

A Literary Review on *Daus Sadaf* (Psoriasis) – A Social Stigma

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Received January 23, 2019; Accepted January 28, 2019; Published May 26, 2019

ABSTRACT

Daus Sadaf (Psoriasis) is an autoimmune skin disease characterized by inflammatory patches on skin. Its prevalence is increasing globally. In India the incidence varies from 0.44 to 2.8%. It affects the quality of life of the patient. The cause is uncertain but according to Unani system the cause of the disease is abnormal Khilth-e-Sauda (black bile) or Safra-e-GhairTabayee (burnt bile) in which there is qualitative as well as quantitative changes leading to psoriasis. As Psoriasis is a stub burn disease and has frequent relapses, the treatment for psoriasis is not satisfactory in modern medicine. In Unani system oral drugs aiming to normalize the humors of the patients by the actions of purification (alleviation of acrid materials) of blood, relieving (normalization of hyper functioning) of skin cells along with correctives for immune functioning of the body. The drug for local application was prepared by adding the Unani drugs having required actions; keratolytic, relieving, anti-inflammatory and anti-microbial along with moisturization. This review paper will give detail information regarding psoriasis and its management.

Keywords: *Daus sadaf*, Psoriasis, Abnormal sauda and safra, Unani herbal medicine

INTRODUCTION

In clinical practice we meet several patients suffering from chronic skin diseases like psoriasis, vitiligo, eczema and some skin allergies which are resistant to standard treatments. It not only affects the overall health of a patient but also their quality of life. In Unani system of medicine psoriasis is called *Daus-Sadaf* and the word is derived from two Arabic words “Daus” means disease and “Al-Sadaf” means oyster shell and the word Psoriasis is derived from a Greek word “so-ri-a-sis” which means itching [1].

Psoriasis is a chronic, immune mediated papulo-squamous skin disease and is genetically determined, inflammatory disease of skin characterized by well-defined, scaly, erythematous, itchy plaques, especially on extensor prominence of the body and scalp [2]. It is having a substantial impact on quality of life with the reported reduction in physical and mental functioning [3,4].

ETIOPATHOGENESIS OF PSORIASIS

The causes of this condition are uncertain but seem to be dependent on the interaction of genetic, immunological and neurological factors.

According to conventional medicine Psoriasis is comes from T cells, a type of white blood cell. T cells are designed to protect the body from infection and disease. When these cells mistakenly become active and set off other immune responses, it can lead to psoriasis symptoms. Even though

there's no cure, many treatments exist to ease the symptoms of psoriasis [5,6].

According to Unani Medicine the cause of the disease is abnormal Khilth-e-Sauda (black bile) or Safra-e-Ghair Tabayee (burnt bile) in which there are qualitative as well as quantitative changes leading to psoriasis. The body excretes the abnormal Khilth (humor) in the form of viscid fluid which moves towards the skin and forms crests that cause malnourishment of the skin. Toxins accumulate in the skin and decaying of skin appears in the form of scales. According to modern medicine psoriasis is a multifactorial disease triggered by environmental antigens in genetically susceptible individual [1].

PREVALENCE

Psoriasis is prevalent globally with varying prevalence rate with an incidence rate of between 0.1% and 2%. Its prevalence varies from 2-11.8% in different populations of the world and in India varies from 0.44 to 2.8%. Prevalence

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Citation: Nasar MK & Yasmin. (2019) A Literary Review on *Daus Sadaf* (Psoriasis) – A Social Stigma. J Cancer Sci Treatment, 1(2): 31-34.

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is similar in both sexes. It develops before the age of 40 years in more than half of the cases. It affects more people in spring and winter [7,8].

Prevalence rate 3.2% among adults (estimated total of 7.2 million in 2010 and 7.4 million in 2013) is reported. Globally various topical drugs, phototherapy and systemic medications are available for the treatment of Psoriasis with the variable outcome. In the year 2000, in United States, among the estimated 4.5 million patients of Psoriasis, about 1.5 million reported their Psoriasis as a large problem of which 1 million were dissatisfied with its therapy [7]. Survey of the National Psoriasis Foundation showed that the most accepted external treatment of Psoriasis is phototherapy with UV-B and methotrexate as an internal medication. Approximately 52.3% patients of psoriasis and 45.5% patients of Psoriasis with Psoriatic arthritis were reported to be dissatisfied with their treatment [8-10].

TYPES OF PSORIASIS [11]

In modern medicine psoriasis is classified in to different types namely, nummular psoriasis, flexular psoriasis, guttate psoriasis, rupoid psoriasis, elephantine psoriasis, circinate and annular psoriasis, pustular forms of psoriasis, erythrodermic or exfoliative psoriasis.

Epidemiologically, psoriasis is divided into two major groups:

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.

There are several types of psoriasis

- **Plaque psoriasis:** This is the most common type characterized by dry, raised and red plaques that can be itchy and painful. They can appear anywhere on your body.
- **Nail psoriasis:** This type can affect your fingernails and toenails. It can lead to discoloration, abnormal nail growth, loose nails and nails that crumble.
- **Guttate psoriasis:** This type is primarily found in children and young adults. It is characterized by small, water-drop-shaped, scaling lesions triggered by a bacterial infection. It often goes away on its own after the infection.
- **Inverse psoriasis:** This usually occurs in your armpits, groins, under your breasts and around your genitals. It is characterized by red, inflamed skin that may be triggered by fungal infections.

- **Pustular psoriasis:** This type is uncommon. It can develop quickly into blisters filled with pus accompanied by itching, fever, chills and diarrhea.
- **Erythrodermic psoriasis:** This type is the most uncommon characterized by red, peeling and itchy rashes all over your body.
- **Psoriatic arthritis:** This form is characterized by inflamed, scaly and red skin and also by painful, swollen joints. Psoriatic arthritis is usually less painful than other forms of arthritis yet it can still lead to progressive joint damage and pain.

SIGNS AND SYMPTOMS OF PSORIASIS [11]

The most common signs and symptoms of psoriasis include:

- Red, inflamed and raised patches of skin covered with thick, silvery scales
- Small scaling spots
- Dry skin that may crack or bleed
- Itching, burning, and soreness around the patches
- Thick, pitted, and ridged nails
- Swollen and painful joints

DIAGNOSIS OF PSORIASIS

Physical exam and medical history helps to diagnose psoriasis. Examination of skin, scalp and nails should be done. A skin biopsy is rarely required, however, it is required to identify the type of psoriasis you have and to rule out any other conditions.

DIETARY CHANGES [12]

Dietary supplements should be given to improve immunity. Fish oil, vitamin D, milk thistle, aloe vera and evening primrose oil have all been reported to help ease mild symptoms of psoriasis, according to the National Psoriasis Foundation.

In Unani practices generally revolve around a vegetarian diet. Foods to avoid include those contain an excess of carbohydrates and products that contain lots of sugar. In addition, Unani practices suggest a person should avoid foods that are "in the extreme," such as ones that are too salty, too sour or too acidic.

PREVENTION

Prevent dry skin, avoid fragrance, reduce stress, avoid alcohol and smoking.

TREATMENT

As Psoriasis is a stubborn disease and has frequent relapses, treatment for psoriasis is not satisfactory in modern medicine.

Treatment was initiated according to Principles of Unani (Greek) Medicine with the oral drugs aiming to normalize the humours of the patients by means of Unani drugs having required actions of purification means alleviation of acid materials of blood, relieving (normalization of hyper functioning) of skin cells along with correctives for immune functioning of the body. The drug for local application was prepared by adding the Unani drugs having required actions; keratolytic, relieving, anti-inflammatory and anti-microbial along with moisturization.

Unani treatment

Advia-e-Mufradah (Single drugs) [13]: Afsanteen (*Artimesia absinthium* Linn), Asgand (*Withania somnifera*), Tukhm-e-Babchi (*Psoralea corylifolia* seed), BaadAaward (*Volatarella divaricate*), Chiraita (*Swertia chirayita*), Post-e-Neem (*Azadiracta indica*), Kamela (*Mallotus philippinensis*), Shahatra (*Fumaric parviflora*), Sandal (*Santalum album*), Haleela (*Terminalia chebula*), Unnab (*Zizyphus jujuba*), QustShirin (*Saussurea lappa*), Berg-e-InderjauShirin (*Wrightia tinctoria*), Haldi (*Curcuma longa*), Mundi (*Spheeranthus indicus*), Bisfaij (*Polypodium vulgare*), ChobChini (*Smilax china*), Ghongchi (*Abrus practorius*), Ushba (*Smilax ornata*), Gul-e-GaoZaban (*Borago officinalis*). As per need, all above medicine to be used in psoriasis (*daus-sadaf*) as single or multiple in the form of Joshanda (decoction), Khesanda/Zulal (infusion), Safoof (powder) orally [13].

Advia-Murakkabah (Compound drugs) [13]: The formulation drugs for the treatment of psoriasis (*daus-sadaf*) are administered by oral as well as topical. Descriptions of these formulations mostly belongs to the Pharmacopeal, drugs in details are:

Majun Ushba: It is a Musaffi-e-Dam (Blood Purifier) and indicated in all types of psoriasis (*daus-sadaf*). 5-10 g 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 (*Daus-sadaf*). 25 ml to be taken after mixing with water in the morning and evening on empty stomach.

ArqUshba: 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), MunzijwaMushil-e-Sauda (Concoctive and Purgative Melancholic Humor) and Murattib-e-Umoomi (General Moisturizer) properties. It is used in all variety of psoriasis (*da-us-sadaf*). 5-10 g to be taken in the morning and evening with plain water on empty stomach.

Turmeric (*Curcuma longa* Linn.): This herb is being frequently studied for its powerful anti-inflammatory and

anti-oxidant properties. Curcumin, the active ingredient in turmeric also has the ability to alter gene expression. A 2012 review by the International Union of Biochemistry and Molecular biology highlights turmeric's ability to alter TNF cytokine expression. This is the likely reason some patients find it helpful in minimizing psoriasis and psoriatic arthritis flares. You can take turmeric concentrated in pill or supplement form or if you like curries, adding it liberally to your food. The FDA considers 1.5 to 3.0 g of turmeric per day to be safe [14].

Oats: Oats are considered one of nature's best skin soothers. There is no scientific evidence to support the use of oats to relieve psoriasis symptoms. But many individuals with psoriasis report applying an oat paste or taking a bath in oats relieves their itchy skin and reduces redness [15].

Topical solutions [16]

Aloe vera: Gel from the aloe plant can be applied to the skin up to three times a day. Some research shows it can help reduce redness and scaling associated with psoriasis.

Similar to turmeric, there are many other Unani drugs available, and several could potentially benefit people with psoriasis [5]. One example is applying fresh banana leaf to areas of skin affected by psoriasis. Other topical use drugs are *Aloe vera*, boswellia, garlic, gogil, neem, etc.

Applying natural soothing oils, such as coconut or olive oils may help to soften the skin and relieve itching and discomfort associated with psoriasis.

Baths and moisturizers

Regular baths are helpful in keeping areas of psoriasis lesions clean and soft. Additionally, baths can be soothing and reduce stress, which may offer further benefits in reducing the incidence of psoriasis.

REFERENCES

1. Ibinsina, Al Qanoon Fit tib (2009) CCRUM publication 1: 367-388.
2. Krueger JG, Bowcock AM (2005) Getting under the skin: The immunogenetics of psoriasis. *Nature* 5: 699-711.
3. Harlow D, Poyner T, Finlay AY, Dykes PJ (2000) Impaired quality of life of adults with skin disease in primary care. *Br J Dermatol* 143: 979-982.
4. deKorte J, Sprangers MA, Mommers FM, Bos JD (2005) Quality of life in patients with psoriasis: A systemic literature review. *J Investig Dermatol Symp Proc* 9: 140-147.
5. Nickoloff BJ, Nestle FO (2004) Recent insights into the immunopathogenesis of psoriasis provide new therapeutic opportunities. *J Clin Invest* 113: 1664-1675.

6. Rapp SR, Feldman SR, Exum ML, Fleischer AB Jr, Reboussin DM (1999) Psoriasis causes as much distress as other major medical diseases. *J Am Acad Dermatol* 41: 401-407.
7. Stern RS, Nijsten T, Feldman SR, Margolis DJ, Rolstad T (2004) Psoriasis is common, carries a substantial burden even when not extensive and is associated with widespread treatment dissatisfaction. *J Invest Dermatol Symp Proc* 9: 136-139.
8. Helmick CG, Lee-Han H, Hirsch SC, Baird TL, Bartlett CL (2014) Prevalence of psoriasis among adults in 2003-2006 and 2009-2010 National Health and Nutrition Examination Surveys. *Am J Prev Med* 47: 37-45.
9. Icen M, Crowson CS, McEvoy MT, Dann FJ, Gabriel SE, et al. (2009) Trends in incidence of adult-onset psoriasis over three decades: A population-based study. *J Am Acad Dermatol* 60: 394-401.
10. Kirby B, Smith A, Burrows P, Little R, Horan M, et al. (2005) Replacement of routine liver biopsy by procollagen III aminopeptide for monitoring patients with psoriasis receiving long-term methotrexate: A multicentre audit and health economic analysis. *Br J Dermatol* 152: 444-450.
11. Chalmers RJ, O'Sullivan T, Owen CM, Griffiths CEM (2000) Types of psoriasis and interventions for guttate psoriasis. *Cochrane Database Syst Rev* 2: CD001213.
12. Afifi L, Danesh MJ, Lee KM, Beroukhi K, Farahnik B, et al. (2017) Dietary behaviors in psoriasis: Patient-reported outcomes from a U.S. National Survey. *Dermatol Ther (Heidelb)* 7: 227-242.
13. (2010) Unani treatment for psoriasis. CCRUM, New Delhi, pp: 13-14.
14. Kang D, Li B, Luo L, Jiang W, Lu Q (2016) Curcumin shows excellent therapeutic effect on psoriasis in mouse model. *Biochimie* 123: 73-80.
15. Cerio R, Dohil M, Jeanine D, Magina S, Mahé E, et al. (2010) Mechanism of action and clinical benefits of colloidal oatmeal for dermatologic practice. *J Drugs Dermatol* 9: 1116-1120.
16. Mason J, Mason AR, Cork MJ (2002) Topical preparations for the treatment of psoriasis: A systematic review. *Br J Dermatol* 146: 351-364.