



CASE REPORT

Treatment of psoriasis by using Hijamah: A case report



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Abstract Hijamah (a well-known Prophetic complimentary treatment) has been used for centuries to treat various human diseases. It is considered that this traditional treatment (also known as wet cupping) has the potential to treat many kinds of diseases. It is performed by creating a vacuum on the skin by using a cup to collect the stagnant blood in that particular area. The vacuum at the end is released by removing the cup. Superficial skin scarification is then made to draw the blood stagnation out of the body. This technique needs to be performed in aseptic conditions by a well trained Hijamah-physician. Prophet Muhammad (PBUH) had described Hijamah as the best treatment humans can have. This novel treatment methodology has been successfully used as cure for numerous diseases including skin diseases. In this case report, we discuss about the application of this method in the treatment of psoriasis (an autoimmune skin disease). Results illustrated that with Hijamah, disease can not only be controlled but can be brought to a nearly complete remission.

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1. Background

Psoriasis is T-cell mediated autoimmune inflammatory skin disease characterized by skin surface inflammation, epidermal proliferation, hyperkeratosis, angiogenesis, and abnormal keratinization (Rahman et al., 2012). At present, nearly 3% of

world population is affected by this disease (Rahman et al., 2012; Danielsen et al., 2013). It has genetic manifestations and the risk of acquiring the disease is found in almost half of the siblings if both parents had it. Risk drops to less than a quarter if one of the parents had psoriasis (Psoriasis, 2014). Psoriasis is not limited to any particular area but can range from a minor spot on the skin to the entire skin (Psoriasis, 2014; Schön and Boehncke, 2005).

T-Cell activated inflammatory response has been found to be responsible as the main pathophysiology behind psoriasis (Psoriasis and Law, 2011; 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

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various cytokines that induce the pathological changes of psoriasis (Nickoloff et al., 1999; Bonifati and Ameglio, 1999). These cytokines include but not limited to TNF- α , IL-8, IL-12 and macrophage inflammatory protein 3 α (MIP-3 α) (Danielsen et al., 2013; Psoriasis and Law, 2011; Biasi et al., 1998). More notably, research for better disease understanding and development of curable approach for psoriasis received much attention in recent time as new studies showed that psoriasis is an important risk factor in many diseases. Lately, it was found that psoriasis is an independent risk factor for diabetes (type 2 DM) and cardiovascular diseases, including hypertension, and hypercholesterolemia (Wu et al., 2008; Azfar et al., 2012). Moreover, other comorbidities commonly associated with psoriasis are arthritis, depression, insomnia and obstructive pulmonary disease (Wu et al., 2008). Available therapies used for the management of psoriasis include topical and systemic medications, phototherapy and combination of both. Topical medications usually include Vitamin D, calcipotriol, corticosteroids (used systemically as well), dithranol and retinoids. Systemic therapies include methotrexate, cyclosporine and antibody therapy. Phototherapy includes radiation therapy and Psoralen plus ultraviolet therapy. All these therapies have potential limitations such as poor efficacy, rapid relapse of disease, drug and biological associated potential side

effects (for example; hepatotoxicity, nephrotoxicity, bone marrow suppression, organ toxicity and immunosuppression), hyperlipidaemia, growth suppression, adrenal insufficiency, Cushing's syndrome, femoral head osteonecrosis, and possible congenital malformations (Rahman et al., 2012; Menter et al., 2009; Stanway, 2013; Australian Medicines Handbook, 2013).

Hijamah (wet cupping), is an effective treatment for many diseases (Farhadi et al., 2009). Its efficacy to treat the non specific lower back pain has already been established (Farhadi et al., 2009). It was proven as a safe and better alternative therapy to the usual allopathic medical care (AlBedah et al., 2011; Ahmed et al., 2005). Some studies have found 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 immune-modulatory 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.

2. Case history

Mr. Muhammad H. (MH) is a 30 year old male working and living in Australia. He works as Incident Management Analyst



Figure 1 Images of patient's limbs before Hijamah treatment: (A) Right leg (near the knee); (B) Lower left leg; (C) Lower right leg; and (D) Left leg (near the knee).

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