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## Review Article

### TAQASHSHUR -AL- JILD (PSORIASIS) IN UNANI LITERATURE: A REVIEW

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#### ABSTRACT

Unani system of medicine is a complete medical system which particularly works on the bases of holistic approach to deal with the various states of health and disease. Its scientific principles and fundamentals based on certain theories, philosophies of nature (Tabi'at) and temperament (Mizaj) works as a rule for proper diagnosis and treatment modalities and offer preventive plus curative health care of whole personality rather than taking a reductionist approach towards disease. This review paper emphasises on the concept of Taqashshur -al- Jild (Psoriasis) in Unani terms and evaluates that it is a chronic humoral disease that occurs due to the alteration in the quality and quantity of morbid material beneath the skin and also claims for thriving treatment of the diseases without any unwanted effects.

**Keywords:** *Taqashshur -al- Jild, Unani Medicine, Etiopathogenesis, Management, Istifragh*

#### INTRODUCTION

Dermatological disorders are well known since Greco-Arabic period.<sup>1,2</sup> Unani physicians in their treatises not only described the normal structure and functions of skin but also clarified the etiology, clinical presentation and management of various skin diseases.<sup>3,4</sup> These scholars have mentioned the detailed and systematic description of skin ailments.<sup>5</sup> In the ancient world there were much confusion between different dermatological diseases having same clinical features, most of the terminology used for disease and symptom were contradictory.<sup>6</sup> Psoriasis is one of the oldest known conditions in medical history,<sup>7</sup> but it is difficult to trace out its historical background in ancient times when psoriasis, leprosy and other inflammatory skin disorders were thought to be the same condition.<sup>8</sup> The word psoriasis was first used by Galen (133AD-200AD) as 'psora' which means desquamative condition. He described it as a skin disorder characterized by a scanlines of the eyelids, corners of the eyes and scrotum associated with pruritis and excoriations.<sup>9-11</sup>

#### DEFINITION

The confusion between psoriasis and other diseases especially leprosy continued for several centuries from the medieval period up to 19<sup>th</sup> century.<sup>12</sup> In Unani literature the description of various diseases having similar clinical features as present in psoriasis are described under the caption of Qooba Mutaqashshira,<sup>13-15</sup> Bars Aswad,<sup>13-15</sup> Taqashshur -al- Jil (Psoriasis)<sup>16-21</sup> Qashaf Jild,<sup>18,20-22</sup> Da'us sadaf,<sup>23</sup> Sadafia,<sup>22,23</sup> and Sa'fa Qishri,<sup>24</sup> but now Taqashshur -al- Jild is most accepted and appropriate term used against the psoriasis in all classical Unani literature. Renowned Unani physicians like, Ali ibn al-Majusi, Ibn Zohr, Ibn Hubul Baghdadi, Ibnul Qaf, Ahmad bin Mohammad Tabari, Akbar Arzani and Azam Khan described Taqashshur-wa-Qashaf Jild in their treatises, which resembles psoriasis.<sup>17-22,25,26</sup> They defined Taqashshur -al- Jild as a common skin disorder characterized by dryness, roughness, thickness of skin and formation of irregular

plaques that are associated with intensive itching and round scales (resembles with scales of fish) over affected area of skin.<sup>13,16-18,27</sup> Ahmad ibn Mohammad al-Tabri described nomenclature of the disease based on the shedding of scales from whole body including eye brows; eye lashes and mucus membrane of mouth same as in snake.<sup>16</sup> Ali ibn al-Majusi explained that the disease results when blood mixes with abnormal humour and is associated with itching and scaling.<sup>25</sup> Ibn Sina described Taqashshur -al- Jild is Baras Aswad and is characterized by roughness of skin, associated with itching and round scales.<sup>13</sup> Ibn Zohr defined it as a skin disease in which excessive amount of abnormal humours and malfunctioning of skin result in death and fallout of skin tissues in the form of scales.<sup>17</sup> Nafees Ibn Auz Kirmani considered Taqashshur -al- Jild is a type of Barse Aswad because both diseases show fish like scales which shed off from the body.<sup>14</sup> Jamaluddin Aqsarai mentioned Barse Aswad but not Taqashshur-al-Jild. He stated Barse Aswad is also known as Quba Muqasshira and he considered it a preleprotic condition caused by saudavi madda (melancholic material) and characterised by rough skin with scalling.<sup>15</sup> Bahwa Ibn Khawwas described it as kushth rog (Leprosy) in which skin gets damaged and results in itching and erythma.<sup>28</sup> Akbar Arzani defined it as a disease characterised by scaling, roughness and thickness.<sup>18,19</sup> Azam Khan stated it is caused by burning of normal humours and results in itching and scale formation.<sup>20,21</sup>

#### ETIOPATHOGENESIS

Unani medicine is based upon theory of humours.<sup>29</sup> Firstly it was Buqrat (Hippocrates 460-377 BC) who gave the concept of four humours or akhlat (dam or blood, balgham or phlegm, safra or bile, sauda or black bile) that forms the basis of health and disease.<sup>30</sup> Their misbalance is considered as basic reason to cause disease, whereas restoration of the balance leads to health.<sup>31</sup> Associated with these four humours, Asbab-e sittah-e-zaruriah (six essential factors) are also important for maintaining health and preventing diseases,<sup>32</sup> which includes- hawae muheet (fresh

air), makool mashroob (food and drink), harkat wa sukoone badania (body movement and repose), harkat wa sukoone nafsanian (mental movement and repose), naum wa yaqzah (sleep and wakefulness) and ehtibas wa istafraagh (retention and evacuation). According to this concept basic etiology of Taqashshur -al- Jild described by the renowned Unani physicians is derangement in quality or quantity of body humours mainly sauda (black bile) inside the body, associated with rutoobat radiiah (morbid matter) and weakness of skin.<sup>16,25</sup> Further they mentioned this derangement occurs due to certain asbabe badiya (external causative factors) and asbabe sabiqah (internal causative factors) which may act in combination or alone to cause disease. As per Unani physicians Ahmad ibn Mohammad al al-Tabri, Taqashshur -al- Jild results from akhlat hirrafah, lazzaah and yabisah (pungent, irritant and dry humours) mutaaffin raqeeq bokharat and safra muhtariqa<sup>16</sup> Ali ibn al-Majusi defined that it occurs when blood mixes with mirra sauda and balgham shor mirary (abnormal humors). Tabiat (physis) expels this akhlat-eghaleeza (wastes viscous humors) towards skin from internal organs in order to remove it from body, but it remains underneath the skin, as a result it destroys the skin and produces instant itching roughness and scaling.<sup>25</sup> Ibn Sina mentioned this disease is caused by khilt ghair tabai sauda (morbid melancholic humour), rutoobat radiiah haddah aklah, hirreef, laze muhtariq khilt sauda and occurs most commonly in winter season.<sup>13</sup> Another description by Ibn Zohr specified that it occurs due to accumulation of excessive amount of gair tabi sauda (abnormal melancholic humour) in the skin, which hinders the nutrition and causes malfunctioning of skin, hence skin loses its power to remove this abnormal morbid material. As a result; skin tissues become dead and fallout in the form of scales.<sup>17</sup> Ibn Hubul Baghdadi described the causative factors of concerned diseases is balgham malih, ghaleez khilt sauda (morbid melancholic humour), khushk boraqi madah (salty, irritant and dry humours).<sup>26</sup> Ibn Rushd gave etiological concept of familial occurrence of saudavi amraz (melancholic diseases). He also mentioned excessive formation of gair tabai sauda (morbid melancholic humour) occurs in the body due to internal or external environmental factors (diet, occupation and ab-o-hawa) and then spleen absorbs it. Finally it mixes with the blood and produces terrible diseases that cannot be easily treated.<sup>33</sup> Sabit Ibn Qurrah cited the disease is caused by ghaleez khilt sauda (morbid melancholic humour)<sup>34</sup> Nafees Ibn Auz Kirmani described that this disease occurs due to saudawi mada (melancholic humour) which accumulates in the skin and leads to thickness of the skin.<sup>14</sup> Daood Antaki mentioned har/barid/yubis khilt, fasid khilt, hirreef aghziah as etiological factors of the disease.<sup>35</sup> Akbar Arzani defined plantar psoriasis may be triggered by khar aghziah (Koebner phenomenon, first noted by Heinrich Koebner)<sup>18,19</sup> Azam Khan described the disease is caused by ehtiraq khilt sauda, Hireef, Laze Muhtariq Khilt Sauda. He also added palmo plantar psoriasis is caused due to hot, cold and dry morbid materials which mainly occurs due to the continuous injures to the skin.<sup>13</sup> Qarshi and Ibnul Qaf quoted balgham shor murari, safra muhtariqa, ghaleez khilt sauda<sup>23</sup> and ghaleez mutaaffin zojaji balgham as etiological factor.<sup>24</sup>

### PRECIPITATING FACTORS

Various precipitating or aggravating factors of psoriasis described in Unani System of Medicine include zof quwwat hazma (indigestion), unhygienic habits, excessive intake of alcohol, excessive use of cold and dry food,<sup>22,24</sup> yuboosat-wa-khushunat jild (excessive dryness of skin)<sup>33</sup> hirreef aghziah, and excess intake of red meat and brinjals.<sup>20,35</sup>

### CLINICAL PRESENTATION

The abnormal humour leads to pathological changes in the tissues anatomically and physiologically at the affected site and exhibits the clinical manifestations.<sup>36</sup> Well-known Unani scholars stated various clinical features of Taqashshur -al- Jild while examining the disease. Ahmad ibn Mohammad al-Tabri mentioned in Taqashshur -al- Jild shedding of scales occurs from whole body including eye brows, eye lashes and mucus membrane of mouth and are associated with itching.<sup>16</sup> Ibn Zakariyya al-Razi mentioned this disease under the caption "Baras Aswad" a disease having clinical features like itching, peeling off round scales, surface irritation, and pustules which spread extensively on body.<sup>27,37,38</sup> Ali ibn al-Majoosi related association of itching and scaling with this disease.<sup>25</sup> Abu Ali Abdullah Ibn Sina pointed out the features like roughness of skin, associated with itching and peeling of round scales like scales of fish from the body.<sup>13</sup> Nauh bin Mansoor Alqamari described scaling of nails with itching.<sup>39</sup> Allama Qarashi mentioned the scaling in Taqashshur -al- Jild resembles the scaling of snakes.<sup>40</sup> Nafees Ibn Auz Kirmani mentioned Taqashshur -al- Jild shows fish like scales which shed off from the body same as in Barse Aswad.<sup>14</sup> Bahwa Ibn khawwas khan mentioned itching and erythema are main presentation of disease.<sup>28</sup> Daood Ibn Umar al-Antaki mentioned that the nails become white and brittle.<sup>35</sup> Akbar Arzani stated that it as a disease characterised by scaling, roughness and thickness.<sup>18,19</sup> Azam Khan described the diseases is associated with itching and scales. He also mentioned psoriasis on forehead is associated with itching, burning and scales.<sup>20,21</sup>

### PROGNOSIS

However the usual response of the treatment varies from person to person. It depends on duration, size and type of lesion. Well-known specialist Ali Ibn al-Majoosi described that severity of this disease depends upon the latafat and gilzat of madda (Viscosity of morbid materials).<sup>25</sup> Ibn Sina explained that it is a worst disease and is not easy to treat when chronic.<sup>38</sup> Ibn Rushd mentioned saudavi amraz (melancholic diseases) are terrible that cannot be easily treated.<sup>33</sup>

### DIAGNOSIS

The diagnostic process in the Unani system depends on observation and physical examination of patients, under which alamat (clinical features), mizaj (temperament), nubz (pulse), baul (urine) and baraz (stool) are employed as general indications to diagnoses the various states of the body.<sup>41</sup> Taqashshur -al- Jild is mainly diagnosed by its clinical features such as plaque formation, scaling and itching. In literature it is mentioned that it occurs more in persons having barid ratib mizaj (phlegmatic) whereas the nubz (pulse), baul (urine) and baraz (stool) of patients remain normal.<sup>42</sup>

### TREATMENT

While treating these disease Unani physicians laid emphasis on Tabi'at (physis) by which body works physiologically and resists against infections (Taddiyah). It is also called Madicatrix naturae. If it is strong, the body functions smoothly; if it is weak, the risk of illness increases.<sup>43</sup> According to the principles and philosophy of Unani Medicine, disease is natural process. Its symptoms are the reactions of the body to the disease and the chief function of the physician is to aid the natural forces of the body.<sup>44, 45</sup> Several patients suffering from psoriasis are resistant to standard treatments, in addition they also suffer from side effects.<sup>46- 48</sup> The resilient nature of disease not only affects the overall health of a patient but also their quality of life.<sup>49</sup> In Unani system of

medicine, all diseases are treated by a comprehensive treatment plan and emphasis are made in restoring the altered humours and correction of temperament by incorporating the main three types of treatment such as Ilaj-bil-Ghiza wa Ilaj-Bit-Tadabeer (Dietotherapy & Regimenal therapy), Ilaj-bid-Dawa (Pharmacotherapy) and Ilaj-bil-yad (surgery).<sup>41, 49</sup>

To manage Taqashshur -al- Jild, Unani scholars primarily employ suitable regimen with alteration of diet to regulate and balance the external factors (e.g., air, water, and food) involved in disease through Ilaj-Bit-Tadabeer wa Ghiza (Dietotherapy & Regimenal therapy) and if the condition did not improve then ilaj-bil-dawa (pharmacotherapy) may be recommended. To correct this ailment, they mentioned or followed some basic principles of treatment according to the morbid humours, etiology, severity, duration and clinical manifestations of the disease. These are under the following heads:

- Istifragh or Tanqiyah Sauda (Evacuation of black bile)
- Tarteeb Badan (Production of fluids inside the body)
- Tadeele Mizaj (Restoration of normal temperament)
- Tahleel-e-auram (Resolution) Tasfeeh-e-dam (Blood Purification)
- Islahe Hazm (Correction of digestion)
- Topical application of jali (detergent), murakhi (emollient), murattib and mohallil (anti-inflammatory) advia in the form of tila, zimad and roghan (jelly, ointment, or oil).

#### (1) Ilaj-bil-ghiza (Dietotherapy)

Unani physicians often suggest dietotherapy as the first line of treatment or as an adjuvant therapy with other modalities of treatment.<sup>50</sup> Under dietotherapy certain ailments are treated by the administration of specific diets or by regulating the quality and quantity of food depending on the nature of the disease.<sup>41</sup> In psoriasis, patients are advised to avoid the intake of such food items that lead to the increased production of saudavi mada (black bile) that are the actual culprits for the commencement of this disease. Ali ibn al-Majusi advised the patients to avoid meat and sweet items<sup>25</sup> Ibnul Qaf advised to avoid sour and salt diets that produce balgham (phlegm) and sauda (black bile).<sup>24</sup> Ibn Sina advised to avoid alcohol consumption.<sup>13</sup> Akbar Arzani advised patients to use cold and moist diet for tarteeb mizaj (change temperament) like fresh milk, lamb meat and bottle gourd.<sup>18, 19</sup> Ahmad Ibn Mohammad al Tabari advised that don't use gharam wa tyaz agziya (diet having hot temperament) during the course of treatment of this this disease. He also mentioned while istafarag badan (removal of morbid material from the body) by ma-ul- jubun (whey) use mutton of goat (brain) + Roghan Badam Shirin (Almond oil) + baqla or Maash (Black Gram) + Kaddu (Pumpkin) and palak (spinach) as diet.<sup>16</sup>

#### (2) Ilaj-bil-tadbir (Regimenal therapy)

Ilaj bil-Tadbeer is a method through which care of the sick person and maintenance of general health is attained through modulation or modification in Asbaabe Sitta Zarooriya (six essential factors of life) for preventive as well as therapeutic measures. The method is in practice, by Unani physicians, for thousands of years.<sup>41</sup> In other words, regimenal therapies are mostly non medicinal techniques / procedures by which we modulate the life style, dietary habits and habitat of the patient for the treatment of various diseases.<sup>51</sup> These therapies are mainly used for the Istifraagh-e- akhlaat-e- radiya (evacuation of morbid humours) or tadeel-e-mizaj (restoration of normal temperament) of the body.<sup>52,53</sup> Unani physicians have advised several means of topical regimens like fasd (venesection), hijamah (cupping), taleeq

(leeching) hammam (turkish bath) and tareeq (sweating) that are beneficial for the Taqashshur -al- Jild.

(a) Fasd (venesection): Fasd is one of the oldest medical techniques done to withdraw blood form the patient's punctured vein in order to remove excessive or abnormal humours to cure or prevent illness or diseases.<sup>54</sup> For Taqashshur -al- Jild, Ahmad ibn Mohammad al-Tabri prescribed venesection on both hands on Rag-e-Ba'saleeque (Baselic Vein) and if patients condition allows and repeat the process with a gap of 7 days.<sup>16</sup> Zakariyya al-Razi, Ibn Sina and Azam Khan also mentioned venesection for the evacuation of saudawi madaa (melancholic material) in this disease.<sup>13,18,38</sup>

(b) Hijama (Cupping): It is a form of local evacuation of humours to allow tissues to release toxins and remove toxins through surface of the skin. It activates the lymphatic system, enhances blood circulation, reduces stress and therefore promotes healing.<sup>55,56</sup> Zakariyya-al-Razi,<sup>37,38</sup> Azam Khan,<sup>21</sup> Ghulam Jeelani,<sup>22</sup>Qarshi,<sup>23</sup> approved Hajama as treatment for Taqashshur -al- Jild.

(c) Hammam (Turkish bath) is a specific type of bath designed for the human body to cause perspiration, it reduce lazoojat-e-akhlat (Viscosity of the humors) and evacuates waste products through skin.<sup>51</sup> Ali ibn al-Majoosi and Akbar Arzani adviced daily hammam in these patients.<sup>18,25</sup> Tazaha bil shams or Hammam Shamsi (sun bath): in which, the person is advised to expose the body to the sunlight. It is prescribed for 15 to 30 minutes in the morning<sup>15</sup>

(d) Tareeq (Diaphoresis): Tareeq is the process to speed up the secretions of the sweat glands from the skin to excrete the mawaad-e-fasida (waste matter) from the skin and blood to purify the blood, improve dermal nutrition and enhance body texture.<sup>51</sup> Ibn Sina,<sup>15</sup> Ali ibn al-Majoosi,<sup>25</sup> Zakariyya al-Razi<sup>37, 38</sup> Azam Khan<sup>20,21</sup> and Ibn Hubul Baghdadi<sup>26</sup> prescribed steam bath as treatment of Taqashshur -al- Jild.

(e) Taleeq al-Alaq (Leeching / Hirudotherapy): It is a method of evacuation of bad humours from the body with the help of leeches.<sup>57</sup> Ali ibn Sahal Rabban al-Tabri prescribed application of Leech in the case of Sa'fa Qishiri.<sup>53</sup>

#### (2) Ilaj-bid-dawa (Pharmacotherapy)

The Unani pharmacopoeia is enriched with more than 2,000 medicines derived from various herbal, mineral, and animal sources.<sup>58</sup> Classical Unani literature is rich enough with references that Taqashshur -al- Jild is treated by Ilaj-bid-dawa (pharmacotherapy). The drugs of animal, mineral or plant origin are used in crude form, either a single drug or in compound form. It is performed in the following two steps:

- (a) Systemic therapy:
- (b) Topical therapy:

(a) Systemic Therapy: It includes Istifragh or Tanqiyah Badan (Evacuation), Tarteeb Badan (Production of fluids inside the body), Tadeel Mizaj (Moderation of temperament), Tahleel-e-auram (Resolution) and Tasfeeh-e-dam (Blood Purification)

(i) Tanqiya e badan or Istifragh (Evacuation): Unani system of medicine is usually based on the tanqiya e badan or Istifragh (removal of morbid material from the body) which is done next to nuzj. It is the fundamental principle of treatment of all chronic diseases.<sup>41, 49</sup> Nuzj (concoction) is the process through which the consistency of morbid matter is changed by the administration of munzijat (concoctive) of respective humour to make it easy to

be removed from the body.<sup>44,49,59,60</sup> Once the features of nuzj are established in the respective humour, the istifragh of fasid akhlat (morbid humours) is done by actual method through ishal (purgation),<sup>13,16,20,25,26</sup> fasd (venesection)<sup>13,17,25,26,38</sup> taleeq (leaching)<sup>13, 37, 38</sup> and hajamah (cupping)<sup>13,25,38</sup> according to the condition of patient. Ishal is the most common method of istifragh used for the purpose of treatment. The basic cause of Taqashshur-al-Jild is disarrangement in sauda. This morbid humour aggravates the disease process if it remains stagnant in the body. So, Unani physicians like Zakariyya al-Razi, Ahmad ibn Mohammad al-Tabri, Ibn Hubul Baghdadi and Ibn Zohr mentioned that the main stay of treatment is based on the removal or elimination of morbid saudawi mada from the body by the process of nuzj (concoction) and istifragh (evacuation).<sup>16,17,26,27</sup> Munzij wa Mushil therapy: Saudawi amraz are the worst among all types of diseases and it does not respond easily. The commonest mode of Tanqiya e badan or Istifragh employed in Taqashshur -al- Jild for the excretion of gair tabie sauda is Munzij wa Mushil therapy, which is usually performed in the following three steps:

- Use of Munzijate Sauda (Melancholic concoctives)
- Use of Mushilate Sauda (Melancholic purgatives)
- Tabreed Badan (Genesis of ratoobat or fluids in the body)

Munzijate wa Mushilate advia: According to Ibn Sina decoction of aftimoon (*Cuscuta chinensis*), Ghareeqoon (*Polyporus officinalis*), Haleelah Siyah (*Terminalia chebula*), Bisfayij (*Polypodium vulgare*) Ustukuddoos (*Lavandula stoechas*), Mavaiz Munaqqa (*Vitis vinifera*), Anjeer (*Ficus carica*), hajr yarmani and lajward (*Lapis Lazuli*) should be given.<sup>13</sup> Sabit Ibn Qurrah said decoction of Haleelah Zard mosaffa (*Terminalia chebula*), Mavaiz Munaqqa (*Vitis vinifera*), Maghz-e-Floos-e-Khayar-e-Shambar (*Cassia fistula*), Ghareeqoon (*Polyporus officinalis*), Osarah Shahatra (*Fumaria officinalis*) with sugar should be given.<sup>23</sup> Akbar Arzani advised Tabeekh-e-Afteemooon and Ma-ul-Jubn (Whey) orally for tanqiya.<sup>18</sup> Ingredients of Tabeekh-e-Afteemooon are Afteemooon (*Cuscuta reflexa*) 24 gm, Haleelah Siyah (*Terminalia chebula*) 24 gm, Haleelah Zard (*Terminalia chebula*) 24 gm, Haleelah Kabuli (*Terminalia chebula*) 24 gm, Amla Khushk (Emblica officinalis dried) 10 gm, Baleelah (*Terminalia bellerica*) 10 gm, Shahatra (*Fumaria parviflora*) (30 gm), Afsanteen (*Artemisia absinthium*) 30 gm, Gul-e-Ghafis (*Gentiana olivier*) 17 gm, Turbud (*Ipomoea turpethum*) 3 gm, Ghareeqoon (*Polyporus officinalis*) 52 gm, Mavaiz Munaqqa (*Vitis vinifera*) 52 pieces, to be boiled in 2070 ml of water until ¾ part of water is evaporated. Remaining ¼ part of water is preserved after filtering and then is given to the patient orally in two to three divided doses with 24 g of sugar. Ahmad ibn Mohammad al-Tabri mentioned after the venesection use Nuskha Matbookh of Afsanteen (*Artemisia absinthium*) 24 gm, Shahatra (*Fumaria officinalis*) 40 gm, Pursiya wa Shan (*Adiantumcapillus-veneris*) 35 gm, Tamar-e-Hindi (*Tamarindus indica*) 35 gm, Haleela Zard (*Terminalia chebula*) 40 gm, Turanjabeen (*Alhagi pseudalhagi*) 52 gm, Anjeer (*Ficus carica*) 3 pieces, Unnab (*Zizyphus vulgaris*) 40 pieces, Luk (Lac) Neem kob 7 gm, Revand (*Rheum emodi*) 7 gm, Mavaiz Munaqqa (*Vitis vinifera*) 82 gm, Baerg-e-Enab-us-Salab (*Solanum nigrum*) one palm to be boiled in 1700 ml of water. After evaporation of 2/3<sup>rd</sup> of water, it be filtered and preserved, given to the patient orally with sugar 17 gm and Roghan Badam Shirin (Almond oil) 17 gm in two to three divided doses on empty stomach for istfarag (evacuation) two or three times and if disease did not disappear then use Ma-ul-Jubn (Whey).<sup>16</sup>

(ii) Tarteebe Badan (Production of fluids inside the body): Excessive yabusat (dryness) occurs in the body due to production of gair tabae sauda (abnormal melancholic humour) and hidat

mizaj after istfarag badan (evacuation), to overcome this trouble Unani physicians advised Tarteebe Badan by various methods to maintain normal functions of the body. Azam khan advised muratib wa lazoot tila (application of cold oils) for tarteebe badan after tanqiya khilt raddiya<sup>18, 19</sup> Azam khan mentioned tarteebb badan by Ma-ul-Jubn (Whey).<sup>20, 21</sup> Some Unani physicians used aash jo for aetedal and recommended frequent hammam (turkish bath) for the production of fluids in the body.

(iii) Tadeel Mizaj (moderation of temperament): The Unani system of medicine works on the basis of mizaj which is very important. The concept of mizaj (temperament) was first introduced by Jalenos (Galen) derived from the Latin word "temperate," which means to mix.<sup>61</sup> Mizaj etidal (equilibrium of temperament) maintains constant internal environment of body to function accurately in contrast Su-e-Mizaj (imbalance of normal temperament) disturbs body functions and results in diseases condition.<sup>62</sup> Tadeel Mizaj (moderation of temperament) is an important principle carried out by physicians to revert body on normal temperament.<sup>63</sup> While in case of Taqashshur -al- Jild tadeel mizaj is achieved by tarteeb mizaj and badan by hammam (steam bath),<sup>23</sup> ghiza (diet) and rest.<sup>39</sup>

(v) Tahleel-e-auram (Resolution) and Tasfeeh-e-dam (Blood Purification). According to the Unani system of medicine skin diseases occur due to accumulation of unwanted and waste metabolic products in blood. So, the drugs which help in purification like Chiraita (*Swertia chirayita*), Chob Chini (*Smilax china*), Post-e-Neem (*Azadiracta indica*), Unnab (*Zizyphus jujuba*), Kamela (*Mallotus philippinensis*), Shahatra (*Fumaria parviflora*), Sandal (*Santalum album*), Haldi (*Curcuma longa*), Mundi (*Sphaeranthus indicus*), Ushba (*Smilax ornata*) are usually prescribed. As per need, all above medicine are used in Taqashshur -al- Jild either as single drug or in combination in the form of Joshanda (decoction), Khesanda/ Zulal and Safoof (powder) orally.<sup>64,65</sup> Other murakab advia that works as Musaffi-e-Dam and Munzij wa Mus'hil-e-Sauda are itrifal shahtra,<sup>22</sup> turyaq farooqi (1.75 gm) with sharbat aslussoos (35 gm),<sup>25</sup> majoon najah<sup>35</sup> and sufoof chobchini<sup>66</sup> are also used .

(b) Topical therapy: In spite of oral drugs, there are many topical applications of herbo-mineral drugs which were frequently advised by ancient Unani scholars in the form of tila (jell), zimad (ointment) and roghan (oil) at the site of lesion over the affected area to restore the normal structure and functions of skin by jali (detergent), muhallil (anti-inflammatory), murakhi (emollient), muratib actions and evacuating gair tabae sauda (abnormal melancholic humour) from the body.<sup>13,14,17,19,20,22,25,26</sup> Ahmad ibn Mohammad al-Tabri advised moom (wax)+ rogan (oil) mixture as massage for istafraq-e-mada (evacuation of morbid material) from skin and rogan banafsha (Violet herb oil), rogan nillofar (nymphaea oil) for massage to control hiddat. Ali ibn al-Majoosi advised tila (jell) of murdar sang (*Triplumbic tetroxid*), sirka (vinegar) and roghan-e-gul or moweez kard, turmus (*Lupines albus*) and sirka angury (vinegar of graps) on affected area<sup>25</sup> Sabit Ibn Qurrah advised paste of tukhm-e- jarjeer (eruca vesicaria), tukhm -e-mooli (*Ipomoea turpethum*) and kundur (*boswellia serrata*) with sirka (vinegar) on affected part.<sup>34</sup> Ibn Hubul prescribed bayakh susan and shahad (honey) or chana (*Cicer arietinum*) and gindak (sulphur) with sirka (vinegar) and tila composed of haldi (*Curcuma longa*), hina (*Lawsonia inermis*), murdar sang (*Triplumbic tetroxid*), zaravand (*Aristolochia india*), post anar (*Punica granatum*), sirka (vinegar), sharab (alcohol) and roghan gul may be applied locally<sup>26</sup> Zakariyya al-Razi mentioned local application of root of hummaz with sirka (vinegar) as zimad on Taqashshur azfar (nail psoriasis) and local application of tukhm-e- katan (*Linum usitatissimum*), hurf and shahed (honey) as paste for removing

scaling of nails.<sup>27,37</sup> Nauh bin Mansoor Alqamari advised sirka (vinegar) and sareesh or milh in the treatment of scaling of nails with itching (Taqashshur azfar, azfarul qabiyah.).<sup>39</sup> Azam Khan advised local application of emollients and oils for removal of morbid material and if extensive dryness is their then use loubat.<sup>20,21</sup> Akbar Arzania advised application of cold oils on affected part. He prescribed hena (*Lawsonia inermis*), balut, gulnar (*Punica granatum* flower), post anar (*Punica granatum*), jorz alsoor + sirka (vinegar) as paste to apply on palmo plantar psoriasis further he suggested use of ard qarcena, ard jow, ard baqla (*Sida qordifolia*) + maul zoofa as zimad (ointment) on forehead psoriasis<sup>18</sup> Some compound drugs for local application used in psoriasis are, roghan gandum,<sup>38</sup> roghan banafsha, roghan nilofar, roghan badam Shirin (Almond oil), roghan khardal,<sup>16,24,26</sup> marham ahmar,<sup>25</sup> roghan hindi,<sup>67</sup> marham basaliqoon,<sup>68</sup>

## CONCLUSION

Taqashshur -al- Jild (Psoriasis) is a well familiar disease among the ancient Unani physicians. All the basic concepts related with the description of the disease, etiopathogenesis, clinical features and its management are mentioned in classical manuscripts. Medical field survey states that the disease does not lead to mortality until in some sever cases, but the condition is extremely annoying and disturbs mental status of the patient. Advance medical field have available newer therapeutic regimens or therapeutic drugs for the condition, which have effective results but with some sever adverse effects and recurrence of disease. These failures required a better complementary and alternative treatment on which the people rely for the promotion of health and treatment of the disease. The Unani system of medicine has great contribution in the field of dermatology and this system emphasizes to treat the patient as whole including his physical, mental and spiritual aspects rather than a single aspect. Their therapeutic approach for promotion of health and treatment of disease is based on temperament and humoral theories. The system also states derangement of the normal equilibrium of humours (akhlal) and imbalance of normal temperament (su-emizaj) of a person results in anatomical and physiological changes, which further leads to unstable body functions and exhibits the clinical manifestations. To correct these derangements, the Unani physicians work within the principles of management on four types of treatment lines such as Ilaj bil-Ghiza (Diet therapy), Ilaj bil-Tadbeer (Regimental therapy), Ilaj bil-Dawa (Pharmacotherapy) and Ilaj bil-Yad (Surgery). It becomes essential to go for further review and clinical trials on Unani drugs so that the effective cure of the disease can be attained by alternate medicines.

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