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Medicinal utility of some herbs for the treatment psoriasis: An updated approach

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Abstract

Psoriasis is a skin disease that causes red, itchy scaly patches, most commonly on the knees, elbows, trunk and scalp. Psoriasis is common long-term chronic disease. This skin disease seen worldwide and it is a matter of serious concern. The prescribed synthetic drugs are available in the market for the treatment of psoriasis associated with different adverse effects so researcher around the world searching for new effective and safer drugs from natural resources. Psoriasis signs and symptoms can vary from person to person, the most common sign and symptoms includes: red patches of skin, small scaling spots (commonly occur in children) itching burning and soreness and thickened, pitted or ridged nails. The aim of this paper is to discuss the beneficial effects of assured herbal medicinal plants for the treatment of psoriasis, many of them plants possess active phytochemical constituents are called as anti-psoriatic plants.

Keywords: psoriasis, herbal, skin disorder, topical treatment, phytochemical

Introduction

Psoriasis is really an autoimmune this is certainly chronic non communicable inflammatory disease of epidermis and joints. The word psoriasis arises from a Greek term "Psora" which means becoming itchy and a problem is supposed by"iasis" [1]. The condition includes a prevalence that is globally of 4.6% by having a higher prevalence of about 4.6% in evolved countries [2]. It is described as having sharply demarcated scaly, red, coin-sized skin damage usually on the elbows, knees, scalp, arms and feet. Symptoms include itching, discomfort, stinging and discomfort. Hardly ever, skin that is whole associated with the body might be included [3]. Stress is considered the most common component that is etiological customers with persistent disorders like Crohn's illness is more inclined to suffer from psoriasis [4-5]. Medicines that appear to possess a powerful relationship this is certainly causal psoriasis tend to be beta-blockers, lithium, synthetic anti malarial, non anti-inflammatory drugs (NSAIDs), tetracycline [6]. People with severe as a type of this condition have actually an elevated threat of cardiac co-morbidities [7-

Table 1: Summary of biological therapy available for the treatment of psoriasis [11-16]

Biologics	Anti TNF- agents	Infliximab, Etanercept, Golimumab,	
		Certolizumab pegol, Adalimumab	
	IL-23 and IL-12 inhibitors	Ustekinumab, Guselkumab, Apilimod	
	IL-17 A receptor inhibitor	Brodalumab	
	Fusion protein inhibitors	Alefacept	
	Janus kinase inhibitors	Tofacitinib	
	Phosphodiesterase-4-inhibitor	Apremilast	
	Anti-CD-6 monoclonal antibody	Itolizumab	

Medicinal plants used in the treatment of psoriasis 1. Aloe Vera

The plant belongs to the liliaceae. The active ingredients are salicylic acid and anthraquinone. The plant described as its succulent pulpy leaves which contain clear serum. This plant was utilized since old times as potent fix for many diseases [17]. The functional range of its energetic constituents as analgesic, antipruritic, wound healing and anti-inflammatory encourages its usage of the same quality agent^[18] this is certainly anti-psoriatic. In double-blind, placebo-controlled research, 0.5% of local forms of Aloe vera extract had been subjected to treat psoriasis with diagnostic scores between 4.8 and 16.7 (mean 9.3). The information determined that 0.5% associated with the herb features greater efficiency without any risks and could be used as successful therapy that is herbal psoriasis [19]. However, in other study a commercial Aloe vera gel type therapy this is certainly effective in psoriasis [20].

2. Capsicum

Capsicum belongs to solanaceae family. Capsaicin, active constituent present in cayenne pepper (*Capsicum frutescence*) has shown a possible technique towards psoriasis, through activation of cellular factors ^[21] that is apoptotic. Zero point zero two five percent of the formula had been applied as local ointment to boost the standing this is certainly psoriatic of with differing disease intensity. The information obtained showed a clear decline in illness seriousness within short period of the time, nonetheless the absolute minimum risk effect like regional site burning was reported, so the formulae was encouraged is requested just 2 days that is successive. ^[22]

3. Nigella sativa

Nigella sativa is known as black cumin. It is an herb belongs to the family-Ranunculaceae. Active constituents are linoleic acid, oleic, thymolacid and palmitic acid. The Nigella sativa seeds contain ingredients, including nutritional components such as minerals carbohydrates, fats,

vitamins, and proteins, including eight or nine Essential amino acids ^[23]. Pharmacological investigations of the seed extract reveal a wide spectrum of activities including antihelminthic, anti-inflammatory, antifungal and antibacterial ^[24]

4. Turmeric

The biological name for turmeric is *curcuma longa* belongs to the zingiberaceae family. The active constituents are zingiberine, curcuminoids and Sesquiterpenes. The herb is described as its convenient activities varied between anti-inflammatory, anti-oxidant, antitumor, and anti activities. That is microbial the mode of action against tumor is through regulation role of some cellular and immunological variables during cell cycle and apoptosis. For years and years, it had been reported that Turmeric being applied to injuries which are heal reduce scare formation. [25]

5. Green tea

Biological name of green tea is *Melaleuca alternifolia* belongs to the myrtaceae family. Tea considered the around the world that is second close to beverage. It absorb as green, black colored, or beverage that is oolong. Active constituents of green tea are terpinen-4-ol, alpha-terpineol, and alpha-pinene It was reported that green tea extract is the most important agent targeting health. This may be associated with its higher content of polyphenolic compounds, like flavones and catechins, whereas dried tea that is green produce significantly more than 30% among these active constituents. Most studies suggested that green tea constituents have actually a wide range of medical utilizes as anti-oxidant, antimicrobial, anti-tumor, anti-inflammatory, and agents that is thermogenic [26].

6. Angelica sinensis

Angelica belongs to the apiaceae family. Main constituents presents are coumarins and Psoralens. It is commonly known as Dong quay. This herbal medicine this is certainly Chinese contain potent furocoumarin i.e., psoralen. Psoralens are photosensitizes that are potent the existence of UVA. Publicity to UVA, following ingestion this is certainly psoralen causes epidermal DNA cross connecting and thus a decrease in the rate of epidermal DNA synthesis. Patients tend to be self-administering a form of psoralen-UVA (PUVA) treatment by consuming doing quay and then obtaining ultraviolet light therapy or sunlight that is allnatural. Koo and Arian, 1998 learned patients with psoriasis, two thirds 'patients got relief this is certainly total their disease after dental treatment with this plant extract. Another herb used in treating psoriasis hogweed, also includes a psoralen however the side and effectiveness effects are not [27].

7. Marigold (Genda)

Calendula officinalis belongs to compositae family. Calendula officinalis are a few of the very Indian this is certainly typical herb numerous medicinal properties for the treatment of various variety of infection, viz. antifungal, wound healing and representatives that are anti diabetic. It contains esters of faradiol. This natural herb has actually been reported because of their effectiveness in the shape of decoctions, infusions and tinctures in conventional method of medicines for the treatment of skin circumstances like psoriasis, leprosy etc [28].

8. Pongamia Pinnata (Karanj)

Pongamia pinnata (family: Leguminosae) is really a suggests sized glabrous semi evergreen tree increasing as much as eighteen miter or higher, with a tiny trunk, distributing symbol with grayish green or bark that is brown. Helpful for the treatment of skin diseases. Powered seeds are used for treatment of leucoderma Pongamia Seed oil is also used as insecticidal, democidal and bactericidal. Within the old-fashioned medicines that are systems of such as for instance Ayurveda and Unani, P. pinnata is employed for anti inflammatory, ant plasmodia, anti-nociceptive, antihyperglycaemic, antilipidoxidative, anti-diarrheal, antiulcer, antihyperammonic and anti-oxidant. Its oil is really a supply of biodiesel. It has source that can also be alternate of, that is alternative, safe and non-pollutant [29].

9. Milk Thistle

It is known as *silybum marianum* belongs to the asteraceae family. Mainly it contains flavonoids. Milk thistle has been shown to restrict T this is certainly peoples cell activation which happens in psoriasis. This plant is quite well-known for its hepatoprotective activity. Many changes have been recognized in the liver of clients with psoriasis, including steatosis, periportal infection, fibrosis, necrosis and cirrhosis. The significance of silymarin in the treatment of psoriasis might be due to its ability to improve endotoxin reduction by the liver, restrict camp phosphodiesterase and avoid leukotriene deduction [30].

10. Matricaria recutita (Chamomile)

M. chamomile belongs to the asteraceae family. It is commonly called to as Chamomile. The chamomile flowers have actually along custom that is healing dealing with intestinal ailments. The reason for its usage in psoriasis is that chamazulene, a result of the non –volatile oil extract, matricin, understood to have anti – inflammatory task by inhibition of lipoxygenase and as a result, leukotriene B4 (LTB4) formation. The flavonoids, quercetin and apigenin, are active substances associated with the rose. Quercetin is reported to be always a inhibitor that is powerful of and to a cheaper degree, cyclooxygenase. Quercetin additionally reveals epidermis penetration property this is certainly great

11. Gaultheria procumbens

it's frequently referred to as Wintergreen. It belongs to ericaceae family. It contains methyl salicylate, which will be having properties which can be anti-inflammatory. Albeit utilized externally for psoriasis, wintergreen could cause foundational effects like tinnitus, heaving, tachypnea acid – base influences which can be unsettling. patients stress this is certainly using or even a advised salicylic acid element together with a salicylate from herbal (for example, wintergreen, aloe vera or red clover) tend to be more powerless for foundational toxicities. There are no tests on its viability in psoriasis, however have actually potential anti-inflammatory and requires perfect examinations that are reasonable its application in eczema [32].

12. Oregon grape

It belongs to the berberidaceae family. It is deemed an extremely well understood plant utilized as a part of skin problems, particularly in psoriatic plaques. The affect of bark focus of Mahonia aquifolium and its particular primary constituents (berberine, berbamine, oxyacanthine). He furthermore unveiled the focus of bark of Mahonia aquifolium is definitely an substance of keratinocytes improvement. The benzylisoquinoline berbamine that is alkaloid oxyacanthine were more powerful inhibitors [33].

13. Neem

The biological name is *Azadirachta indica* belongs to the meliaceae family. Nimbidin in the primary active constituent. Decoction of leaves is employed to bath to treat human anatomy infection. Its decoction is also used orally to treat the same. The seed oil is used outwardly to kill lice and to treat dandruff [34].

14. Alpinia galangal

Its common name is that zinger belongs to zingiberaceae. Main constituents are 1,8-cineole, alpha-fenchyl acetate. The leaves are thing unripe fruits made into paste and to apply externally.

Chanachai *et al*; reported that the plant alpiniagalanga, curcuma longa and annoa squamosa were usefull for their anti-psoriatic effect ^[35].

15. Indigo naturalis

Common name is quing dai. *Indigo naturalis* belongs to the acanthaceae family. Indirubin is the main active constituent. It's also been used to make indigo colored dye for many centuries. Indigo naturalis can be distilled into an oil extract. This extract can treat nail psoriasis; in one study using the oil on nail psoriasis for every day for 24 weeks resulted in significant improvement. The herb extract can also be used topically on other part of body for psoriasis flare.

Sl. No.	Biological name	Family	Common name	Plant part	References
1	Aloe vera	liliaceae	Aloes, kathalai	leaf	Choonhakarnet al ^[36]
2	Capsicum annum	solaneceae	Cayenne, milagai	leaves	Bernstein et al ^[37]
3	Nigella sativa	ranunculaceae	Black cumin	seeds	Ghosheh et al ^[38]
4	Curcuma longa	zingiberaceae	Turmeric	rhizome	Joe and lokesh [38]
5	Melaleucaalternifolia	myrtaceae	Shitanshu	leaves	Carson cet al [39]
6	Angelica sinensis	apiaceae	Chinese angelica	root	Koo J. arain ^[40]
7	Calendula officinalis	compositae	Marigold	flowers	Brown, dattner et al [41]
8	pongamiapinnata	leguminosae	Pongam tree	seeds	Srinivasan et al [42]
9	Silibum marianum	asteraceae	Milk thistle	seeds	Sabir et al [43]
10	matricariarecutita	asteraceae	Chamomile	flowers	Murti et al [44]
11	Gaultheria procumbin	Ericaceae	Wintergreen	Fruit, leaves	Steele [45]
12	mahoniaaqifolium	berberidaceae	Oregon grape	flowers	Galle k <i>et al</i> ^[46]
13	azadirachtaindica	Meliaceae	Neem	Leaves, bark stem	Mundada et al [47]
14	Alpiniagalanga	zingiberaceae	Thai ginger	Rhizome	Saelee et al [48]
15	Indigo naturalis	acanthaceae	Quing dai	Stems and leaves	Lin y <i>et al</i> [49]

Table 2: List of medicinal plants used for the treatment of psoriasis disease

Future challenges for herbal remedy for psoriasis treatment

The herbal sources are currently getting more reliability due to their safety and easy availability. For herbal remedy and screening of plant extracts for anti-psoriatic activity the main targets to consider is the T-cell activation, T-cell trafficking, Cytokinase inhibition and Counter offensive strategies. Anti-inflammatory and next generation immunosuppressant ideally would be able to treat sporiasis effectively. Future challenges are several folds and include the caring and monitoring of patient and biologic of the historical background, chronic monitoring inflammatory mediators. The specific trigger identified for initial production of TNF-α cytokines may also impact TNF-α production include HMGB1, IL-15 and IL-23. Elucidation of the basic mechanism by which the disease is transmitted from one generation to another is another facet of the research which must be investigated to explore some more herbal drugs for the treatment of psoriasis.

Conclusion

Psoriasis is a complex multi-functional inflammatory skin disease Characterized by t-cell activation, local vascular changes, abnormal keratinocytes, proliferation and neutrophil activation. The synthetic drugs used to treat it is having side effects and it has been seen some of the

synthetic drugs have psoriasis as adverse effects. In that case, the herbal natural remedy is safe and equally effective as synthetic drugs.

References

- 1. Ritchlin Christopher, Fitzgerald Oliver. Psoriatic and Reactive Arthritis: A Companion to Rheumatology (1st ed.). Maryland Heights, Miss: Mosby, 2007, p4.
- Parisi R, Symmons DPM, Griffiths CEM, Ashcroft DM. The Identification and Management of Psoriasis and Associated Comorbidity project team. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. J Invest Dermatol,2013:133:377-85.
- 3. Current and potential new therapies for the treatment of psoriasis. The Pharmaceutical Journal, 2010. [Accessed on August 28,2017] Available from: http://www.pharmaceuticaljournal.com/news-and-analysis/news/currentand-potential-new-therapies-for-the-treatment-of psoriasis/11 01 3061.
- Boyd AS, Neldner KH. The isomorphic response of Koebner. Int J Dermatol, 1990:29:401-10.
- Weigle N, McBane S. Psoriasis. Am Fam Physician,2013:87:626-33.
- 6. Lebwohl M. Psoriasis. Lancet, 2003:361:1197204.

- 7. Krueger G, Ellis CN. Psoriasis--recent advances in understanding its pathogenesis and treatment. J Am Acad Dermatol,2005:53:S94-100.
- 8. Krueger J, Bowcock A. Psoriasis pathophysiology: Current concepts of pathogenesis. Ann Rheum Dis, 2005, 64(Suppl II), ii30–ii36.
- 9. Smith CH, Barker JN. Psoriasis and its management. BMJ, 2006, 333, 380–384.
- 10. Mrowietz U, Reich K. Psoriasis-new insights into pathogenesis and treatment. Dtsch Arztebl Int,2009:106:11-19.
- 11. Gottlieb AB. Infliximab for psoriasis. J Am Acad Dermatol, 2003:49:S112-7. 40.
- 12. Guselkumab FDA label: full prescribing information. Reference ID: 4123919. U.S. Food and Drug Administration (FDA), 2017. [Accessed on 12. 12. 2017] Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/761061s000lbl. Pdf
- 13. Declercq SD, Pouliot R. Promising New Treatments for Psoriasis. The Scientific World Journal,2013:13:1-9.
- 14. Langley RG, Elewski BE, Lebwohl M, Reich K, Griffiths CE, Papp K, *et al.* ERASURE Study Group; FIXTURE Study Group. Secukinumab in plaque psoriasis--results of two phase 3 trials. N Engl J Med,2014:371:326-38.
- Gordon KB, Blauvelt A, Papp KA, Langley RG, Luger T, Ohtsuki M, *et al.* Phase 3 Trials of Ixekizumab in Moderate-to-Severe Plaque Psoriasis. N Engl J Med,2016:375:345-56.
- Aira LE, López-Requena A, Fuentes D, Sánchez L, Pérez T, Urquiza A, et al. Immunological and histological evaluation of clinical samples from psoriasis patients treated with anti-CD6 itolizumab. MAbs,2014:6:783-93.
- 17. Shishodia S, Sethi G, Aggarwal BB. Curcumin: getting back to the roots. Ann N Y Acad Sci,2005:1056:206-217 [PMID: 16387689 DOI: 10.1196/annals.1352.010]
- Ben-Arye E, Ziv M, Frenkel M, Lavi I, Rosenman D. Complementary medicine and psoriasis: linking the patient's outlook with evidence-based medicine. Dermatology,2003:207:302-307. [PMID: 14571074 DOI: 10.1159/000073094]
- 19. Klein AD, Penneys NS. Aloevera. J AM Acad Dermatol,1988:18:714-720. [DOI: 10.1016/S0190-9622(88)70095-X]
- 20. Shelton RM. Aloevera. Its chemical and therapeutic properties. Int J Dermatol,1991:30:679-683. [PMID: 1823544 DOI: 10.1111/j.1365-4362.1991.tb02607.x]
- Paulsen E, Korsholm L, Brandrup F. A double-blind, placebo-controlled study of a commercial Aloe vera gel in the treatment of slight to moderate psoriasis vulgaris.
 J Eur Acad Dermatol Venereol,2005:19:326-331.[PMID: 15857459 DOI: 10.1111/j.1468-3083.2004.01186.x]
- 22. Lassus A, Forsström S. A double-blindstudy comparing oleum horwathiensis with placebo in the treatment of psoriasis. J Int Med Res,1991:19:137-146. [PMID: 1864450]
- 23. Chun H, Shin DH, Hong BS, Cho WD, Cho HY, *et al.* Biochemical properties of polysaccharides from black pepper. Biol Pharm Bull,2002:25(9):1203-1208.
- 24. Ghosheh OA, Houdi AA, Crooks PA. High performance liquid chromatographic analysis of the pharmacologically active quinones and related

- compounds in the oil of the black seed (Nigella sativaL.). J Pharm Biomed Anal,1999:19(5):757-762.28.
- 25. Huang MT, Smart RC, Wong CQ, Conney AH. Inhibitory effect of curcumin, chlorogenic acid, caffeic acid, and ferulic acid on tumor promotion in mouse skin by 12-O-tetradecanoylphorbol-13-acetate. Cancer Res, 1988:48:5941-5946 [PMID: 3139287].
- Balasubramanian S, Efimova T, Eckert RL. Green tea polyphenol stimulates a Ras, MEKK1, MEK3, and p38 cascade to increase activator protein 1 factor-dependent involucrin gene expression in normal human keratinocytes. J Biol Chem,2002:277:1828-1836 [PMID: 11698415].
- 27. Bhuchar S, Katta R, Wolf J. Complementary and alternative medicine in dermatology: An overview of selected modalities for the practicing dermatologist. Am JClinD ermatol, 2012:13:311-317.
- 28. Muruganantham N, Basavaraj KH, Dhanabal SP, Praveen TK, Shamasundar NM, Rao KS. Screening of Caesalpiniabonduc leaves for antipsoriatic activity Jour nal of Ethnopharmacology,2011:133:897–901.
- SK, Muruganandan S, Lal J, Chandra S, Tandan SK, Ravi PV. Evaluation of anti-inflammatory activity of Pongami apinnata leaves inrats. J. Ethnopharmacol,2001:78:151–157.
- 30. Ravichandiran V, MalarkodiVelraj, Nirmala S, Anusha Male, Jayakumari S, Masilamani. K Anti-PsoriaticActivity of Smilax china Linn. Rhizome Ind J Pharm Edu Res, 2013, 47(1).
- 31. Murti K,Panchal MA, Gajera V, Solanki J. Pharmacological properties of Matricariarecutita: A review. Pharmacologia,2012:3:348-51.
- 32. Sahu R, Jain NK, Tiwari P, Singh N, Dixit A, Singh G. Herbal remedies: A new era for psoriasis diseases. Int J Pharm Sci Res,2011:2:525-33.
- 33. Galle K, MFCllerJakic B, Proebstle A, Jurcic K, Bladt S, Wagner H. Analytical and pharmacological studies on Mahoniaaquifolium. Phytomedicine, 1994:1:59-62.
- 34. Mundada AS, Mundada MS, Mahajan HH, Gangurde VS, Borkar VS. Gulecha RA Khandare. Formulation and evaluation of polyherbal antipsoriatic cream pharmacologyonline,2009:2:1185-1191.
- 35. Chalmers RJ, O'Sullivan T, Owen CM, Griffiths CE. Interventions for guttate psoriasis. In: Cochrane Collaboration. Cochrane Library. Issue 2. Oxford: Upda te Software, 2000.
- 36. Choonhakarn C, Busaracome P, Sripanidkulchai B, Sarakarn P. A prospective, randomized clinical trial comparing topical Aloe vera with 0.1% triamcinolone acetonide in mild to moderate plaque,2010:24(2):168-172.
- 37. Bernstein JE, Parish LC, Rapaport M, Rosenbaum MM, Roenigk HH. Effects of topically applied capsaicin on moderate and severe psoriasis vulgaris. J Am Acad Dermatol,1986:15(3):504-507.
- 38. Joe B, Lokesh BR. Effect of curcumin and capsaicin on arachidonic acid metabolism and lysosomal enzyme secretion by rat peritoneal macrophages. Lipids,1997:32(11):1173-1180.
- 39. Carson C, Riley TV, Cookson BD. Efficacy and safetyo f tea tree oil as a topical antimicrobial agent. J Hosp Inf ect,1998:40:175-178.

- 40. Koo J, Arain S. Traditional Chinese medicine for the treatment of dermatologic disorders. Arch Dermatol,1998:134(11):1388-1393.
- 41. Brown DJ, Dattner AM. Medical journal article on herbs for common skin conditions. Arch Dermatol,1998:134:1401-1404.
- 42. Srinivasan K, Muruganandan S, Lal J, Chandra S, Tandan SK, *et al.* Evaluation of anti-inflammatory activity of Pongamiapinnata leaves in rats. J Ethnopharmacol,2001:78(2-3):151–157.
- 43. Sabir S, Arsshad M, Asif S, Chaudhari SK. An insight into medicinal and therapeutic potential of Silybummarianum (L.) Gaertn. Int J Biosci,2014:4(11):104-115.
- 44. Murti K, Panchal MA, Gajera V, Solanki J. Pharmacological properties of Matricariarecutita: A review. Pharmacologia,2012:3:348-351.
- 45. Steele T, Rogers CJ, Jacob SE. Herbal Remedies for Psoriasis: What are our patients taking? Dermatology Nursing,2007:19(5):448-463.
- 46. Galle K, MFCllerJakic B, Proebstle A, Jurcic K, Bladt S, Wagner H. Analytical and pharmacological studies on Mahoniaaquifolium. Phytomedicine, 1994:1:59-62.
- 47. Mundada AS, Mahajan MS, Gangurde HH, Borkar VS, Gulecha VS, *et al.* Formulation and evaluation of polyherbal anti-psoriatic. Pharmacology online,2009:2:1185-1191.
- Saelee C, Thongrakard V, Pencomnao T. Effects of high medicinal herb extract with anti-psoriatic activity on the expression of NF-KB signaling biomarkers in HaCaT keratinocytes. Molecules,2011:16(5):3908-3932.
- 49. Lin Y, Leu Y, Huang T, *et al.* Anti-inflammatory effects of the extract of indigo naturalis in human neutrophils. J Ethnopharmacol, 2009:125:51-58.