



## Case Report

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# An effective treatment of ostraceous psoriasis by Unani medicine- A case report from Kashmir North India

Tariq rahi<sup>1</sup>, Naquibul Islam<sup>1</sup>, Towseef Amin Rafeeqi<sup>1\*</sup>

<sup>1</sup> Regional Research Institute of Unani Medicine, Srinagar, Jammu & Kashmir, India

## ABSTRACT

Ostraceous psoriasis, extremely rare forms of psoriasis is manifested as typical lesion on the skin of the patient resembling an oyster shell. Psoriatic patients are commonly using alternative and complementary medicine due to limited efficacy of allopathic medicine. Herein, we report a 21 year old male patient with Ostraceous psoriasis who was successfully treated with Unani oral and topical formulations. During 90 days of treatment with Unani drugs, there was substantial improvement in subjective and objective parameters with no adverse effect.

**Keywords:** Ostraceous psoriasis, Unani medicine, Inflammation of epidermis.

## INTRODUCTION

Psoriasis is a chronic non-infectious skin disease with less known aetiology characterized by hyper proliferation and inflammation of epidermis. The unique clinical picture of psoriasis is of erythematous scaly plaques mostly on the extensor prominences and scalp which is consistent with psoriasis vulgaris. However, other variants of psoriasis with different morphologies are known to affect skin (Gudjonsson *et al.*, 2021) [2]. One of the rare form of psoriasis is known as Ostraceous psoriasis (OP) with a typical lesion form resembling an oyster shell (Rowawi *et al.*, 2020) [9]. The worldwide prevalence of psoriasis range from 2-3% whereas, in India the prevalence has been reported from 0.8-5.6% and in Kashmir it ranges from 4.6-7% (Islam *et al.*, 2008) [4]. Due to chronic and prolonged nature of the disease, allopathic medications are restricted for long-term use, due to limited efficacy and many side effects (Li *et al.*, 2017) [6]. It has been seen that psoriatic patients are commonly using alternative and complementary medicine with varying prevalence between 42-69% (Talbot *et al.*, 2015) [11]. Unani system of medicine (USM), one of the complementary and alternative forms of medicine has rich treasure of treatment options available for Psoriasis. In USM Psoriasis is known as *Taqashshur-al-jild*, as described by various Unani physicians in their classical literature (Tabri 1997, Majoosi 2010) [10, 7]. Herein, we report patients of a rare type of Ostraceous psoriasis successfully treated with medicines as prescribed in Unani system of medicine.

## CASE REPORT

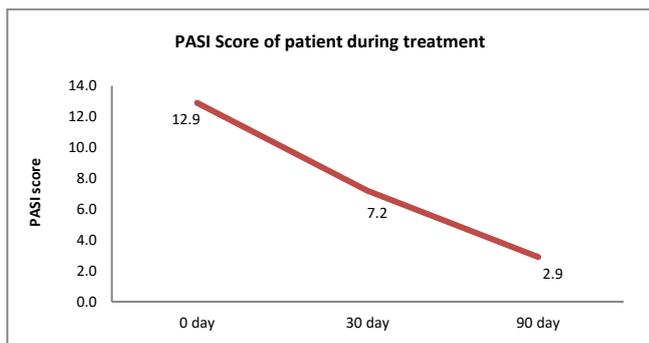
This study include patient with psoriasis who was treated at Regional research institute of Unani medicine, Srinagar, Jammu & Kashmir, India. This patient was part of trial of MD Unani Thesis approved with Institutional ethics committee and was registered under Clinical trial registry of India (CTRI/2020/07/026420). The written informed consent was obtained from the patient. A 21 year old male patient presented with hyperkeratotic hyperchromic plaques, coarse and adherent scales on the dorsal area of the bilateral hand, elbows, anterior surfaces of the bilateral leg, dorsol regions of the feet for last 8 years. After proper history, physical examination positive Auspitz sign, Candle grease sign, grattege test and KOH examination he was diagnosed as a case of ostraceous psoriasis, a rare type of psoriasis. The patient was advised to take Classical Unani formulations comprising oral and topical formulations (Arzani, 1880; Ibn Zohr, 1986) [1, 3]. The 5 gm of *aftimoon* and 170 ml of *ma'uljubn* as decoction two times a day orally in the morning and evening and topical application containing *zimidof gule baboon* and *magz-tukhm-e-kharpaza* in equal quantity in the morning and evening on the affected parts of the body. After 90 days of treatment with unani drugs, there was improvement in terms of subjective parameters like itching, erythema, induration and scaling and the results were encouraging. Furthermore objective parameter as PASI score shows reduction during follow-ups and is represented in figure 1. The improvements in lesion were also evident as shown in figure 2. During the treatment, there was no major change in blood chemistry parameters at baseline and after 90 days of treatment as shown in table 1. All the blood chemistry parameters including inflammatory marker (CRP and ESR) remained well within normal reference range except the liver enzymes AST and ALT which were on higher side on 0<sup>th</sup> day and

### \*Corresponding author:

Dr. Towseef Amin Rafeeqi

Biochemistry and Pathology Laboratory, Regional Research Institute of Unani Medicine (Central Council of Research in Unani Medicine, Ministry of AYUSH, Govt of India), University of Kashmir Campus, Srinagar -190006, India  
Email: towseef@gmail.com

remained so after the 90<sup>th</sup> day of Unani treatment.



**Figure 1:** PASI Score of patient with Ostraceous Psoriasis (rare type of psoriasis) at baseline (0day), after 1 month(30 day) and after 3 months (90day) of treatment with Unani medicines. There is reduction in the PASI score during the treatment.



**Figure 2:** The hands and legs of a Patient with Ostraceous Psoriasis before and after treatment with Unani medicines. The patient had heavily crusted psoriasis on his hands (1a) and legs (2a) before treatment. A photograph taken after 30<sup>th</sup> day (1b & 2b) and after 90<sup>th</sup> day (1c & 2c) of Unani treatment reveals that the lesions had resolved to greater extent.

**Table 1:** Blood chemistry of patient with psoriasis before and after Unani treatment.

Parameters	Baseline (0 <sup>th</sup> day)	After 90 <sup>th</sup> day
Glucose (mg/dL)	87.0	86.8
AST (IU/L)	54.0	59.4
ALT (IU/L)	87.0	103.5
ALP (IU/L)	105.0	97.0
Bilirubin (mg/dL)	0.73	0.89
Urea (mg/dL)	20.0	17.9
Creatinine (mg/dL)	1.19	1.17
Hb (g/dL)	16.4	16.5
WBC count $\times 10^3$ cells/ $\mu$ L	5.07	5.05
CRP (mg/L)	9.8	9.0
ESR (mm/hr)	12	4

**Abbreviations:** AST=aspartate aminotransferase, ALT=alanine aminotransferase, ALP=alkaline phosphatase, Hb=hemoglobin, WBC=white blood cells, CRP=C-reactive protein, ESR=erythrocyte sedimentation rate.

## DISCUSSION

Herein, a patient with ostraceous psoriasis shows improvement after treatment with Unani formulations including oral and topical drugs. Improvement in itching may be due to *Murakhkhi* (emollient effect), *Dafi'aMukhrish* (antipruritic) effect of *GuleBaboon* and *Magztukhmi kharpaza* as paste for topical application. Further oral use of *Aftmoon* and *Ma'uljubn* may have improved itching and erythema due to blood purifying effect and purgation of *Balgham* and *Sawda*, hence detoxifying the body as a whole (Tabari, 1997; Arzani, 1880, Kabirudin, 2006) [10, 1, 5]. As has been reported in various classical text books that in *Taqashshur-al-jild*, an excessive amount of *KhilteGhaleez* (viscid humour) gets accumulated under the skin which is not removed easily and the *KhilteGhaleez* (viscid humour) hampers the nutrition and function of skin resulting in dry and dead skin plaques which fall in the form of scales. The reduction in induration and scaling may be due to *Muhallil* (resolvent), *Murkhi*(emollient) properties of *Zimad* (paste) of *Gu-le-baboon* and *Magz-e-Tukhm-e-Kharpaza*. In addition to paste, the use of *Aftmoon* and *Ma'uljubn* as *Joshanda*(decoction) which is concoctive and purgative of *Balgham* and *Sawda* along with blood purifying properties may have helped to reduce the induration. This finding is in accordance to the description given by various physicians (Tabari, 1997, Arzani, 1880, Kabirudin, 2006, Qarrah, 1987) [10, 1, 5, 8] who have described that deranged humours are accumulated beneath the skin and the drugs remove them by their concoctive and purgative effect which is a type of detoxification and hence act as anti-inflammatory agents and thus thickness may get reduced by this process. Furthermore oral use of *Aftmoon* and *Ma'uljubn* as *Joshanda* has overall effect on disease process by decreasing the hyper proliferation of skin which may be due to use of *Aftmoon* and immune modulating effect of *Ma'uljubn*. The various properties of these drugs may have helped in the overall improvement in PASI score of Psoriatic patients. There was limitation in this case report as we used many complex formulations and it is difficult to determine which Unani drug provided the highest contribution. Nevertheless, this is the first reported case of rare type of ostraceous psoriatic patients treated with given Unani formulations and more studies need to be carried out.

## Conflict of Interest

None declared.

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