

A Clinical Study of Psoriasis and Psoriatic Arthritis with Application of Wet Cupping and *Majoon Chob Chini* in its Treatment

¹M. Mohsin,

²M. Shoaib

and

²M. Anas

¹Department of
Amraz-e-Jild-wa-Zohrawiaya,

²Department of Ilaj bit Tadbeer,
A.K. Tibbiya College,
Aligarh Muslim University,
Aligarh-202002

Abstract

Psoriatic disease including Psoriasis and Psoriatic arthritis (Figure 1) are inflammatory disorders with significant overlap in their inflammatory pathways. Both are due to cell mediated hyperimmune response and the presentation are either Psoriasis which is purely a dermatological manifestation or with arthropathy which is an articular manifestation. It has been observed that several cases of chronic Psoriasis may develop arthropathy in their advanced stage of disease if not countered properly. In this clinical study an interdisciplinary approach is being applied to find out a successful outcome and also to propose it as a therapeutic regime in such a cases if found effective.

A group of patients was subjected for medication as well as Wet Cupping Therapy (WCT). The drug that was selected on the basis of its property mentioned in classical Pharmacopias indicated both as *Musaffiyate Dam* as well as anti-arthritic agents i.e. *Majoon Chobchini*.

Keywords: Psoriasis, Psoriatic arthritis, Unani treatment, *Majoon Chobchini*, Wet Cupping Therapy

Introduction

Psoriasis is a common systemic inflammatory disorder associated with significant morbidity, disability and disfigurement particularly in chronic sufferers (Pasricha *et al.*, 1999). It has been established that the inflammatory response in psoriasis is promoted by helper T cells T_H^1 and T_H^{17} and production of Interleukin-17 (IL-17) which are the inflammatory markers (Armstrong *et al.*, 2003). The HLA studies and genetic analysis shows that this is an autoimmune inflammatory disease with multifactorial etiopathogenesis (Gelfand *et al.*, 2006).

Though, it has autoimmune multifactorial inflammatory disease with genetic influence, but the genetic study shows that HLA Cw6 is the gene responsible for its etiopathogenesis. There are several predisposing etiology like streptococcal infection, stress, local trauma (Koebner's phenomenon) and drugs. It is also evident that alcohol and smoking are important triggering factors. (Yeung *et al.*, 2013; Swash, 2002; Paul, 2003; Haslet *et al.* 2002)

As per Unani concept Psoriasis is a humoral disorders particularly of bilious and melancholic derangement which may be due to exhaustive and combustion of these natural humors or by sanguineous combustion. The pattern of scaling followed by underline erythematous changes is also an indicator of altered internal homoeostasis particularly of skin due to accumulation of morbid humours. The

¹*Author for correspondence



Figure 1 : Presentations of Psoriasis and Psoriatic Arthropathy

treatment guide line mentioned in classical literature is scattered and is not well documented (Ahmad, 1938; Aleem, 2002; Kabeeruddin, Ynm). Therefore, a suitable data collection for its therapeutics is need of today to make it well documented and evidence based and also to incorporate in the treatment module of National Formulary if found effective and safe.

With these aims and objectives a study was designed in collaboration with Department of Amraz e Jild wa Zhorawiya and Department of Ilaj bit Tadbeer, Ajmal Khan Tibbiya College and Hospital, Aligarh Muslim University, Aligarh, to find out a suitable, safe and effective regime for the ailing patients of psoriasis and psoriatic arthritis.

Material and Method

This study was conducted on the basis of data and input from patients as well as consultants of Ajmal Khan Tibbiya College and Hospital attending OPD of Amraz-e-Jild-wa- Zhorawiya and Ilaj-bit-Tadbeer from the year 2012 to 2015. The study is based on observations on patients ailing from psoriasis and psoriatic arthritis. Sixty (60) cases were randomly selected without any gender biased and no concomitant therapy was allowed during the study.

Inclusion Criteria

- Diagnosed cases of Psoriasis and Psoriatic arthritis between the age of 10 to 60 years of age.

Exclusion Criteria

- Below the age of 10 year and above the age of 60 years.
- Pregnant and lactating women.
- Hypothyroidism and Hyperthyroidism.
- Diabetes mellitus
- Seropositive arthritis
- Any other type of medication

Drug and Regime

Majoon Chobchini 06 grams twice daily and wet cupping therapy at fortnightly interval. The duration of study was 2 month with one month follow up without any drug and regime to obtain inputs of the effects as well as recurrence.

Statistical Analysis

It was also carried out as when required to strengthen the claim.

Table 1: Distribution of patients according to age and sex

Age Groups in Years	Males No. With (% age)	Females No. With (% age)	Total No. With (% age)
10-19	03 (05.0)	05 (08.3)	08 (13.3)
20-29	10 (16.7)	21 (35.0)	31 (51.6)
30-39	04 (06.7)	05 (08.3)	09 (15.0)
40-49	02 (03.3)	06 (10.0)	08 (13.3)
50-59	01 (01.7)	03 (05.0)	04 (06.6)
Total	20 (13.3)	40 (66.7)	60 (100)

Table 2: Distribution of Patients according to Social status, Marital status and Family History of Psoriasis

Social Status	Number of Patients	% age
LIG	44	73.3
MIG	15	25.0
UIG	01	01.7
Total	60	100.0
Marital Status		
Married	38	63.3
Unmarried	22	36.7
Total	60	100.0
Family History of Psoriasis		
Present	35	58.3
Absent	25	41.7
Total	60	100.0

Observations, Results and Discussion

The study was performed on 60 patients between the age group of 10 to 60 years without any bias to the gender and socio-economic status after obtaining informed written consent. The objective parameters were relief in the presentation of Psoriasis and Psoriatic arthritis which was initially supposed as 4+ (full intensity) and fortnightly observation were recorded in their symptoms and presentation if improved as 3+, 2+, 1+ or absent.

As evident from the Table No.4 (A) in which the cases of Psoriasis with their variable presentation were 45. It has been found that there is very remarkable clinical improvement in all type of Psoriasis at the end of 45 and 60 days. The patients were followed even after termination of treatment for one month through their telephone number or through direct input reporting to their respective consultants if they feel any problems regarding recurrence, adverse effects or any further requirement of treatment. It was found that most of the patients feel

Table 3: Distribution of Patients according to Temperament

Temperament	Number of Patients	% age
Damvi (Sanguinous)	14	23.3
Balghami (Phlegmatic)	12	20.3
Safravi (Bilious)	32	53.3
Saudawi (Melancholic)	02	03.3
Total	60	100.0

Table 4: Clinical Presentations of Psoriatic disorders

(A) Psoriasis alone	n=45
i. Plaque Psoriasis	25
ii. Guttate Psoriasis	06
iii. Pustular Psoriasis	01
iv. Palmo Plantar and Nails	05
(B) Psoriasis with arthritis	n=15
i. Hand joints	06
ii. Feet joints	04
iii. Knee, Elbow & Wrist	01
iv. Spondylo-arthritis	04
(C) Ocular manifestation	
i. Uveitis	Nil

Effects of Drug and Regime

(A) Psoriasis (4+=100%)

Types	Symptom	0 day	15 days	30 days	45 days	60 days
Plaque Psoriasis	Number of lesion	4+	4+	3+	2+	1+
	Size of lesion	4+	2+	1+	1+	Negligible size
	Erythema	4+	3+	2+	1+	Absent
Guttate Psoriasis	Number of lesion	4+	4+	3+	2+	Absent
	Size of lesion	4+	2+	2+	1+	Absent
	Erythema	4+	1+	Absent	Absent	Absent
Pustular Psoriasis	Number of lesion	4+	3+	2+	1+	1+
	Size of lesion	4+	3+	2+	2+	1+
	Pustule	4+	3+	2+	2+	1+
Flexural Psoriasis	Number of lesion	4+	4+	4+	4+	3+
	Size of lesion	4+	3+	2+	2+	2+
	Erythema	4+	2+	1+	1+	Absent
Planto Palmer and Nail	Number of lesion	4+	4+	4+	4+	3+
	Size of lesion	4+	4+	3+	3+	2+
Psoriasis	Erythema	4+	3+	2+	2+	2+

(A) Psoriatic Arthritis (4+=100%)

Types	Symptom	0 day	15 days	30 days	45 days	60 days
Hand joints	Swelling	4+	3+	1+	Absent	Absent
	Tenderness	4+	2+	1+	1+	1+
	Movement	4+	2+	1+	1+	Normal
Feet joints	Swelling	4+	3+	2+	1+	Absent
	Tenderness	4+	2+	1+	1+	Absent
	Movement	4+	2+	1+	1+	Absent
Knee, Elbow and Wrist	Swelling	4+	3+	1+	Absent	Absent
	Tenderness	4+	2+	1+	1+	1+
	Movement	4+	2+	1+	1+	Normal
Spodylo-arthrosis	Swelling	4+	3+	2+	1+	Absent
	Tenderness	4+	2+	1+	1+	Absent
	Movement	4+	2+	1+	1+	Absent

further treatment requirement though there was no recurrence but due to its chronicity and presentation patients were found apprehensive.

The cases of Palmo-Planter Psoriasis were slow responsive and were advised to seek treatment for more duration and were recorded and reported separately. The cases of Psoriatic arthritis were good responsive and there was drastic improvement seen in swelling of the joints and movements consequently their performance in their routine life activities were improved.

As for as the effect of regimen and its mechanism of action is concerned it is very vague to define in terms of objective hemodynamics and cytochemical parameters but as per the concept of pathophysiology of disease and the expulsion of morbid and rotten humours, it is very obvious that cupping particularly wet cupping therapy is proving worthy to expelled the morbid humours from the body parts responsible for various disease and the same is applied here.

One thing is also very important here that in cell mediated hyperimmune response which occurs in all type of autoimmune disorders particularly in Psoriatic arthropathy, rheumatoid arthritis etc. There is certain inflammatory cytokines which are triggered by some unknown factors and our body needs to counter them by counter mechanism i.e. through the production of anti-inflammatory markers and enzymes which are natural autocoids produces by our body as and when needed to counter other autocoids responsible for inflammatory process. It has been hypothesised on strong observations based evidences that the cupping produces an artificial inflammation just to stimulate the autocoids producing mechanism which are natural local hormones and enzymes produced by our body. Similarly the concept of Musaffiyat i.e. the natural purification process of morbid sanguineous humour responsible for various dermatological and systemic disorders was given as an adjuvant in this study. The constituents of this drug (*Majoon Chobchini*) also have anti-inflammatory activity, immunomodulating activity as well as anti-arthritis activity and therefore it is frequently prescribed for skin and joint disorders. The cumulative effects of is quite relevant and hence proved effective as evident from the Table 4 and Figure 1.

Conclusion

In view of the above observation it can be concluded that regimenal approach may prove more effective way of treatment particularly in autoimmune disorders. Wet Cupping therapy along with *Majoon Chobchini* is beneficial in treatment of psoriasis and psoriatic arthropathy but the duration of treatment needs to be extended as per the intensity and severity of the cases. The study needs to be multi centric and more collaborative as well as more objective before arriving on any better outcome.

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