrawiya), *muhatarraqhilt e sauda*, *balghamzujaji* (vitreous phlegm), *balgham e shor/balgham e malih* (saline phlegm), *mutaffinraqueebukharaat e ratubiyamutakharijahand sauda e ghaleez*.^{5,6}

In the Unani system of medicine, sue mizaj e jildwas described as one of the most important predisposing factors behind various dermatological disorders. In the case of psoriasis, there is extreme dryness and scaling which show the involvement of sauda. The redness around the lesions is considered due to the involvement of safra which later on oxidises and gets converted into sauda. If we looked at the chronicity as well as its seasonal aggravation and irritation of psoriasis it indicates the involvement of varied temperamental factors.⁶

According to *Ali Ibn e Abbas Majoosi*, *balgham e mirary* mixes with the blood, and then *Tabiyat* (Medicatrix Naturae) expels it out towards the skin. The improper nutritional

supply to the skin leads to excessive scaling and itchy skin.⁷

The Unani system of medicine explains the pathogenesis of this disease condition on the basis humors. Several humors imbalance and their oxidation are thought to be the cause behind the pathogenesis or mahiyat of psoriasis. Many types of research on different herbal preparations were done by some old and new Unani physicians and this preparation shows outstanding effect in curing this disease condition. Some preparations are taken from classical literature and some of them are self-made.

Materials and Method

This is an observational case study in which five patients with scalp psoriasis were enrolled for study at different times attending the OPD of Amraz e jildwa Zohrawiya Ajmal Khan Tibbiya College and Hospital AMU. The duration of study was 5 weeks. The patients were diagnosed with scalp psoriasis based on clinical examination which includes silvery scaly lesions, erythema, and pruritus that commonly affects the hairline of scalp, back of ears, neck along with scalp involvement. The patients had previous treatment history regarding the present complaints from different places but they didn't get relief in their condition. We used our Unani formulation *Roghan e Babchi* and *Roghan e Kamela* as babchi shows anti-psoriatic activity and kamela shows antifungal properties. Both roghan (oil) were prepared by Hamdard and bought from the market by the patient. We also gave the patient *Qursekushtasadaf* (calcium) as oral preparation in the form of a tablet in which 4 tablets of calcium, containing calcium as calcium carbonate almost 100 mg which were given daily for 5 weeks and this drug was prepared in Dawakhana Tibbiya College. The patients were assessed after every two weeks as per the standard of care of our department. Informed consent was taken from the patients before the study was begun.

Used Drugs

Local Application

Roghane Babchi and Roghane Kamela were applied in an equal ratio (procured from Hamdard dawakahana) locally once a day for 5 weeks.

Systemic Use

Qurse Kushta Sadaf (Procured from Hamdard dawakahana) 02 tablets twice a day for 5 weeks.

Results

In all the cases of scalp psoriasis, the Unani formulation both local as well as oral preparation has shown encouraging results in scalp psoriasis mentioned in Table 1 and their photographs before and after treatment are given below (Figure 1).



Figure 1. Photographs of Patients Before and After Treatment

Table 1. Before and After Parameters

Subjective Parametres	Before treatment	After treatment
Erythema	Marked erythema	Relieves
Scaling	Marked and thick	Reduces to large extent
Pruritus	Intense	Nil

Discussion

Psoriasis is not a new disease condition in the world. The inflammatory response in the case of psoriasis is aggravated by helper T-cell and interleukins which is an inflammatory marker. There are also some predisposing factors like dryness, stress, smoking, and anticonvulsant drugs that play an important role in the etiopathogenesis of psoriasis. Many single drugs, as well as compounds preparation, were used for the treatment of this stubborn condition which shows good results. The local application of Unani formulation may help by suppressing the local inflammatory response and cell-mediated immunity. Several studies have been done on Babchi, which coincides in eliminating the lesion of psoriasis and also decreases their relapse.

One of the researches carried out by Ali J et al. on roghan e babachi and their study shows good results in the case of psoriasis.⁸

Khan MS et al. studied the Babchi from the family Fabaceae is one of the most important drugs in the Unani system of medicine used in a clinical trial of psoriasis. Babchi was given orally as sufoof and marhamgulabi for local application which gives excellent results.⁹

Morimoto S et al. concluded in one of their studies that a slight decrease in serum calcium level may be associated with increased severity of skin lesions in psoriasis vulgaris.¹⁰

Zhai Z et al. carried out a study in which an increased pre-treatment calcium level was found effective and found that improvement level was more in the case of patients treated with methotrexate along with improved serum calcium level.¹¹

Conclusion

The Unani preparations were found to be effective in the management of scalp psoriasis which suggests their antipsoriatic activity. The drug was well-tolerated and no adverse effects were seen during the study. There is a need for further study on a larger sample size with longer follow-up is required. So that the complete cure with the use of these drugs can be achieved which will give more confirmation regarding the efficacy and safety of used drugs.

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References

1. Mosca M, Hong J, Haderl E, Brownstone N, Bhutani T, Liao W. Scalp psoriasis: a literature review of effective therapies and updated recommendations for practical management. *Dermatol Ther (Heidelb)*. 2021 Jun;11(3):769-97. [PubMed] [Google Scholar]
2. Phiske MM. Scalp psoriasis: a brief overview. *J Cosmo Trichol*. 2016;2(2).
3. Bologna JL, Jorizzo JL, Schaffer JV. *Dermatology e-book*. 3rd ed. Elsevier Health Sciences; 2012.
4. Nasir N, Fatma G, Ali W, Ahmad M. Unani and modern aspects of psoriasis (Da'u-us-Sadaf) treatment: a review. *Int J Res Dermatol*. 2020 Jul;6(4):589-96.
5. Ahmad A. A critical review of Daus-Sadaf (Psoriasis): Unani & modern perspectives. *Int J Creat Res Thoug*. 2020;8(7):4570-82. [Google Scholar]
6. Mohsin M. Psoriasis (Dau-S-Sadaf) with reference to Unani medicine and modern medical updates. *Asian J Tradit Complem Altern Med*. 2020 Aug;3(1-2):40-54. [Google Scholar]
7. Siddiqui KM, Haq ME, Nawaz WS, Hassan S. Clinical efficacy of Unani medicine in psoriasis: a case series study. *Integrative Med*. 2017;1(2):4-6. [Google Scholar]
8. Ali J, Akhtar N, Sultana Y, Baboota S, Ahuja A. Antipsoriatic microemulsion gel formulations for topical drug delivery of babchi oil (*Psoralea corylifolia*). *Methods Find Exp Clin Pharmacol*. 2008 May;30(4):277-85. [PubMed] [Google Scholar]
9. Khan MS, Siddiqui MM, Aleem S. Effect of *Psoraliacorylifolia* Linn. and *Marham-e-Gulabi* in *Da-al-sadaf* (psoriasis). *Int J Tradi Know*. 2009;8:425-30. [Google Scholar]
10. Morimoto S, Yoshikawa K, Fukuo K, Shiraishi T, Koh E, Imanaka S, Kitano S, Ogihara T. Inverse relation between severity of psoriasis and serum 1,25-dihydroxy-vitamin D level. *J Dermatol Sci*. 1990 Jul;1(4):277-82. [PubMed] [Google Scholar]
11. Zhai Z, Chen L, Yang H, Yan J, Wang C, Yang J, Liu W, Shen Z. Can pretreatment serum calcium level predict the efficacy of methotrexate in the treatment of severe plaque psoriasis? *J Am Acad Dermatol*. 2015 Dec;73(6):991-7.e3. [PubMed] [Google Scholar]