

EFFICACY OF UNANI MEDICATIONS AND TALEEQ (LEECH THERAPY) IN THE MANAGEMENT OF TAQASHSHUR JILD (PSORIASIS) - A CASE REPORT

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ABSTRACT

Psoriasis is a chronic inflammatory dermatological disorder with a worldwide distribution. A wide variety of treatment modalities are available comprising of topical and systemic therapies and phototherapy. Although these are effective, but are associated with significant adverse effects. In Unani (Greco Arab) texts, management of psoriasis is explained in detail with effective and well tolerated medicaments and regimental procedures. The aim of this case report was to evaluate the affectivity of Unani medicaments and leech therapy

in a diagnosed case of psoriasis. The patient was continuously assessed by PASI criteria. The patient showed marked improvement in alleviation of the lesions as compared to the lesions not exposed to leech therapy in the time period of 1 month. Thus, it appears that leeching along with oral other Unani preparations may be an effective mode of therapy in the management of psoriasis. Further research with appropriate sample size is warranted to establish these results.

KEYWORDS: Taleeq; leech therapy; psoriasis; taqashshur jild; Unani system of medicine.

INTRODUCTION

Psoriasis is a genetically determined, chronic disfiguring inflammatory dermatological disorder associated with negative impact on quality of life.^[1,2] Although it is a dermatological disorder it also affects nails, joints and other systems of the body.^[1] It is characterized by red, scaly, sharply demarcated, indurated plaques, present predominantly over extensor surfaces and scalp with the population prevalence ranging from 0 to 11.8%.^[2,3] In India, overall incidence was estimated as 1.02% with the highest incidence among the age group of 20-39 years.^[1] The exact pathogenesis is unknown and involves the aggregation of environmental

and genetic factors viz., stressful living conditions, HIV infection, trauma, alcohol, smoking, cold weather, diet, obesity and drugs e.g., interferon, lithium, beta blockers, anti malarial medicaments etc.^[3,4] Management is done by both general and topical therapies besides proper attention towards physical and psychological health. The topical therapy comprises of coal tar products, dithranol, topical calcineurin inhibitors, topical corticosteroids, intralesional corticosteroid therapy, vitamin A and D analogues, UV phototherapy and psoralen photochemotherapy whereas systemic therapy includes methotrexate, hydroxycarbamide, retinoids, ciclosporin, systemic glucocorticosteroids, fumarates and TNF alpha.^[2] Despite of widely available oral and topical treatment modalities, its management is still a challenge for dermatologists due to potential side effects or high rate of recurrence.

In the Unani system of medicine, its clinical picture resembles to that of *Taqashshur jild* that is described in classical texts viz. *Kamil us sana*, *Mukhtarat fil tib*, *Moalajat al buqratiya*, *Kitab al taiseer*, *Akseer azam* and *Tib e akbar*.^[5-10] It is defined as a dermatological disorder that is characterized by irregular scaly lesions akin to scales of fish caused by *khilt sauda* (Atrabilious humour) that is directed towards the surface of skin where it get accumulated thus resulting in impairment in the functioning of the skin and ultimately scaling of the affected area.^[5,7,8,10,11,12] Diverse preparations are explicated in Unani tomes for the management of *Taqashshur jild*. Besides the herbal and mineral preparations, a variety of regimental options are also accentuated viz. *fasd* (venesection), *ishaal* (purgation), *dalk* (massage), *taleeq* (leech therapy), *hammam* (Turkish bath).^[7,11]

Aim and objective of the case study

To assess the efficacy of leech therapy in the management of psoriasis.

Type of study

Observation study (Case report).

Study center

National Institute of Unani Medicine Hospital, Bangalore, India.

Case History

A 40 year old erstwhile healthy male patient presented with red rough areas all over the body for 5 years. The lesions were first limited to the soles as papules and were not associated with itching, but was progressive in nature and later also associated with itching. The patient also

experiences localized lesions over the site of trauma. He has also been experiencing exacerbation in the lesions during winter season and improvement during the summer. He took consultation from dermatologist but did not have any significant relief. Upon dermatological examination, the lesions were sharply defined, red scaly plaques covered with loosely adherent silvery white scales predominantly over the extensor surface of limbs. Scraping of the lesions revealed punctuate bleeding spots. Patient disavowed any episode of infection prior to the above condition. He has no history of psoriasis among the family members. In the view of above clinical findings, patient was diagnosed suffering from *Taqashshur Jild* or psoriasis. Routine haematological investigations comprising of haemogram, differential leucocyte count, total leucocyte count, erythrocyte sedimentation count, bleeding time, clotting time was carried out to explore any systemic pathology. He was provided Unani preparations along with *Taleeq* (leech therapy). A total of seven sittings was performed in consecutive three weeks on every third day of the previous leech application. Two leeches were applied over each proposed parts. The leeches were applied after proper cleansing of the affected part. Apparent clinical recovery was noted during 1 month of hospital stay over the sites of leech application in comparison to rest of the affected areas. The patient also experienced relief from itching as well over the area of leeching. An assessment was done by PASI criteria that decreased from 13.2 to 3.2 over the over the area of leech application.

Following the establishment of diagnosis, the patient was provided with "*Majoon Ushba*" 6g twice daily, "*Joshanda Mussafi*" 6g twice daily, "*Sharbat Unaab*" 20ml twice daily and "*Roghan Hindi*" twice daily for topical application over the lesions. All the above medicaments are prepared by NIUM pharmacy. "*Majoon Ushba*" comprised of *Ushba* (*Smilax aristolochiaefolia*), *bisafij fastaqi* (*Polypodium vulgare*), *aftimoon* (*Cuscuta epithymum*), *turbud* (*Operculina turpethum*), *amla* (*Emblica officinalis*), *barg sanna* (*Cassia angustifolia*), *sheetraj* (*Plumbago zeylanica*), *post balela* (*Terminalia bellirica*), *halela kabuli wa zard wa siyah* (*Terminalia chebula*). "*Joshanda Mussafi*" is a herbal preparation of *chiraita* (*Swertia chirayita*), *shaahatara* (*Fumaria officinalis*), *sarponkha* (*Tephrosia purpurea*), *mundi* (*Sphaeranthus indicus*), *gul e surkh* (*Rosa centifolia*) and *gul e nilofar* (*Nelumbo nucifera*) taken as decoction. The ingredients of "*Roghan Hindi*" (oil) are *barg neem*, *roghan sosan* (*Iris ensata*), *murdarsang* (litharge), *halela siyah* (*Terminalia chebula*), *maayeen* (*Tamarix indica*) and *haldi* (*Curcuma longa*).

DISCUSSION

Leech therapy has a long history of medicinal application dating back to ancient Egypt and is still in use in reconstructive surgery. Galen proposed the leech therapy for correcting the humoral imbalances and renowned Greco Arabic scholar Ibn Sina proposed leeching for drawing blood from deeper parts of the body.^[13]

Psoriasis is a T cell mediated autoimmune disorder, initiated by various environmental factors that stimulate T cells to produce cytokines. These cytokines exhilarate keratinocyte proliferation and hence engendering antigenic adhesion substances in the dermal blood vessels. These adhesion substances further stimulate T cells and thus persevering the response.^[14] In this reported case, the additive efficacy of Unani medicaments along with leech therapy was evaluated for elevation of psoriatic lesions. The patient was repeatedly assessed by PASI criteria. Here it was found that over all PASI score improved from 35.1 to 17.0. The Unani herbal preparation is comprised of the herbs possessing *mussafi khoon* (blood purifying), *muhalil* (resolvent), *jali* (detergent), *akkal* (corrosive), *musakkin* (Sedative) and *dafae hassasiyat* (Antiallergic) and *mushile sauda* (elimination of *sauda* by purgation) properties that improved the clinical outcome of the patient.^[15] The clinical improvement was observed more in the areas exposed to leech therapy. It may be due to local detoxification from morbid humours especially *khilt sauda* (Atrabilious humour) from the area of leech application. The desired changes due to leeching may be due to the anti inflammatory, antioxidant and immunomodulatory activity containing enzymes.^[16] Leech saliva also possesses histamine like substances that act as vasodilators and hence eliminates inflammatory mediators from the affected site. Furthermore, better removal of impure blood from the respective part under the influence of hirudin, hyaluronidase, apylase, collagenase, destalibase, factor Xa inhibitor and carboxypptidase A inhibitor.^[17] Recent researches on Malaysian leeches have revealed antioxidant property in leech saliva that may also alleviate the lesions because of recent reports of raised levels of oxidized low density lipoprotein in the lesions.^[18] Moreover, psoriasis is an immune mediated disorder, hence the immunomodulatory activity of leech saliva may play a role.^[14]

CONCLUSION

Leech therapy has been described as a good remedy for various skin disorders including psoriasis, flavus, eczema and chronic ulcers in classical Unani texts. In the present case study it was evident that Unani medicaments along with leech therapy are a good alternative for the

management of psoriasis. Although the present study proved the effectiveness of leech therapy for the management of psoriasis, large sample studies are warranted.

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