

**THERAPEUTIC APPROACH OF UNANI MEDICINE IN THE MANAGEMENT OF
PSORIASIS (DA-US-SADAF)****Mohammad Shamim Khan^{1*} Qamrul Hasan Lari² and Mahmood Ahmad Khan³**¹*Unani Medical Officer, Government Unani Dispensary, Kota, Department of Unani Medicine, Rajasthan, India.²Reader, Department of Kulliyat, State Takmeel-Ut-Tib College, Lucknow, India.³Guest Lecturer, Diploma in Unani Pharmacy, Faculty of Natural Science, Jamia Millia Islamia, New Delhi, India.***Corresponding Author: Dr. Mohammad Shamim Khan**

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ABSTRACT

Psoriasis (Da-us-Sadaf) is one of the most baffling and persistent of skin disorders that affect approximately 11.8% population worldwide and 0.44 to 2.8% population of India. In Unani classical literatures, Psoriasis, termed as Taqashshure Jild, is a common skin disorder characterized by dryness of the skin and scale formation just like the scale of fish. Since ancient times Psoriasis (Da-us-Sadaf) has been treated by eminent Unani physicians like Hippocrates, Galen, Avicenna, Razi, Ibn-e-Zohr and Majoosi through different modes of treatment such as Ilaj Bil-Ghiza (Dietotherapy), Ilaj Bit-Tadbeer (Regimenal Therapy) and Ilaj Bid-Dawa (Pharmacotherapy). Herbo-animo-mineral source of medicine; used possess concoctive & purgative, anti-inflammatory, moisturizer, blood purifier, ciccative and demulcificant properties, which are the needed principles of treatment for this disease. In the present paper, an attempt has been made to focus on the concept and management of Psoriasis (Da-us-Sadaf) in Unani Medicine.

KEYWORDS: Psoriasis, Da-us-Sadaf, Dietotherapy, Regimenal Therapy, Pharmacotherapy.**INTRODUCTION**

Psoriasis (Da-us-Sadaf) has not been mentioned in any classic literature since ancient times. It was considered as Taqash'shur-e-Jild by Unani physicians; Razi (841-926 AD), Majoosi (930-994 AD), Ibn-e-Zohr (1091-1162 AD).^[1,3] Joseph Jacob Plenck (1776 AD) also described it under desquamative disease of skin (Taqash'shur-e-Jild).^[4] In the late 18th century AD, Robert Willan (1757-1812 AD) recognized psoriasis as an independent disease.^[4] He identified two categories: psora leprosa and leprosa graecorum. He differentiated it from other skin diseases with the cooperation of Thomas Bateman. After that in 1841 AD Ferdinand von Hebra worked on Willan's notes and he was first who has given the name Psoriasis to this skin disorder and described its clinical picture that is being used today.^[4]

Psoriasis is derived from a Greek word "so-ri-a-sis" which means itching while Da-us-Sadaf is derived from two Arabic words "Daun" means disease and "Al-Sadaf" means oyster shell.^[5] Psoriasis is a chronic, genetically determined, inflammatory disease of skin characterized by well-defined, scaly, erythematous, itchy plaques, especially on extensor prominence of the body and scalp.^[6] Its prevalence varies from 0% to 11.8% in different populations of the world and in India varies from 0.44 to 2.8%. It is twice more common in males compared to females and most of the patients are in their

third or fourth decade of life at the time of presentation.^[7]

Unani Concept of Psoriasis (Da-us-Sadaf)

In ancient Unani classical literatures, no any disease has been mentioned with the name of Da-us-Sadaf or psoriasis. Though the Unani physicians have described skin ailments characterized by dryness of the skin and scale formation, which clinically resembles very much with Psoriasis. The views of different Unani physicians regarding the disease have been discussed below:-

Abul Hasan Ahmad Bin Mohd Tabari (985 AD)

quoted the views of Rufus (98-171 AD) during the discussion of Sa'afa (impetigo), in Moalejat Buqratia; one such type is known as Talaq, in which scales like pieces of mica are shiny and adherent to the lesion in large quantity. It is very difficult to treat. Furthermore, Tabri narrated under the topic of "Qashaf-e-Jild" and Taqash'shur-e-Jild in Moalejat Buqratia; Qashaf-e-Jild is the roughness and dryness of skin which is associated with itching and sometimes without itching. Qashaf-e-Jild develops due to khilth-e-yabis saudawi (dry melancholic humor) which becomes dry due to ratubat-e-mohatarqah (burnt fluid) and accumulates in the outer layer of the skin, to makes it rough and dry. If there is heat then itching occurs and if there is no heat then itching does not occurs. Taqash'shur-e-Jild (scaling of

the skin) means peeling from all over body parts is produced by the hirreef and lazza'a khilth-e-yabis saudawi (irritant dry melancholic humor) which makes skin scaly and it cannot occur without itching.^[8]

Taqash'shur-e-Jild (scaling of the skin) is quite similar to the disease Qashaf-ul-Jild (dirtyness of the skin) causes of both the diseases are similar. The khilt (humor) responsible for Qashaf-e-jild, is dry but due to scaling of the skin, khilt is hirreef and lazza'a (irritant). The difference between the two is that Qashaf-e-Jild can sometimes be without itching but Taqash'shur-e-Jild (scaling of the skin) cannot occur without itching. The production of the khilth (humor) responsible for this disease is either due to putrefaction and burning in the blood heat or ratoobat (fluid) or burning of khilte safra (bilious humor) or akhlat (humors).^[8]

Abu Mohaamad Bin Zakaria Razi ((850-923 AD), written a short descriptions on the topic of Quba and Taqash'shur in his book named Kitab-ul-Hawi Fit-Tib. He wrote that it is the roughness of the outer skin which presented as yellowish-black and yellowish-red color lesion with itching.^[1]

Ali Ibn-e-Abbas Majoosi (930-994 AD), discussed in his book Kamil-us-Sana'ah about the Taqash'shur-e-Jild means scaling of the skin, that when balgham-e-mirary (bilious phlegm) mixed with blood then the tabi'at (physis) of the body, expels that khilth-e-ghaleez (viscous humor) towards the skin from internal organs and accumulates within the skin resulting in scaling of the skin and durable intense itching. Sometimes, this abnormal condition develop due to zof-e-jild (weakness of the skin) because when the tabi'at (physis) tries to expel the wastes akhlat-e-ghaleeza (viscous humors) towards the skin then it is unable to expel and resolve that waste humors due to zof-e-dafey'ah (weakness of expulsive power) of the skin. Hence, the waste humors accumulate here and cause the skin become scaly and itching.^[2]

Ibn-e-Zohr (1091-1162 A.D) described regarding Taqaash'shur-e-Jild that when the khilth-e-sauda moves towards the skin, then the tabi'at (physis) of the body differs from that skin, therefore the skin neither gets nourishment from that khilth (humour) nor excretes it, which makes the skin scaly.^[3]

Ibn-e-Rushd (1126-1198AD) has written in the book Kitab-ul-Kulliyat, while discussing about the diseases, produced by cold dry matter that some of the factors responsible for temperamental imbalance of khilth (humor) are hereditary, due to which leprosy etc. occurs. When excessive amount of morbid melancholic humour (ghair tab'yee sauda) accumulates in the body, then spleen could not absorb it completely because it is imbalanced either in quantity or quality or both. Being unable to absorb by spleen, it spreads in the blood, from which the organs take their nutrition. This leads to

occurrence of dangerous diseases whose recovery into the healthy state is not very easy as this khilth (humor) is not suitable for the tabi'at (physis) of the body.^[9]

Hakim Akbar Arzani (death 1722 AD) has described in Tibb-e-Akbar regarding Qashaf and Taqash'shur-e-Jild that it means as the roughness of the skin and from which there is peeling like scales of the fish.^[10]

Hakim Mohammad Azam Khan (1813--1902) has written in his book Aksee-r-Azam that the roughness and scaling of the skin is called Qashf wa Taqash'shur-e-Jild in which itching and burning occurs.^[11]

Pathogenesis

Basic histopathology of psoriasis is regular epidermal hyperplasia and cellular turnover is increased up to seven folds and the transit time from the basal layer to the top of the stratum corneum is 3-4 days rather than usual 28 days. This rapid turnover of keratinocytes alters keratinization, resulting in thickened epidermis (seen as papules and plaques) and para-keratotic stratum corneum (silvery scales). T-lymphocytes for epidermal proliferation play an important role, but the exact mechanism underlying this benign proliferation reaction is unknown.^[12]

Etiology

The exact cause of psoriasis is still unknown but there are some precipitating and triggering factors involved in causation of disease. According to Unani System of Medicine, abnormal humors (Sauda-e-Mohtaraq, Merah-e-Safra / Balgham-e-Merari), indigestion, uncleanness; diet (cold, dry and salty diets) are the factors responsible for the cause of this disease.^[11,8,2,9] According to recent concept, Psoriasis is considered to be an autoimmune disease and has a strong genetic prediction in the form of polygenic autosomal dominant inheritance. Various factors such as physiological changes of puberty and pregnancy, recurrent infections, endocrine imbalances, physical trauma (including sunlight) and Mental stress precipitate the disease.^[13] Drugs like Anti-malarial, β -Blockers, Anti malignant, Immuno-suppressive, NSAID, lithium etc. are known to cause psoriasis from drug reactions. Obesity, alcoholism, smoking and low humidity may also exacerbate it.^[13,15]

Types

Epidemiologically, psoriasis is divided into two major groups:^[16]

Type-1 Psoriasis: It has an onset in the teenage and early adult life; such individuals frequently have a family history and there is an increased prevalence of HLA CW6.

Type-2 Psoriasis: The disease onset is in an individual's fifties or sixties, a family history is less common and the HLA CW6 is not so prominent.

Clinical Variants

Psoriasis Vulgaris (Nummular or Stable Plaque Psoriasis) is the most frequent form of psoriasis, clinically presented as lesion consists of very well defined, erythematous and scaly plaques with symmetrical distribution.^[13,17] The most common areas to affect are the elbows, knees, gluteal cleft and the scalp.^[18] It usually begins on the scalp or on the olecranon and may remain localized in the original region for an indefinite period or completely disappear, recur or spread to others parts of the body.^[18,19] Subjective symptoms itching or burning may be present and may cause extreme discomfort.^[19] The initial lesion, an erythematous papule increase to form a well circumscribed plaque covered by dry, loosely attached, silvery white micaceous scales.^[19] The amount of scaling is variable. On scraping the white amorphous scales resembles wax candle, known as Candle Grease Sign.^[13] Pin points bleeding are observed after removal of scale, termed as Auspitz's Sign.^[13] Appearance of typical lesion at the sites of even trivial injuries, called Koebner or Isomorphic Phenomenon, is the characteristic feature of the disease.^[19] Affected nails become like dents made with a ball point pen; tan-oval spots of 2-4 mm in diameter, is called Oil Spots or Oil Drop Sign.^[19] The healing psoriatic lesions become non scaly and dusky in colour enriched by a clear peripheral zone, termed as Halo or Woronoff Ring.^[6,13]

Guttate Psoriasis (Eruptive Psoriasis) is most common form in children and young adults.^[18] Characterized by sudden crops of small erythematous shiny papules appearing on the trunk and proximal part of the extremities.^[13] It frequently present after upper respiratory tract infection.^[6,13]

Inverse Psoriasis (Flexural Psoriasis) affects the intertriginous regions including the axilla, groin, sub mammary area and navel.^[6,19]

Erythrodermic Psoriasis (Exfoliative Psoriasis) may extend to involve the entire body surface and present as generalized redness and scaling all over the body with chills and rigors.^[17] Severe itching and burning are the disturbing symptoms.^[13]

Pustular Psoriasis is a severe form in which the lesion consists of tiny superficial sterile pustules which may appear on psoriatic plaque or occur independently.^[13,17] Pustule may coalesce to form lakes of pus.^[16]

Diagnosis

Diagnosis of psoriasis is usually based on Family history, Clinical features, history of previous attacks and seasonal variation of psoriasis. Sometime skin biopsy for typical histopathology and skin scrapping (KOH smear) may be needed to confirm the disease and to distinguish from other skin disorders.^[18]

Unani Therapy

The main aim of treatment for psoriasis is to control epidermal proliferation and to expel out the abnormal humor from the body. Although there is no complete cure yet, da-us-sadaf (psoriasis) can be managed by achieving some important guidelines described by Unani system of Medicine; broadly involved the three types of therapy as follows.^[20]

- a) Ilaj Bil-Ghiza (Dietotherapy)
- b) Ilaj Bit-Tadbeer (Regimenal Therapy)
- c) Ilaj Bid-Dawa (Pharmacotherapy)

Ilaj Bil-Ghiza (Dietotherapy)

Unani physicians have advised soft and easily digestible food like Mash (black gram), Kaddu (Pumpkin), Asfanakh (Spinach), fresh milk and Ma-ul-Jubn (Whey) should be used. Soup of Mash (Black Gram) and Kaddu (Pumpkin), fresh milk with Mash (Black Gram) and Kaddu (Pumpkin), Himsiya (Gram) and Maghz-e-Badam (Almond), prepared diets has been recommended. Cold dry, hard and melancholic producing diets like red meat, salty fish and cheese should be avoided.^[20]

Ilaj Bit-Tadbeer (Regimenal Therapy)

This type of Unani therapy facilitates the waste disease material resulted from derangement of Khilth (humor) to expel out from the body by three mode of regimes; fasd (venesection), ta'leeque (leeching) and ta'reeque (sweating).

Fasd (Venesection): Mohammad Tabri clearly described in his book Moalejat-e-Biqratiyah, that the treatment of taqash'shur-e-jild (desquamative skin) is to cut linear and open the Rag-e-Ba'saleeque (Baselic Vein) of both hand with intervening period of 7 days until body power becomes weak.^[8]

Ta'leeque (Leeching): Ibn-e-Sina (Avicenna) and Indian unani physicians have suggested that Ta'leeque (Leeching) is very effective and beneficial in chronic inflammatory skin diseases and unhealed ulcer.^[21]

Ta'reeque (Sweating): Buqrat stated that intradermal-epidermal diseases should be treated by Ta'reeque (Sweating).^[22] Most probably it resolves the retained and underlying waste or viscous humor in skin causes taqash'shur-e-jild (desquamative skin). It is adopted by three sources of regimes; Hammam (Bathing), Inkebab (Vapour Bath), Abzan (Sits Bath).

1. **Hammam (Bathing):** regular daily bath or twice in a weak is more effective for the resolution of inflammatory skin diseases.^[8]
2. **Inkebab (Vapour Bath):** It should be taken with hot water by adding some *Muhallil-e-Auram* (anti-inflammatory) and *Mu'arriq* (diaphoretic) drugs like Baboona (*Matricaria chamomilla*) 30 gm, Akleel-ul-Mulk (*Astragalus hamosus*) 30 gm, Qaisoom (*Artemisia abrotanum*) 30 gm, Marzanjosh (*Origanum majorana*) 15 gm, Izkhar (*Andropogon*

jwarancusa) 15 gm, Badyan (*Foeniculum vulgare*) 15 gm, Post Beikh-e-Karafs (*Apium graveolens* root) 15 gm, Gul-e-Surkh (*Rosa damascena*) 15 gm, in 10 liters of water and boiling these drugs until one fourth part evaporated.^[21]

3. **Abzan (sits bath):** It should be taken with hot water by adding some *Muhallil-e-Auram* (anti-inflammatory) and *Mu'arriq* (diaphoretic) drugs like Tukhm-e-Kataan (*Linum usitatissimum*) 15 gm, Tukhm-e-Teerah Tezak (*Eruca sativa*) 15 gm, Tukhm-e-Gazar (*Daucus carota*) 15 gm, Tukhm-e-Shaljam (*Brassica rapa*) 15 gm, Suddab (*Ruta graveolens*) 15 gm, Lablab (*Dolichos lablab*) 15 gm, Badyan (*Foeniculum vulgare*) 15 gm, Berg-e-Karafs (*Apium graveolens* leaf) 15 gm, Gandana (*Allium ascalonicum*) 15 gm, Karam Kallah (*Brassica oleracea*) 200 gm, Unsul (*Allium cepa*) 2 gm, Roghan-e-Zaitoon (Olive oil) 34 gm. in 3 liters of water and boiling these drugs until one third part remain.^[21]

Ilaj Bid-Dawa (Pharmacotherapy)

The recommended basic lines of treatment for psoriasis are *Nuzuj wa Tanqiyah-e-Akhlal-e-Ghair Tabayiah* (Concoction and expulsion of abnormal humors) specially Sauda (Melancholic humor) along with *Tahleel-e-auram* (Resolution), *Tasfeeh-e-dam* (Blood Purification), *Indimal-e-zakhm* (Cicatrization), *Taskeen-e-Jild* (Demulcefication), *Tarteeb-e-Umoomi wa Muqami* (General and Local Moisturization) and use of *Jali* (Detergent) drugs.^[23,24] keeping in view of these above pharmacological properties, the Unani drugs to be prescribed in psoriasis (da-us-sadaf), are as follows;

Mohammad Tabri suggested Nuskha Matbookh for evacuation of abnormal Melancholic humor in the treatment of Taqasshur-e-Jild. Ingredients of Nuskha Matbookh are Afsanteen (*Artemisia absinthium*) 24 gm, Shahatra (*Fumaria officinalis*) 40 gm, Pursiya wa Shan (*Adiantumcapillus-veneris*) 35 gm, Tamar-e-Hindi (*Tamarindus indica*) 35 gm, Haleela Zard (*Terminalia chebula*) 40 gm, Turanjabeen (*Alhagi pseudalhagi*) 52 gm, Anjeer (*Ficus carica*) 3 pieces, Unnab (*Zizyphus vulgaris*) 40 pieces, Luk (*Lac*) Neem kob 7 gm, Revand (*Rheum emodi*) 7 gm, Mavaiz Munaqqa (*Vitis vinifera*) 82 gm, Baerg-e-Enab-us-Salab (*Solanum nigrum*) one palm to be boiled in 1700 ml of water. After evaporation of 2/3 of water, it to be filtered and preserved, given to the patient orally with mixing of sugar 17 gm. and Roghan Badam Shirin (Almond oil) 17 gm. in two to three divided doses on empty stomach. Diarrhea occurred within 2-3 times and abnormal humor evacuated from body, after that mutton of goat (neck part), spinach and soup prepared by Maash (Black Gram) and Kaddu (Pumpkin) should be given to the patient to restore body powers.^[8]

Ali Bin Abbas Majusi suggested that Sharbat Banafsha 35 gm and Turanjabeen (*Alhagi pseudalhagi*) 35 gm, at only morning daily and as diets vegetables of Maash

(Black Gram / *Vigna mungo*), Badam (Almond) and Himsiyah (Black Chickpea) to be given to the patient until abnormal humor concocted completely. Thereafter Nuskha Matbookh; Gul-e-Banafsha (*Viola odorata* flower) 17 gm, Haleelah Siyah (*Terminalia chebula* - black fruit) 17 gm, Haleelah Zard (*Terminalia chebula* - yellow fruit) 17 gm, Haleelah Kabuli (*Terminalia chebula* - brown fruit) 17 gm, Sana Makki (*Cassia angustifolia*) 24 gm, Bisfayij (*Polypodium vulgare*) 10 gm, Turbud (*Ipomoea turpethum*) 10 gm, Gul-e-Surkh (*Rosa damascena*) 10 gm, Gul-e-Nelofer (*Nymphaea lotus*) 10 gm, Tukhm-e-Kasni (*Cichorium Intybus* seed) 10 gm, Asslussoos (*Glycyrrhiza glabra*) 10 gm, Ustukuddoos (*Lavandula stoechas*) 14 gm, Mavaiz Munaqqa (*Vitis vinifera* fruit) 35 gm, Unnab (*Zizyphus vulgaris*) 20 pieces, Aalu Siyah (*Solanum tuberosum*) 20 pieces, Sapistan (*Cordia latifolia*) 20 pieces, to be boiled in 1500 ml of water. When 500 ml water remain after evaporation, it to be filtered and preserved, given to the patient orally in 2-3 divided doses on empty stomach by adding Maghz-e-Floos-e-Khayar-e-Shambar (*Cassia fistula*) 52 gm. and Turanjabeen (*Alhagi pseudalhagi*) 52 gm. Abnormal humor evacuated from body through Diarrhea, after that to moisturizes the body, Ma-us-Sha'eer (barley water), mutton of kid and chicks, soup prepared by Maash (Black Gram) and Kaddu (Pumpkin) should be advised as diets. It also advised to take bath twice in a week and after bath Roghan Banafsha (Violet herb oil), Roghan Kaddu (Pumpkin oil), Roghan Badam Shirin (Almond oil) to be applied local all over body.^[2]

Ibn-e-Zohr prescribed for the treatment of taqash'shur-e-jild, that melancholic humor to be expelled out by giving Bisfayij (*Polypodium vulgare*), Afteemoon (*Cuscuta reflexa*), Hajr-e-Lajward (*Lapis Lazuli*) and Khareeq-e-Siyah (*Helleborus niger*) orally. Tiryaq Farooq 2gm and Sharbat Asslussoos 35 ml with plane water at every 5th day and 8 hours after Khameeri Naan (Leavened bread) with soup of chicks to be used. Maghz Tukhm-e-Kharpozah (Muskmelon seed's pulp) with Roghan Baboona (Chamomile oil) to be applied locally on desquamated lesions as paste.^[3]

Hkm Akbar Arzani recommended that sterilized the body from waste matter by giving Tabeekh-e-Afteemoon and Ma-ul-Jubn (Whey) orally. Ingredients of Tabeekh-e-Afteemoon are Afteemoon (*Cuscuta reflexa*) 24 gm, Haleelah Siyah (*Terminalia chebula*-black fruit) 24 gm, Haleelah Zard (*Terminalia chebula*-yellow fruit) 24 gm, Haleelah Kabuli (*Terminalia chebula* - brown fruit) 24 gm, Amla Khushk (*Emblca officinalis* dried) 10 gm, Baleelah (*Terminalia bellerica*) 10 gm, Shahatra (*Fumaria parviflora*) (30 gm), Afsanteen (*Artemisia absinthium*) 30 gm, Gul-e-Ghafis (*Gentiana olivier*) 17 gm, Turbud (*Ipomoea turpethum*) 3 gm, Ghareeqoon (*Polyporus officinalis*) 52 gm, Mavaiz Munaqqa (*Vitis vinifera*) 52 pieces, to be boiled in 2070 ml of water until ¾ part of water evaporated. Remaining ¼ part of water preserved after filtering and then it to be given to the patient orally in two to three divided doses with mixing

of 24 g of sugar. After cleansing of waste humor Itrifal Sagheer with Gulqand to be given also. Wet diet like mutton of baby animals, Kaddu (Pumpkin) and Maash (Black Gram) to be advised as food to moisturized the body.^[10]

Central Council for Research in Unani Medicine (CCRUM) Department of AYUSH New Delhi-India, has listed the Advia-e-Mufradah (Single Drugs) and Advia-e-Murakkabah (Compound Drugs) used in psoriasis in his booklet named "Unani Treatment for Some Common Skin Disorders".^[20,25] They are described as follows;

Advia-e-Mufradah (Single Drugs)

Afsanteen (*Artemisia absinthium* Linn), Asgand (*Withania somnifera*), Tukhm-e-Babchi (*Psoralea corylifolia* seed), Baad Aaward (*Volutarella divaricate*), Chiraita (*Swertia chirayita*), Post-e-Neem (*Azadiracta indica*), Kamela (*Mallotus philippinensis*), Shahatra (*Fumaric parviflora*), Sandal (*Santalum album*), Haleela (*Terminalia chebula*), Unnab (*Zizyphus jujuba*), Qust Shirin (*Saussurea lappa*), Berg-e-Inderjau Shirin (*Wrightia tinctoria*), Haldi (*Curcuma longa*), Mundi (*Spheeranthus indicus*), Bisfaij (*Polypodium vulgare*), Chob Chini (*Smilax china*), Ghongchi (*Abrus practorius*), Ushba (*Smilex ornata*), Gul-e-Gao Zaban (*Borago officinalis*).^[20,25] As per need, all above medicine to be used in psoriasis (da-us-sadaf) as single or multiple in the form of Joshanda (decoction), Khesanda / Zulal (infusion), Safoof (powder) orally.

Advia-e-Murakkabah (Compound Drugs)

The formulation drugs for the treatment of psoriasis (da-us-sadaf) are administered by oral as well as topical. Descriptions of these Formulations; mostly belongs to the Pharmacopeal, Drugs in details are as follows;

Systemic / Oral Therapy^[20,25,27]

- **Majum Ushba:** It is a *Musaffi-e-Dam* (Blood Purifier) and indicated in all types of psoriasis (da-us-sadaf). 5-10 gm. to be taken in the morning and evening with plain water on empty stomach.
- **Sharbat Ushba Khas:** It is an excellent *Musaffi-e-Dam* (Blood Purifier) and cures all types of psoriasis (da-us-sadaf). 25 ml. to be taken after mixing with water in the morning and evening on empty stomach.
- **Arq Ushba:** It is also *Musaffi-e-Dam* (Blood Purifier) and useful in all types of psoriasis (da-us-sadaf). 125 ml. to be taken after mixing with 25 ml of Sharbat Ushba in water at the morning and evening on empty stomach.
- **Itrifal Shahatra:** It has *Musaffi-e-Dam* (Blood Purifier), *Munzif wa Mus'hil-e-Sauda* (Concoctive & Purgative Melancholic Humor) and *Murattib-e-Umoomi* (General Moisturizer) properties. It is used in all variety of psoriasis (da-us-sadaf). 5-10 gm. to be taken in the morning and evening with plain water on empty stomach.

- **Arq Shahatra:** It has *Musaffi-e-Dam* (Blood Purifier), *Dafey-e-Ta'affun* (Antiseptic), *Munzif-e-Sauda* (Concoctive Melancholic Humor) activities. It is beneficial in all variety of psoriasis (da-us-sadaf) especially in pustular psoriasis and normalizes the blood circulation in the body. 125 ml. to be taken after mixing with 25 ml of Sharbat Unnab, in water at the morning and evening on empty stomach.
- **Habb e Mussaffi khoon:** It is an effective *Musaffi-e-Dam* (Blood Purifier) and indicated in all types of psoriasis (da-us-sadaf). 2 pills to be taken in the morning and evening with plain water on empty stomach.
- **Sharbat Murakkab Mussaffi Khoon:** It is an excellent and very effective *Musaffi-e-Dam* (Blood Purifier), *Mus'hil-e-Sauda* (Purgative Melancholic Humor) and cures all types of psoriasis (da-us-sadaf). 25 ml. to be taken after mixing with 125 ml of Arq Murakkab Mussaffi Khoon in water at the morning and evening on empty stomach.
- **Arq Murakkab Mussaffi Khoon:** It is a *Musaffi-e-Dam* (Blood Purifier), *Dafey-e-Ta'affun* (Antiseptic) and used in all types of psoriasis (da-us-sadaf). 125 ml. to be taken after mixing with 25 ml of Sharbat Unnab, in the water at the morning and evening on empty stomach.
- **Sharbat Sandal:** It has *Dafey-e-Ta'affun* (Antiseptic) and *Musakkin* (Sedative) activities. It is especially suggested in generalized & localized pustular psoriasis. 25 ml. to be taken after mixing with water at the morning and evening on empty stomach.
- **Sharbat Unnab:** It has *Musaffi-e-Dam* (Blood Purifier), *Munzif-e-Safra wa Sauda* (Concoctive Bile & Melancholic Humors) and *Mulattif* (Demulcent) properties, It also normalizes the blood circulation in the body. It is useful in erythrodermic, flexural and pustular psoriasis (da-us-sadaf) especially. 25-50 ml. to be taken after mixing with water at the morning and evening on empty stomach.
- **Sharbat Banafsha:** It has *Mulattif* (Demulcent), *Murattib* (Moisturizer) and *Mu'arriq* (diaphoretic) actions. It is useful in all types of psoriasis (da-us-sadaf). 25 ml. to be taken after mixing with water at the morning and evening on empty stomach.

Topical Application

- **Marham Ghulabi:** It is a *Nafe-e-Busoor wa Qurooh* (Anti-rashes & Anti-ulcer) and most effective in all types of psoriasis (da-us-sadaf) among all topical drugs available in unani medicine.^[20]
- **Marham Daus Sadaf:** It heals psoriatic lesions.^[20]
- **Roghan Narjeel (coconut oil):** It has *Dafey-e-Daus-sadaf* (Anti-psoriatic), *Dafe-e-Kharish* (Anti-pruritic), *Muqavvi-e-Mana'at* (Immunomodulator), *Murattib* (Moisturizer) and *Mundamil-e-Qurooh* (Wounds Healer) activities.^[28]

- **Roghan Gandum (Wheat oil):** It resolves chronic inflammation and cures epidermal thickening.^[27]

CONCLUSION

It can be concluded that Unani physicians have been successfully treating psoriasis (da-us-sadaf) since ancient times by adopting various modes of treatment; Ilaj Bil-Ghiza (Dietotherapy), Ilaj Bit-Tadbeer (Regimenal Therapy) and Ilaj Bid-Dawa (Pharmacotherapy). Further studies and research are required in this area.

REFERENCES

1. Razi ABMBZ. Kitab-AL-Hawi Fil-Tibb. 1st ed., Hyderabad; Dairatul Moarif, 1970.
2. Majoosi ABA. Kamil-us-Sanaah. Urdu Translation by Kantoori HG. Lucknow; Matba Munshi Naval Kishor: Year Not Mentioned.
3. Ibne Zohr AMAM. Kitab-ut-Taiseer Fil Madavat-e-Wa-al-Tadbeer. 1st ed., New Delhi; Urdu Translation by CCRUM, 1986.
4. http://www.healthspas.co.za/spa_articles_Psoriasis.php (The History of Psoriasis).
5. Khan MS, Siddiqui MMH, Aleem S. (Demographic Study of Da-us-Sadaf (Psoriasis). Hipp J of Unani Med, 2011; 6(1): 11-16.
6. Champion BE. Text Book of Dermatology. 5th ed., London; Oxford Scientific Publication, 1992.
7. Dogra S, Yadav S. (Psoriasis in India: Prevalence and pattern). Ind J Der Ven & Lep, 2010; 76(6): 595-601.
8. Tabri AHABM. Al-Moalejat-ul-Buqratiya. New Delhi; Urdu Translation by CCRUM, 1995.
9. Ibn-e-Rushd AWM. Kitab-ul-Kulliyat. New Delhi; Urdu Translation by CCRUM, 1980.
10. Arzani HA. Tibb-e-Akbar Urdu. Lucknow; Munshi Naval Kishor, 1883.
11. Khan MA. Akseer-e-Azam. Kanpur; Matba Nizami: 1289 Hijri.
12. Bennett GC, Goldman L. CECIL Text Book of Medicine. 21st ed., Harcourt Asia; Saunders, 1999.
13. Sainani GS. API Text Book of Medicine. 6th ed., Mumbai; Association of Physicians of India, 1999.
14. Sheth PR. World Psoriasis Day. New Delhi; Times of India, Oct. 29. 2006.
15. Behnam SM, Behnam SE, Koo JY. Smoking and psoriasis. Skin med., 2005; 4(3): 174.
16. Behl PN. Practice of Dermatology. New Delhi; CBS Publishers and Distributors, 2000.
17. Pasricha JS, Gupta R. Illustrated Text Book of Dermatology. 2nd ed., New Delhi; Jaypee Brothers, 2000.
18. Braunwald E, Fauci AS, Kasper DL, Hauser SL, Longo DL, Jameson JL. Harrison's Principles of Internal Medicine. 15th ed., New York; McGraw Hill Medical Publishing Division, 2001.
19. Arnold HL, Odom RB. Andrew's Diseases of the Skin Clinical Dermatology. 8th ed., Philadelphia PA; WB Saunders Company, 1990.
20. Khan MS. Da-us-Sadaf (Psoriasis), 1st ed., New Delhi; Idara Kitab-us-Shifa, 2011.
21. Hamdani SKDH. Usool-e-Tib. Aligarh; Litho Color Printer, 1980.
22. Usaibah IA. Uyoon-al-Amba Fi-Tabaqat-al-Attiba", New Delhi; Urdu Translation by CCRUM, 1990.
23. Aleem S. Amraaz-e-Jild. Aligarh; Saba Publishers, 2002.
24. Khan MS, Siddiqui MMH, Aleem S. (Effect of Psoralia corylifolia Linn. and Marham Gulabi in Da-al-sadaf (Psoriasis). Ind J Trad Know, 2009; 8(3): 425-30.
25. Anonymous. Unani Treatment for Some Common Skin Disorders. New Delhi; CCRUM. Dept. of AYUSH, 2007.
26. Anonymous. Therapeutic Index: Hamdard Laboratories (India). New Delhi; Hamdard (Waqf) Laboratories, 2015.
27. Kabiruddin HM. Bayaz-e-Kabeer. Vol. 2, Haiderabad Deccan; Hikmat Book Depo: YNM.
28. Khan MS, Lari QH and Khan MA. (Physico-chemical and Pharmacological Prospective of Roghan-e-Narjeel (Coconut Oil). Int J Phar Sci Res., 2016; 7(3): 1286-91.