

**A CASE STUDY OF UNANI DRUG SAFOOF-E-KHAS WITH ROGHAN NEEM IN THE TREATMENT OF PSORIASIS****\*Maqbool Ahmad Khan, Mohd. Tariq, Fareha Sumaya and Mohd. Naime**

Central Research Institute of Unani Medicine.

**\*Corresponding Author: Maqbool Ahmad Khan**

Central Research Institute of Unani Medicine.

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**ABSTRACT**

The ancient physicians not only discovered the psoriasis disease but they also put brightness to this disease, its cause, sign and symptoms that often lead to the decreased quality of life. Starting from the books of Buqrat, Jalinoos to Ibn Sina, Hakeem Shareef Khan and Hakeem Ajmal Khan have detailed description in their treatise for discussion on this disease and cover all aspects of treatment such as oral and local and is well described in ancient classical literature of Unani medicine. They discovered and discussed the cause and used different single drugs and compound Unani formulations to treat this problem. The ancient physicians in their citation for precision in the management of psoriasis discovered almost all sub-types of disease right from plaque psoriasis to guttate psoriasis. Its treatment is still highly efficacious, safe and in many ways better than conventional system. In this case report details of a patient having psoriasis vulgaris are discussed who took allopathic treatment for the disease and was diagnosed as untreatable by allopathic system and was admitted in the hospital and given Unani treatment. During his treatment remarkable changes occurred due to power of Unani medicine. The details are as follows.

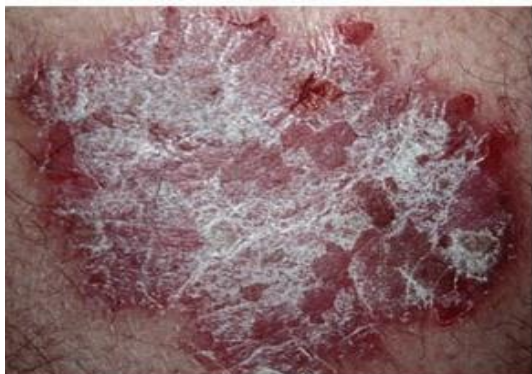
**KEYWORDS:** Psoriasis, Neem, Unani system of Medicine.**INTRODUCTION**

A common, chronic, disfiguring, inflammatory and proliferative condition of the skin, in which both genetic and environmental influences have a critical role. The most characteristic lesions consist of red, scaly, sharply demarcated, indurated plaques, present particularly over extensor surfaces and scalp. The disease is enormously variable in duration, periodicity of flares and extent. Morphological variants are common.<sup>[1]</sup>

According to Unani system of Medicine the cause of this disease is *ratubat e fasida*. Due to this *ratubat e fasida* it is not absorbed by the body.<sup>[2]</sup>

**Clinical Presentation of Classic Psoriasis includes**

- ❖ Well-demarcated erythematous plaques (Fig.1)



- ❖ Silver-white micaceous scale
- ❖ Symmetric distribution on extensor regions such as
- ❖ elbows, knees, and buttocks, may be diffuse
- ❖ Hemorrhagic crusts, pin point bleeding when scale is removed (Auspitz sign)
- ❖ Scalp lesions common
- ❖ Nail changes—pits and “oil” spots (yellow-brown discoloration of the nails that look like oil) *Maibach HI*.<sup>[3]</sup>

Also usually on elbows, knees, and scalp; lesions have silvery-white scale.<sup>[5]</sup>

**PSORIASIS IN DIAPER AREA**

Psoriasis can first manifest itself as a recalcitrant diaper rash, and should be considered if conventional diaper rash remedies are not effective. Other stigmata of early psoriasis include seborrhea, nail pitting, and intergluteal erythema. A family history of psoriasis can also suggest this diagnosis. (Fig 2).



Age 10% have onset of lesions before age 10, and 37% have onset before age 20.

Gender F:M, 2:1.

Prevalence 2% of the world's population.

Race: Low incidence in Asians, Africans, African Americans, American Indians, and Japanese.

Other Features: Multifactorial inheritance.

Minor trauma is a major factor (45% of patients) in eliciting lesions (Fig.3 Koebner's phenomenon).



**Fig. 3: Koebner's phenomenon.**

Infection (particularly streptococcal) also plays a role. Many episodes of psoriasis follow sore throats or upper respiratory infections. Stress, cold weather, hypocalcemia, and lack of sunlight exposure aggravate the condition. Certain drugs (lithium, interferon, Beta-blockers, alcohol, antimalarials, corticosteroid withdrawal) can also precipitate psoriasis.<sup>[5]</sup>

#### Case History

A patient was admitted in the hospital with diagnosis of chronic dermatitis made from King George Medical University, UP, Lucknow also having Coronary Artery Disease along with elevated blood sugar levels with history of Diabetes type 2, serum cholesterol level was 265. The patient underwent several departments including endocrinology department of KGMU, skin department. Most of them prescribed immunosuppressants drugs like Azoran 50 mg steroid creams like Eumosome and Mometasone. The patient was also given defcort 6 mg orally after breakfast for the last six years. Defcort 6 mg is a part of a class of drugs called corticosteroids (steroids). Deflazacort is an active ingredient present, works by acting on glucocorticoid receptor and restricts the release of the substance which causes inflammation.<sup>[6]</sup>

Entire face, neck, buttocks back and legs of the patient covered in scales making it classical case of Psoriasis. According to KGMU case was chronic dermatitis instead of psoriasis and the patient took the above mentioned treatment for one and a half year from King George Medical University Lucknow from Skin department. After one and a half year he was informed by the doctors that they are unable to treat him further because of because of elevated blood sugar levels and the condition will get worse if they give further steroids. In his own words when patient came to Central Research Institute of Unani medicine that he was very much dissatisfied, dejected, disgusted, disheartened and is tired of living like that. Then the patient was admitted in the of IPD of CRIUM and undertaken treatment for about 27 days. This research article or individual case study reveals the impact of Unani medicines in the treatment of Psoriasis when allopathic system leaves the patient at the point where coming back from that stage is impossible.

#### METHODOLOGY

The patient was given a powder made up of

1. *Chiraita*
2. *Sarphooka*
3. *Tukhm e neem*
4. *Barg neem,*

5. *Amla khushk*
6. *Babchi*

Roghan neem was made from

1. Tukhm neem
2. Barg neem
3. Roghan talkh
4. Amla

Every part of Neem is considered blood purifier along with having anti septic activity.

The procedure of cupping was also performed on back, legs, buttocks as it is highly recommended in this disease.



**Before treatment**



**Before treatment**



**Before Treatment**



**After Treatment**



After Treatment



After Treatment



After Treatment

The patient was asked for Dermatology Quality of life index Assessment sheet before treatment and after treatment which is as follows.

#### S. No. Questionnaire<sup>[7]</sup>

Before treatment After treatment

1 How itchy, sore, painful or stinging has your skin 5 1 2  
 How embarrassed or self conscious 5 1 3 How much  
 your skin interfered with you going shopping 4 0 4 How  
 much your skin has influenced your clothes you wear 5 0  
 5 How much has your skin affect any social activities 5 0  
 6 How much has your skin made it difficult to do any  
 sport 3 0 7 Has your skin prevented you from working or  
 studying 5 0 8 How much has your skin created problem  
 with your partner 5 0 9 How much has your skin caused  
 any sexual difficulties 4 0 10 How much your skin  
 created problem with prepared food 2 0 Total 43 2

#### DISCUSSION

The drug was given in the form of 3 gm BD orally and Roghan neem for local application twice daily. The patient was carefully monitored and kept under strict direct monitoring of Head of the institute. The patient showed slow relief after 2 days and reported 50% relief at the end of first week of the treatment.

The patient himself revealed 90% relief after after and 100% relief after one month of complete treatment. Though relapses have been shown and treated accordingly but the patient was very happy and ongoing follow ups were still going on. Only the red mark of steroid persists which were dark red to pinkish which is self explanatory to improved quality of life.

#### CONCLUSION

The above case showed that psoriasis (*Daul Sadaf*) can be treated with herbal Unani formulation *Sufoof e khas* and *Roghan Neem* safely and successfully. A better and more comprehensive study also required to generate more data and on safety and in international world.

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