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### RESEARCH ARTICLE

#### EVALUATION OF EFFICACY OF HIJAMAH BIL SHURT (WET CUPPING) IN MANAGEMENT OF PSORIASIS

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#### Abstract

Psoriasis is a chronic disorder with impact on quality of life and its high rate of relapse is noted every now and then. The disease of psoriasis has been prevalent in mankind since time immemorial and the disease runs a chronic course. Da-us-sadaf (psoriasis) is an Arabic word 'da' meaning disease and as 'sadaf' meaning molluscum shell. Psoriasis is marked by shell like silvery white scales or flakes which keep on shedding from the horny layer of skin. Many etiopathological conditions predispose to psoriasis which includes genetic, environmental and immunological factors. According to Unani system of medicine, preponderance of melancholic humours present in human body is believed to be the cause. The prevalence of psoriasis in India varies from 0.44 to 2.8%. Hijamah (cupping) is one of the oldest method of treatment of Unani system of medicine in which cups are used to produce suction and bloodletting is done from the affected area. During our study cups were applied at interscapular area between the vertebral T<sub>1</sub> –T<sub>3</sub>. The study was carried out to evaluate the efficacy of the hijamah bil shurt along with internal use of unani medicine under the principles of holistic approach for the management of disease. The patients of both sexes were included in the study, with average age of 10.5 years and were not getting good relieve from previous medication they used for same. All these patients were subjected to wet cupping at the designated areas and internal use of unani medicine. The patients were subjected to wet cupping after every week in the first month and after every 15 days for two months. After the treatment with hijamah bil shurt and unani medicine the patients got 100% relief from the symptoms of the disease. The study showed that Hijamah bil shurt is very effective in the management of psoriasis along with oral Unani medication.

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#### Introduction:-

Psoriasis is a chronic, genetically predisposed, non infectious, non inflammatory, recurrent dermatosis marked by discrete, vivid red macules, papules or plaques topped by silvery lamellated scales. (Khanna, 2008) Da-us-sadaf is the Arabic synonym of psoriasis, composed of two components da meaning disease and as-sadaf meaning

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molluscum shell as in this disease, shell like silvery white scales or flakes keep on shedding from the horny layer of skin. (Sultana and Ahmad. 2010) Psoriasis is a common chronic inflammatory skin disease with a spectrum of clinical phenotypes and results from the interplay of genetic, environmental, and immunological factors. (Meglio *et al.*, 2014) Psoriasis is inflammatory immune-mediated skin disorder in which several cytokines including interleukin (IL)-23 play a vital role in the pathogenesis of this disease. (Ghazawi *et al.*, 2021) In unani system of medicine psoriasis have been thought to be caused by preponderance of melancholic humours (*Galbah saudah*), other predisposing factors are worm infestation, indigestion, unhygienic conditions. (Qurshi, 2011) The prevalence of psoriasis in India varies from 0.44 to 2.8 [Dogra and Yadav, 2010]. Its impact on quality of life is still far-reaching and profound in modern times, even in the absence of stigmatization as it has high rate of relapse every now and then. On the other hand, being one of the most common skin conditions, psoriasis has received a great deal of attention from clinicians and basic scientists alike, becoming a model to study chronic inflammation. [Meglio *et al.*, 2014]

Unani medicine is known for its holistic approach in treating disease. There are three modes of treatment in unani medicine 1. *Ilaj bil tadbeer wa taghzia* (regimental therapy and dietotherapy) 2. *Ilaj bil dawa* (pharmacology) 3. *Ilaj bil yad* (surgery). *Hijamah* or wet cupping is very known regimen of prophetic medicine and is one of the modes of regimental therapy in unani medicine. (Anonymous, 2022 )

Here we report three patients who had psoriasis and were treated by two modes of treatment 1. *Ilaj bil tadbeer wa taghzia* and *Ilaj bil dawa* (pharmacology). In this series, mild to severe Psoriasis were treated in the Department of *Amraze jild wa tazeeniyat* (Unani Dermatology & Cosmetology), Government Unani hospital Shalteng, Srinagar Jammu and Kashmir, India. These patients were having characteristic silvery scales on various parts of their bodies; scalp, chest, abdomen, back, upper extremities, lower extremities.

All patients were previously diagnosed and treated by the physicians of various systems of with dissatisfaction in improvement in their psoriasis. They were photographed for prior and post treatment condition of the lesions and assessed on the PASI scoring.

### **Material and Methods:-**

Place of Study was dermatology out department Government Unani Hospital Shalteng Srinagar Jammu and Kashmir the Study was carried.

The study comprises of patients which of both male and female sexes with age in range from 12 to 50 years with age 12years male (case 1: guttate psoriasis), 30years male (case 2: guttate psoriasis) who presented CASE 3 Erythrodermic Psoriasis)

All the Patients presented in the O.P.D. with symptoms 1. Itching, 2. erythematic and 3. white silvery scaly skin. Symptoms were gradual in onset and had occurred every now and then for many years. All the patients were subjected to detailed medical history/treatment history and there was No H/O hypertension, D.M, T.B, rheumatoid arthritis or any other chronic/allergic/ co morbidities was present in all three cases. Patients were not taking any medicine for any previous ailments. No family history of H/O hypertension, D.M, or psoriasis was present. During history taking the above Symptoms got aggravated by frequent exposure to warm or cold temperature.

Examination of lesions was carried as per PASI scale and findings are in- numerated as follows.

Grattage test and auspitz sign was positive on first visit in all the cases Outcome measures were recorded before and after treatment following parameters 1. Grattage test 2. Auspitz sign 3. Photographs, 4. PASI (psoriasis area and severity index) 5. TSSS (Total Sign and symptoms to be graded on likert scale (0-3) i.e. itching, erythema and scalling.

### **Management:**

All the patients were given Unani medicine and were asked to follow restricted protein diet during the course of treatment.

***Illaj bil ghiza*** (Dietotherapy)

Dietary recommendation during and after completion of treatment:

Patient asked to take egg thrice a week on alternate days
Beef strictly restricted
Pulses including beans to be restricted
One piece Chicken to be taken twice a week.
One piece of mutton once a week
Cheese one in two weeks

**Illaj bil dawa** (Pharmacotherapy)

Sharbat unnab 2tsf thrice a day

Hab-e-kabid 2 after meals

Itrifal shahitra 1tsf B.D.

Vitamin D 60,000 I.U. Weekly for first four wks

**Illaj bil tadbeer** (Regimental therapy)

Hijamah bil shurt (Wet cupping) was done every wk for first month followed by twice a month for two consecutive months and to prevent relapse it was done once a month for four months. Total follow up for patients was six months. Two cups of medium size were applied on each visit in interscapular region.

### Procedure of Hijamah

Area where hijamah was to be done was cleaned with betadine solution then CPC method (Al. Saed, *et al.*, 2013) was followed i.e. suction was created on the cupped area then after 5 min it was released and fine scarification was done. Cupping was done in interscapular area between the vertebrae T<sub>1</sub> –T<sub>3</sub>. Epidermal cuts not deeper than 2mm where given in circular pattern on demarcated area were given with sterile surgical blade of size 12. After that suction was created again and blood was collected in the suction cup and procedure was repeated for two times at the same sites until oozing of blood was slowed by itself. Then sterile dressing was done. Patient was kept under observation for more than one hour after cupping.

### Results:-

In all the three cases patient showed tremendous improvement in first month of treatment i.e. grattage test and auspitz sign became negative as shown in Table 1.

**Table 1:-**

	First visit	After one month
Grattage test	Positive	Negative
Auspitz sign	Positive	Negative

Total sign and symptom score became zero after three months of treatment i.e. there were no signs and symptoms reported by patients as shown in Table 2.

**Table 2:-**

SIGNS AND SYMPTOMS	BASELINE (0 DAY)			AFTER TREATMENT (90 DAYS)		
	CASE 1	CASE 2	CASE 3	CASE 1	CASE 2	CASE 3
ERYTHEMA	2	2	3	0	0	0
SCALING	2	2	2	0	0	0
ITCHING	3	3	3	0	0	0
TSSS	7	7	8	0	0	0

PASI score as recorded according to British Association of Dermatology came down to zero as shown in table 3.

**Table 3:-**

No. of cases	Before treatment	After treatment (6 <sup>th</sup> month)
Case 1	11.1	0
Case 2	11.6	0

Case 3	46.8	0
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Although, patients were completely cured of lesions after completion of three months of treatment as shown in figure 1 (a, b), figure 2 (a, b) and figure 3 (a, b). In order to prevent relapse wet cupping was done on monthly basis along with oral treatment Sharbat Unnab and Hab-e-kabid nauhshadari for three consecutive months. Patients were completely cured of psoriasis and still are asked to follow up to note the remission after completion of treatment. But dietary recommendations are asked to be followed strictly even after completion of treatment.



Case 1 Before treatment Fig 1(a)



Case 1 Fig 1(b) After treatment



Case 2 Fig 2 (a) Before treatment



Case 2 Fig 2 (b) after treatment



Case 3 (a) before treatment







Case 3 (b)

### Conclusion and Discussion:-

Unani medicine is a holistic system of medicine which is very effective in treating chronic disease by its three modes of treating an ailment are which depends upon the nature of the ailment and its causes. i.e. a) Ilaj-bil-Tadabeer (Regimental therapy) and Ilaj-bil-Ghiza/ Ilaj bi'l-Taghziya (Dietotherapy) b) Ilaj-bil-Dawa (Pharmacotherapy) c) Ilaj-bil-Yad (Surgery)[. According to the Unani Medicine, the pathological changes in an organ are caused mainly by derangement in the temperament and quantity of humours which leads to the accumulation of mawad-e-fasida (morbid material).(Ansari *et al.*, 2017) Here melancholic morbid matter is cause of disease and according to unani system of medicine one of the can be evacuated from body by hijamah. So therapeutic measures aim at, restoring the equilibrium of various elements by counteracting the effect of pathological temperament existing at the time of disease with medicines and diet, supported with Ilaj bittadbeer (Regimenal therapy) and then expulsion of raddi akhlat (morbid humours) by istafraag (evacuation) from the body. This helps in restoring the normal homeostasis of humours in a body. Unani medicine is much tolerable and relapse is not known till this date in all these reported patients. In these patients, main Pathophysiology behind psoriasis is T-Cell (MeffertJ,2014; Nickoloff *et al.*, 1999). Once T-Cells are activated, they migrate both from lymph nodes and systemic circulation to the skin. These T cells further activate various cytokines that induce the pathological changes of psoriasis. (Nickoloff *et al.*, 1999) These cytokines include but not limited to TNF-a, IL-8, IL-12 and macrophage inflammatory protein 3a (MIP-3a). Hijamah (wet cupping), is an effective treatment for many diseases (Farhadi *et al.*, 2009). It has time and again proven as a safe and better alternative therapy to the usual allopathic medical care (AlBedah *et al.*, 2011; Ahmed *et al.*, 2005). Many studies have shown the effectiveness of wet cupping combined with drug treatment superior to the medical treatment alone (AlBedah *et al.*, 2011). Beside this, wet cupping therapy has also got the immunomodulatory effects (Ahmed *et al.*, 2005). Its ability to modulate the immune system has well been established. It was thus postulated that this aspect of Hijamah therapy can be used to treat other immune related diseases as well.

### Future scope

Large structured clinical trials can be planned in order to know efficacy, safety and cost effective treatment of psoriasis.

### Ethical consideration

The present research was conducted ethically in accordance with the World Medical Association Declaration of Helsinki. All subjects have given their written informed consent to publish their case.

### Conflict of interest

None.

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