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Case Report

RAPID CLINICAL RESOLUTION OF TREATMENT-RESISTANT PALMAR PSORIASIS WITH A UNANI *ZULAL* PREPARATION: A LONG-TERM CLINICAL OUTCOME

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ABSTRACT

Purpose: Palmoplantar Psoriasis (PPP) constitutes approximately 3–4% of psoriasis cases in India and is associated with significant functional impairment and psychosocial distress. It is frequently observed among individuals involved in manual occupations such as farmers, labourers, and housewives.

Methods: Unani preparations have long been utilized in the management of chronic dermatoses, including psoriasis and eczema. We report a case of a 52-year-old male presenting with thick, indurated, pruritic plaques over both palms for two years. The patient had undergone multiple treatments including topical corticosteroids, immunosuppressants, antibiotics, and antihistamines without sustained relief. Initially, the patient was treated with a standard Unani regimen routinely prescribed in the general OPD, resulting in only partial improvement. However, upon the addition of a Unani drugs with *musaffi-e-khoon* (blood-purifying) properties administered as *zulal* after overnight soaking, a drastic therapeutic response was observed.

Results: Complete clinical resolution occurred within four weeks. PASI score improved from 4.4 to 0, and DLQI reduced from 9 to 0, indicating full symptomatic and quality of life recovery. The patient continues to remain in remission with no relapse for four years.

Conclusion: This case not only underscores the potential of *zulal*-based Unani therapy as an effective, durable, and accessible treatment for chronic and treatment-refractory PPP but also highlights the need to strengthen and standardize the quality of Unani formulations to enhance their reproducibility and clinical outcomes.

KEYWORDS: Psoriasis, Palmoplanter Psoriasis, Unani Treatment, PASI, DLQI, Zulal, Blood Purifier.

Introduction

Psoriasis is a chronic dermatosis having an unpredictable course of remission and relapse with variation in severity and clinical manifestations even within the same individual. Psoriasis (ICD-10-L40.0) in Unani is known as *Nar-e-Farsi, Qashri Taqushar, Taqashshur al Jild, Daus-us Sadaf* etc. in Unani medicine[1]. Palmoplanterpsoriasis (ICD-10-L40.3) is one of the variants of psoriasis that characteristically affects the skin of the palms and soles often misdiagnosed with Chronic Hand Dermatitis/Eczema, Tinea Manuum, Acquired Palmoplantar Keratoderma Dyshidrotic

Eczema. Both conditions are chronic in nature and produce significant functional disability. Palmoplantar psoriasis (PPP) is caused by a combination of genetic and environmental factors. PPP constitutes approximately 3–4% of psoriasis cases in India and is associated with significant functional impairment and psychosocial distress[2]. Environmental triggers include smoking, irritants, friction, and manual or repetitive trauma. The disease increases with the anxiety of patients, which hinders the healing process. According to Unani Medicine abnormal *khilth-e-sauda* (black bile) or *Safra–e-ghair tabayee* (burnt bile) which results due to qualitative or quantitative changes in humours causes psoriasis[1]. Toxins accumulate in the skin and the body excretes these morbid matter or abnormal humors through the skin in the form of scales.

In Unani medicine, the management of psoriasis is primarily based on *Tanqia-e-Mawad*, which aims in eliminating morbid matter from the body through various methods of evacuation. These include venesection, administration of *Munzij* and *Mushil* drugs, and the use of *Musaffiyat-e-Dam* (blood-purifying agents). The therapeutic approach also emphasizes strengthening the body's functional faculties, namely *Quwwat-e-Jazeba* (absorptive power), *Quwwat-e-Masika* (retentive power), *Quwwat-e-Mughayyirah* (alterative power), *Quwwat-e-Mushabbeha* (assimilative faculty), and *Quwwat-e-Dafia* (expulsive power).

Accordingly, the mainstay of treatment involves medications that purify the blood and normalize skin metabolism by reinforcing these faculties, thereby alleviating discomfort and controlling clinical signs and symptoms. As psoriasis is characteristically associated with dryness and pruritus, topical emollients are commonly prescribed to maintain adequate skin hydration. In addition, the treatment regimen may include appropriate lifestyle modifications to support therapeutic outcomes. According to a RCT study conducted by *Khanna et al*. in the Department of Dermatology, All India institute of Medical Sciences, New Delhi, comparing Unani formulations to conventional PUVA sol treatment for chronic plaque psoriasis, reported that Unani medication was not inferior to PUVA sol in treating moderate-to-severe chronic plaque psoriasis[3].

A number of drugs have been described for the treatment of psoriasis by ancient Unani physicians in the classical texts[4,5].

Case Report

A 52-year-old male working professional in Delhi presented to the Unani Medical Centre, a colocation unit of RRIUM at a tertiary care hospital in south Delhi, India, with complaints of thick, hyperkeratotic plaques associated with fissuring and severe pruritus over both palms for the past two years. The lesions initially appeared as multiple rough, itchy scales, which gradually became confluent and erythematous, followed by fissure formation causing significant discomfort to the patient. (Fig a) The patient had previously undergone multiple treatment modalities without satisfactory relief.

On clinical examination, multiple well-defined lesions, indurated, tender, hyperkeratotic plaques were observed over the palms. Nail examination showed no evidence of psoriatic changes such as pitting; however, mild longitudinal ridging was noted. There was no history of joint pain suggestive of Psoriatic arthritis. Other body areas, including the scalp, trunk, and lower extremities, were unaffected.

Case Presentation

The patient was a known case of prediabetes, diagnosed in 2019 with an HbA1c of 6.5 mmols/L, and had severe hypertension. He was not on any regular medication for glycemic control. A positive family history was noted, with similar lesions reported in a sibling. The patient is a working professional with a mixed diet, inadequate sleep, normal appetite, and regular bowel and bladder habits. He is a smoker and consumes alcohol occasionally. There was no history of significant allergies to medications, food, or environmental factors. On physical examination, the patient was afebrile with markedly recorded elevated blood pressure of 140/90 mmHg, heart rate of 90/min, and respiratory rate of 16/min. Cardiovascular examination revealed normal S1 and S2 heart sounds, and per-abdominal examination was soft, with no organomegaly detected.

Treatment outcome was assessed based on improvement in clinical signs and symptoms, Psoriasis Area Severity Index (PASI) score, and Dermatology Life Quality Index (DLQI). Marked symptomatic relief was noted within one month of initiation of therapy, with complete remission of cutaneous lesions achieved by the end of three months.

As this period coincided with the COVID-19 pandemic, the patient reported frequent use of hand sanitizers, antiseptic wet tissue and repeated hand washing. Owing to occupational requirements, he also had to wear gloves for prolonged periods, as he was employed as a healthcare professional in a diagnostic centre.

From 2020 onward, the patient underwent multiple therapeutic interventions across different systems of medicine with limited or transient benefit until sustained remission was achieved. Initial allopathic treatments at Uttam Nagar, Janakpuri, and Dwarka included topical antifungals (ketoconazole, luliconazole) along with systemic anti-allergic agents (montelukast and levocetirizine), antibiotics, antidiabetic drugs, immunosuppressants and blood thinners; these regimens, administered for 2–3 months each, resulted in no relief or only partial symptomatic improvement, with persistent and progressive skin lesions despite some reduction in itching. A period of self-medication with coconut oil in late 2020 also failed to produce significant improvement. In 2021, alternative therapies were explored: Unani treatment outside UMC led to approximately 15% improvement over four weeks, while Siddha treatment using Amirtha Vennai showed no appreciable benefit.

Subsequently, patient came to Unani Medical Centre for *Unani* therapy comprising topical applications (*Marham Kharish Jadeed and Marham Quba*) and oral formulations (*Habb-e-Musaffi Khoon*, Majoon Ushba, *Itrifal-e-Shahtra*, and *Sharbet Unnab*) resulted in about 50% improvement over eight weeks. However, to achieve rapid symptomatic relief at the patient's insistence, a combination of *musaffi-e-khoon* (blood-purifying) drugs was administered in the form of *zulal* after overnight soaking, following which a drastic therapeutic response was observed. The addition of *Zulal* to this Unani regimen led to rapid and marked improvement of about 80% within 10 days (Table 1).

PASI score improved from 2.2 to 0, and DLQI reduced from 9 to 0, indicating complete clinical resolution and full recovery in quality of life. The patient continues to remain in complete and sustained remission with no relapse for the past three years. From 2022 to the present, the patient has been maintained on *Zulal* alone, taken on an alternate-day basis, and without the use of any other oral or topical medications.

Zulal is a classical Unani dosage form classified as a cold aqueous infusion of herbs (Table 2). It is prepared by maceration of the drug in water without the application of heat or mechanical agitation to extract their full medicinal properties. In the present study, *Zulal* was prepared using the *Safoof* (finely powdered) of all constituent ingredients. Soak ten grams of the *Safoof* in 100 mL of portable water overnight at room temperature. After maceration, the supernatant liquid was carefully decanted without disturbance of the sediment to obtain a clear *Zulal*, which was administered orally in the morning (Table 2).

Table 1: Chronological Treatment History

Year	System / Place	Topical Treatment	Oral / Systemic Treatment	Duration	Outcome / Status
2020	Allopathic (Uttam Nagar)	Ketoconazole (topical)	Anti-allergic: Montelukast + Levocetirizine	2 months	No relief
2020	Allopathic (Janakpuri)	Topical antifungal (2%)	Anti-allergic: Montelukast + Levocetirizine; Anti-diabetics	3 months	No relief
2020	Allopathic (Dwarka)	Luliconazole (topical)	Anti-allergic: Montelukast + Levocetirizine; Ticagrelor 90 mg (blood thinner); Antidiabetic drugs	3 months	Minimal relief In itching relieved; persistent and progressive skin lesions
2020	Self-medication	Coconut oil	—	2 months	No significant improvement
2021	Unani Treatment outside UMC	*Marham Kafoor*	*Habb-e-Musaffi Khoon; Majoon Chobchini*	4 weeks	~15% improvement
2021	Siddha Treatment	Cow butter+ Mercuric chloride (Amirtha Vennai)	—	2 weeks	No significant improvement
2021	Unani Treatment	• *Marham Kharish Jadeed* • *Marham Quba*	*Habb-e-Musaffi Khoon; Majoon Ushba; Itrifal-e-Shahtra Sharbet Unnab*	8 weeks	~50% improvement
2021	Unani Treatment with *Zulal*	• *Marham Kharish Jadeed* • *Marham Quba*	*Habb-e-Musaffi Khoon; Majoon Ushba; Itrifal-e-Shahtra Sharbet Unnab* + *Zulal*	10 days	~80% improvement
2022–Present	*Zulal* alone	—	*Zulal*	After one year, to date	Complete relief

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Table 2: Ingredients of *Zulal* 6 (aqueous infusion)

Unani Name	Botanical Name	Part Used	*Mizaj* (Temperament)	Actions (*Afa'al*)
Charaita Talkh	*Swertia chirata*	Whole plant	Cold & Dry	*Muqawwi-e-Jigar wa Meda, Musaffi-e-Dam, Dafi'-e-Humma, Muhallil*
Sarphoka	*Tephrosia purpurea*	Fruit	Hot & Dry	*Musaffi-e-Dam, Muqawwi-e-Jigar, Muhallil-e-Awram*
Shahtra	*Fumaria parviflora* Lam.	Whole plant	Cold & Dry	*Musaffi-e-Dam (blood purifier), Munzij-e-Safra, Mu'addil-e-Safra, Jali, Dafi'-e-Amraz-e-Jild*
Sandal Surkh	*Pterocarpus santalinus* Linn.	Heartwood	Cold & Dry	*Musakkin-e-Hararat, Dafi'-e-Safra, Qabiz, Muqawwi-e-Qalb*
Sandal Safed	*Santalum album* L.	Heartwood	Cold & Dry	*Musakkin-e-Hararat, Mubarrid, Muqawwi-e-Qalb wa Dimagh, Dafi'-e-Khafqan*
Unnab	*Ziziphus jujuba* Mill.	Fruit	Cold & Moist	*Mulattif, Munaffis-e-Balgham, Musakkin-e-Hararat, Murattib, Dafi'-e-Su'al*
Ushba	*Smilax ornata*	Root	Hot & Dry	*Musaffi-e-Dam, Dafi'-e-Amraz-e-Jild, Muhallil-e-Awram, Mu'addil-e-Akhlat*

Unani Treatment management

Oral Treatment

- *Sharbat Unnab* 15ml twice a day
- *Hab Mussafi Khoon*, 2 tablets twice a day
- *Itriphal Shahtra* 10 g during night
- *Majoon Ushba* 7 g twice a day

Table 3: Comparative assessment of Unani oral formulations used in skin disorders

Parameter	Itrifal-e-Shahtra[7]	Majoon-e-Ushba[8]
Unani action	*Musaffi-e-Dam, Munzij-e-Safra*	*Musaffi-e-Dam, Mu'addil-e-Akhlat*
Major indication	*Amraz-e-Jild, Safravi* disorders, *Fasād-e-Dam*	*Amraz-e-Jild, Fasād-e-Dam,* chronic skin diseases, *Jarb, Hikka*
Chief Ingredient	*Shahtra* (*Fumaria parviflora* Lam.)	*Ushba* (*Smilax ornata* Hook.f.)
Musaffi-e-Dam (Blood Purifier)	*Shahtra* (*Fumaria parviflora*)	*Shahtra (Fumaria parviflora), Aftimoon (Cuscuta reflexa)*
Muhallil-e-Waram (anti-inflammatory)	*Shahtra* (*Fumaria parviflora*)	*Aftimoon (Cuscuta reflexa) Chob Chini (Smilax china) Gul-e-Surkh (Rosa damascena)*
Triphala components	*Amla* (*Emblica officinalis*), *Halela Zard (Terminalia chebula), Balela* (*Terminalia bellirica*)	*Halela Siyah (Terminalia chebula), Balela (Terminalia bellirica)*
Purgative / *Munzij* drug	*Turbud* (*Operculina turpethum*) *Mushil-wa-Mukhrij (purgative of phlegm)*	*Aftimoon (Cuscuta reflexa) Mushil-i-Sawda wa Balgham* (purgative of black bile and phlegm)

Topical Management

- Mild cleansing soap
- *Marham* (ointment) *Kafoor* for external use morning
- *Marham Quba* (ointment) was applied externally at night after soaking the affected area for 10 minutes in lukewarm saline water, followed by application under occlusion.

Conclusion

In this case report, the administration of a combination of herbs with blood-purifying and anti-inflammatory properties in the form of *Zulal* led to rapid resolution and marked improvement of psoriatic lesions. This case demonstrates the potential of *Zulal*-based Unani therapy may offer a valuable effective, safe, and accessible therapeutic option for successful management of chronic, treatment-refractory palmo-plantar psoriasis. Therefore, the findings from our case study support the need for further prospective studies to systematically evaluate the efficacy and safety of *Zulal*-based Unani therapy in the management of chronic and treatment-refractory palmo-plantar psoriasis.

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Figure 1: Before starting Unani treatment

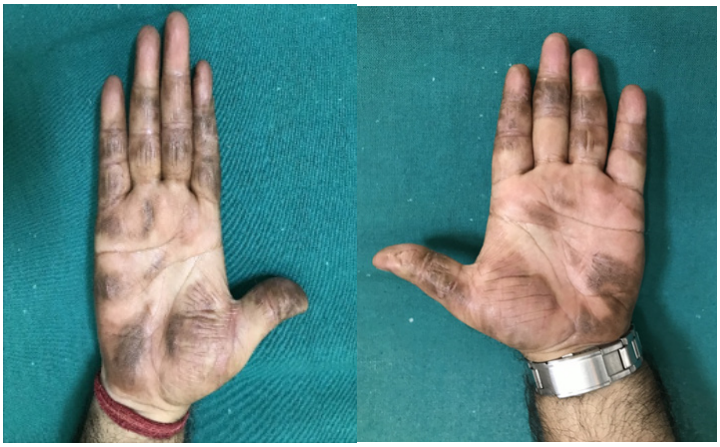

Figure 2: After 4 weeks of treatment

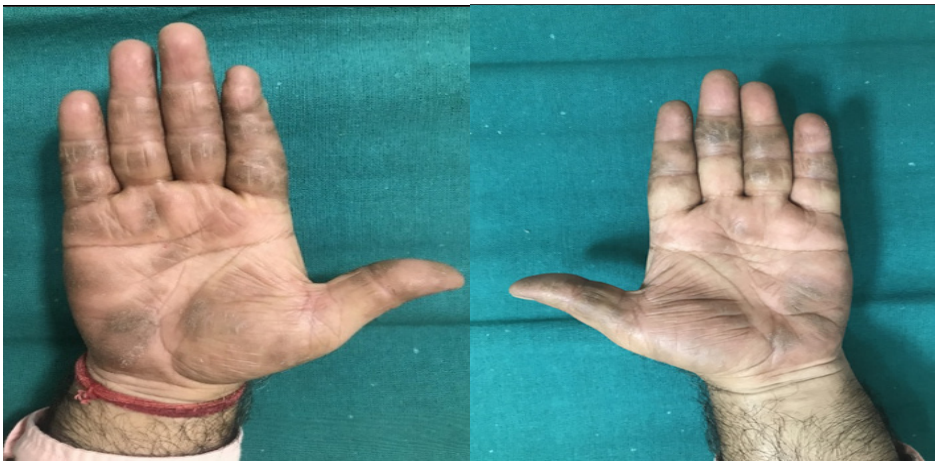

Figure 3: After 8 weeks of treatment

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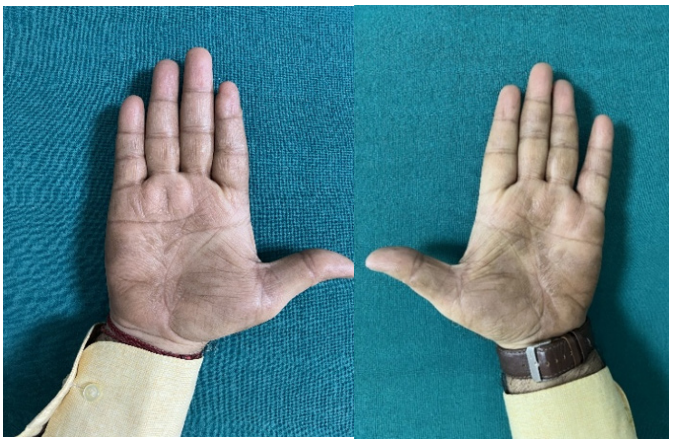

Figure 4: After 10 weeks of treatment

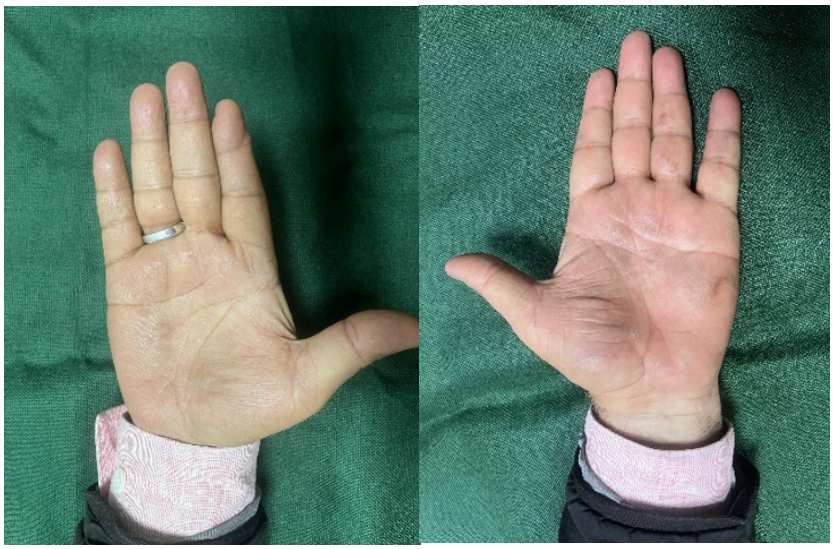

Figure 5. After 3 years of treatment

Declaration of Patient Consent

Patient's written informed consent has been obtained.

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None

Conflicts of interest

There are no conflicts of interest.

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