

Review Article

Review of *Taqashshur-E-Jild* (Psoriasis) from Unani Perspective

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ABSTRACT:

Psoriasis is a major health problem throughout the world. It is a chronic non-infectious inflammatory skindisease. Scaly, erythematous, plaques on the extensor aspects of the body, especially on the elbows, knees, trunk, back and scalp. Nail involvement is very frequent and often gives the clues to the diagnosis. Psoriasis can be localized or generalized. High variability and unpredictability is the hallmark of this disease with no cure. The estimated prevalence is 1.5% to 3% in general population, at 16-22 years and 57-60 years and occurs about equally in men and women. It tends to go through cycles, flaring for a few weeks or months, then subsiding for a while or going into remission. Scaling occurs when cells in the outer layer of skin reproduce faster than normal and pile up on the skin surface. People with psoriasis may have discomfort, including pain and little itching, restriction of movement in their joints, defacement and emotional distress. In Unani System of Medicines, Galen was the first person who described a skin disease in the name of psoriasis.

The aim of this is to review the disease with Unani scholars specially related to the management and line of treatment and to provide safe and cost effective Unani treatment for psoriasis, to accumulate knowledge of diseases in Unani system of Medicine to avoid high rate of reappearance, the precipitating and aggravating the diseases. In Unani system of medicine there is description of a number of effective drugs in the management of psoriasis like Gandhak (Sulphur), Kafoor (Cinamom camphor), Sufaida Kashgari (Zinc Oxide), Babchi (Psoralea Coriifolia), Panwaar. These drugs probably act either by reducing inflammation or scaling or healing, phitkari Biryani (alum), and Suhagaa (Boric Acid) is supported by Unani and some scientific literatures, which claims that it has properties like to stop scaling, soothing effect, emollient, antiseptic, anti-inflammatory properties that soften the skin, which is very much helpful in the management of psoriasis in local application.

Keywords: *Taqashshur-E-Jild* (Psoriasis), Unani System of Medicine, Safe and cost effective Medicine

INTRODUCTION:

The words *Taqashshur-e-Jild* are an Arabic term, which means "Peeling of scales from skin. It is a type of skin disease in which there is indurations of skin with silvery scaling like scale of fish. Unani scholars have mentioned the different aspects of disease in their respective works and also used the different terminologies for *Da-us-Sadaf* such as *Qooba-e-Mutaqashsherah*, *Taqashshur-e-Jild*, *Qooba-e-Muzmin*, *Qashf-e-Jild*, *Sa'afa-e-qishri*, *Al-Sadafia*²², *Chambal*²², *Talaq*, *Apras* etc^{1,22}. In classics of Unani literature various references are found such as *Sadafia*, *Da-us-Sadaf*, *Baheqesiyah*, *Samkia* and *qubae mutaqashshar* which qualify for the disease of psoriasis^{1,22}.

Psoriasis is one of the most common dermatologic diseases and major health problem throughout the world. It is a chronic non-infectious inflammatory disease of the skin^{2,3,4& 5}. The skin is the largest organ and outer covering of the body and integument is the covers the whole body. In adults the skin covers an area of about two square meters (22 square feet) and weighs 4.5 -5 kg, about 16% of body weight. It ranges in thickness from 0.5 mm (0.02 inch) on the eyelids to 4mm (0.16 inch) on the heels¹⁰. The skin has multiple layers of ectodermal tissue and guards the underlying muscles, bone ligaments and internal organs. The skin is composed of mainly three layers, Epidermis, Dermis, Hypodermis or Subcutis.

Characterized by development of chronic, well defined, scaly, erythematous, plaques on the extensor aspects of the body, especially on the elbows, knees, trunk, back and scalp^{1,2,3,4}. Nail involvement is very frequent and often gives the clues to the diagnosis^{1,2,3,4,5,6}. Psoriasis can be localized or generalized. High variability and unpredictability is the hallmark of this disease with no cure. The estimated prevalence is 1.5% to 3% in general population, at 16-22 years and 57-60 years^{1,2,3,4} and occurs about equally in men and

women. It tends to go through cycles, flaring for a few weeks or months, then subsiding for a while or going into remission. Scaling occurs when cells in the outer layer of skin reproduce faster than normal and pile up on the skin surface^{5,7,8}.

The disease affects mostly adults and occurs about equally in men and women. The commonest form of psoriasis results in patches of thick, red skin covered with silvery scales, these patches sometimes called plaques or lesions usually itch and have burning sensation. Recent research indicates that Psoriasis is a disorder of the immune system; the immune system includes a type of white blood cells called T cell that normally helps protect the body against infection and diseases. Scientists now think that, Psoriasis is caused by abnormal immune system activated by T-cells in the skin. These T-cells release substances called Cytokines that trigger the inflammation and excessive skin cell build that forms up scales of psoriasis.

ACCORDING TO UNANI SCHOLARS:

In Unani System of Medicines, Galen was the first person who described a skin disease in the name of psoriasis^{11,12}. But before and after the Galen many Unani physicians described the various names such as *Sadafia*, *daussadaf*, *baheq-e-siyah* and *Samakia*¹³. They also described some precipitating and triggering factors such as abnormal humours (*sauda-e-mutahriqa*, *mirrahsauda* and *balgham-e-shor*) and diet (cold and salty diet and non vegetarian diet in excess).

Ibn-e-Rushd (1126-1198AD) described *Da-us-Sadaf* as a type of leprosy. He also mentioned that excessive formation of abnormal black bile (*Ghair Tabai Sauda*) in the body produces disease that cannot be removed easily¹⁷.

Ibn-e-Hubal Baghdadi (1198AD) gave the description of *Da-us-Sadaf*. He mentioned that, *Daus Sadaf* is similar to *Sa'afa-e-Yabisah*,

in which skin becomes dry, rough and wrinkled, from which red fluid oozes out and the lesion is covered with scales¹⁸.

Ibn-e-Quaf described *Taqashshur-e-Jild* as a kind of Sa'afa-e-Qishri in his book, *Kitab-ul-Umdah Fil-Jarahat* as the disease of skin, in which white impetigo appears with formation of scales resembling the scales of fish¹⁹.

Akbar Arzani (1722AD) was a great Unani physician; he also described *Taqashshur-e-Jild*, in which the skin becomes dry, rough, thick, and scales cover the affected parts of the skin²⁰.

Azam Khan (1813-1902AD) described the disease as *Qashf-e-Jild* and *Taqashshur-e-Jild* in his book *Ekseer-e-Azam*²¹.

Ghulam Jeelani discussed about *Taqashshur-e-Jild* with the name of *Sadafia*, *Apras*, and *Chambal*. He described etiology, clinical presentation, and management of *Taqashshur-e-Jild* in details²².

Zakaria Razi has described it in his book "*Al-Hawi-Fil-Tib*" as a roughness in skin with itching²³.

Majoosi described the characteristic of psoriasis as peeling of scales from the skin²⁴.

Rofas described a condition of *Talaq*, in which the lesion is surmounted by white scales resembling to *Abrak*²⁵.

Ibn-e-Zohr defined *Daus Sadaf* as the disease of skin, in which patient feels severe itching over the lesion²⁶.

PATHOGENESIS

Regarding pathogenesis, Unani scholars described that when the *khilt-e-sauda* moves towards the skin, then *tabiyat* (homeostasis) differs from the skin, therefore the skin neither gets nourishment from that *khilt* (humour) nor excretes it, which makes the skin scaly. Since it is a stubborn disease and has frequent relapses, treatment of psoriasis is not satisfactory in modern medicines¹⁴.

Psoriasis has not been mentioned with this name in old Unani books, but it has been described as *Taqashshur-e-Jild*, which indicates the disease, in which scales peel out from the skin. Therefore no any defined and clear pathology has been established till now. However, Unani physicians revealed the pathogenesis of the disease having similar properties.

According to **Ibn-e-Zohr** excessive amount of morbid melancholic humour (*Khilt-e-Sauda*) is accumulated in the skin, which leads to malfunctioning of skin and it becomes unable to take proper nutrition and to remove morbid melancholic humour (*Khilt-e-Sauda*) As a result of that, skin tissues become dead and fallout in the form of scales²⁶.

Ali Ibn-e-Abbas Al-Majoosi has described that *Tabiyat* expels the *khilt-e-Ghaleez* towards skin from internal organs resulting in the dryness and itching of the skin, in this condition skin is unable to remove *Khilt-e-Ghaleez* leading to accumulation of *Sauda* in skin⁶⁸.

Ibn-e-Sina (Avicenna) (980-1037 AD) has referred it as *squbaemutaqashshar* which equally qualifies for the psoriasis. According to Unani literature, the causes of this disease is abnormal black bile or bile, which has burnt, bile in which there are qualitative as well as quantitative changes leading to psoriasis. The body excretes the abnormal humors in the form of viscid fluid, which moves towards the skin and forms crests that cause malnourishment of the skin. The toxins accumulate in the skin and decaying of the skin appears in the form of scales.

Due to dryness scales come out. Its cause is *khiltSauda*. It is produced by the fluid which becomes dry like ash after burn and nature (*Tabiyat*) through it outside towards skin. If there is heat present it causes itching with dryness, otherwise there is no itching. Another reason of scaling of the skin is burnt *Saudavikhilt*, which is considered as a

destructive humour, which causes intense itching and scaling²⁷.

Hkm. Kabeeruddin explained it, in *Tarjuma-e-Kabir* under the heading of Baheqe Aswad and more specifically *Bars-e-Aswad*, in which *Khilt-e-Sauda* is responsible for this skin disease. *Khiit-e-Safra* particularly in young people after burnt out changes into *Khilt-e-Sauda*, which gets deposited below the skin. The *Sauda* itself has properties of dryness, so it dries up skin. The dryness of skin gives rise to scaling and itching and burning sensation & sometimes skin gets cracked, bleeds and secondarily infected²⁸.

Abu-bakar Muhammad Bin Zakaria Razi, wrote in his book, "*Al-Haavi fit- Tib*" that, matter (material) of *Qooba* is less in quantity & sour and sticky. One of its types is very bad; there are red patches, itching and roughness in it. It is treated by leech therapy²³.

Ibn-e-Hubal Baghdadi wrote in his book, "*Al-Mukhtarat fit-tib*" about *Bars-e-Aswad*, which is also called *Qoobamutaqashshir*, its cause is thick material of *Sauda*, which is spread in skin and scales, which itching and gives burning sensation. It is a bad disease, if becomes chronic, is difficult to treat. It is like leprosy of the skin.

And also writes about *Qooba & Taqashshur-e-Jild*, this word is like dry Ganj of skin only difference is that matter of *Qooba* is on surface of skin and matter of *Ganj* is in deep. According to humour it is very bad. If *Qooba* is dry it is purely because of *Sauda*. If there is wetness and redness there is mixing of blood with *Sauda*. Wet *qooda* is easily treatable but sometimes it becomes chronic and bad.

In the detail of *saafa* he writes, one of the types of *Ganj* is dry and white, and scales shades from it. Its patients are called *Ganja* i.e. his head is like that salty (shore) soil where there is deposition of like algae, which is called *saafayaabis*. Its material is dry like ash, which is made up of salty burnt phlegm or *Sauda*¹⁸.

Ibn-e-Sina writes in "*Al-Qanoon fit Tibb*" about *Saafa (Ganj)*, initially it starts in the head of skin like beads on different places which change into scaly wound with redness. Sometimes there is secretion of fluid from it which is called wet *saafa* and sometimes presents in the form of dry *Qooba* especially in winter season and soon dissolves²⁹.

In *Tarjuma-e-Qanoon* the cause of *Quba* or *Daad* is described as a skin disease having scales filled with pungent fluid having high acidic nature, mixed with viscous or dense matter formed from black bile. It further states that one of the few types of *Quba* exhibit scaling due to increased dryness and excess quantity of altered humour and the disease is more active during *Kharife* season⁷³.

Ibn Abbas Majoosi writes in his famous book "*Kamil-us-Sana*", that the old lesion of *Daad* or *Quba* peel off scales, which are round like those of a fish, and the cause of scaling and itching is attributed to admixing of *khilt-e-Sauda* with blood²⁴.

In the same book it mentioned under the heading of leprosy that the dense or black bile when driven to the viscera, causes *Sartaan* (cancer) and if the black bile is thin it causes *Bars* (vitiligo) or *Baheqeaswad* (Pityriasis) or *Quba e Daad* etc. and if it gets dispersed throughout the body and is not infected it give rise to *Juzam* (leprosy) and if it gets infected it causes *Humma-e-Saudavi*.

In **Tibbe Akbar** it is mentioned that *Quba* or *Daad* sometimes presents as a chronic condition with scaling similar that of a fish²⁰.

In the **Firdaus-ul-Hikmat** psoriasis has been described as *Taqashshur-e-Jild* in which skin becomes rough and scales are cast off which is due to combustion of black bile and dryness of skin. It further states under the heading of *chajan Vo Apras*, it present as red or black colored rough areas of skin of extremities, the course of which is *fasadekhood* that is altered blood or derivatives of combustion in the blood.

Though the exact terminology and complete clinical picture of psoriasis had not mentioned in the ancient books of Unani, but the above references from these famous books are very close to modern description of the disease. Further the cause mentioned in these books, as admixing of blood with abnormal phlegm (*balghameshormerari*) pungent acidic fluid mixed with black bile, *fasaad-e-khoon* or altered blood and heredity, all of these correlates with causes mentioned in modern books of dermatology as a genetic or heredity cause, change in the biochemistry and the immunological cause of blood with Balgham-e-shormerari, such as abnormal blood is sent towards the skin via peripheral circulation²⁵.

The exact cause is unknown, There is often a genetic predisposition and the disease is sometimes triggered by an outside factor^{8,9}. Psoriasis is not contagious, People with psoriasis may have discomfort, including pain and little itching, restriction of movement in their joints, disfigurement and emotional distress.

TREATMENT:

In Unani system of medicine there is description of a number of effective drugs in the management of psoriasis like Gandhak (Sulphur), Kafoor (Cinamom camphor), SufaidaKashgari (Zinc Oxide), Babchi(PsoraliaCorilyfolia), Panwaar. These drugs probably act either by reducing inflammation or scaling or healing¹⁵, phitkariBiryani (alum), and Suhagaa (Boric Acid) is supported by Unani and some scientific literatures, which claims that it has properties like to stop scaling, sooting effect, emollient, antiseptic, anti-inflammatory properties that soften the skin, which is very much helpful in the management psoriasis in local application¹⁵.

In Unani system of medicines the recommended lines of management to control psoriasis are **Nuzujwatanqiy e akhlategairtabiya** (concoction and expulsion of abnormal humours) especially Sauda (melancholic humor) by aftimoonwilaiti

(*cuscutareflexa*Roxb), Tukhmebabchi (*Psoraliacorylifolia* Linn), Bisfaijistaqi (*polypodium vulgare* Linn), Ghariqoon (*polyporus officinalis* fries), Turanjabeen (*Fraxinusornus* Linn) along with **tehleleauram** (resolution of inflammation) by Makoh (*solanum nigrum* Linn), Kasni (*chicoriumintybus* Linn), Brinjasif (*artimisia vulgaris* Linn),

Tasfeeya e dam (blood purification) by Shahetra (*fumaricpurviflora* Lam), Unnab (*zizyphus vulgaris* Lam), Chiraita (*swertiachirata*Buch-Ham), Sarphuka (*Tephroseapurpurea* Linn Pers), Ushbamagrabi (*smilexaspera* Linn), Karela (*Momordicachirantia* Linn),

Indamalezakhm(cicatrization) by sendoor (*plumbum*),sangejarahat (silicate of magnesia), Mazu (*Quercusinfectoria* Oliv), Hina (*Lawsoniainermis* Linn), **Taskeenejild** (Demulcification) by Behidana (*cydonia vulgaris* Pers), Unnab (*zizyphus vulgaris*), Tukhmekahu(*Lactucascariola* Linn), Samagearabi(*acacia Arabica* willd),

Tartebeumoomi w muqami (general and local moisturization) by arqegulab (rose water), Roganebadam (almond oil), Roganezaitun (olive oil), Roganenarjeel (coconut oil) and use of **Jali** (cleanser) like neem (*azadarichtaindica* Linn), Haldi (*curcuma longa* Linn), Kamela (Philipenesis).

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