

Scleroderma treatment in Iranian traditional medicine: A case report

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Received: 3/Jul/2016 Accepted: 10/Sep/2016

ABSTRACT

Background and aims: Scleroderma is a systemic autoimmune disease that its core symptom is hardening (Sclero) of the skin (Derma). It also affects other internal organs in more severe cases. This illness has high morbidity and mortality and it can disrupt the normal function of the patient. Immunosuppressors and many other drugs have been used to treat but different adverse side effects of these treatments make them unsafe; Therefore, since there is no definite cure for scleroderma. In modern medicine, traditional medicine treatment strategies to patient's relief can improve quality of life, decrease morbidity and mortality of the disease and decrease the various side effects of drugs in modern medicine treatment.

Case presentation: In this article, it was reported a 38 years old woman, known case of scleroderma who improved dramatically with traditional medicine methods after a short term course of treatment.

Conclusion: Scleroderma is a complex disease which has no definite cure in modern medicine. Traditional treatments can improve many annoying symptoms of the disease.

Keywords: Scleroderma, Raynaud's phenomenon, Melancholia, Cholera, Traditional Medicine.

INTRODUCTION

Scleroderma or systemic sclerosis is a chronic connective tissue disease generally classified as one of the autoimmune rheumatic diseases. The most common sign of disease is Raynaud's phenomena (in 70% of affected cases, occurs in 95% of affected cases at some times during their illness); pitting ulcers on the fingertips; The other symptoms are gastro-esophageal reflux disease, dyspepsia, progressive dyspnea,

chest pain (due to pulmonary artery hypertension), joint, muscle aches, loss of joint range of motion, and others.¹⁻³

This illness has high morbidity and mortality and it can disrupt the normal function of the patient. A lot of medication have been used in modern medicine to treat the complication of this disease, but there is no definite cure for scleroderma.^{1,4} Most common group of these treatments are

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immunosuppresses. Many drug complications have been reported in patients who lead to increased morbidity in patients.⁴ Therefore, life style modifications and traditional medicine treatment strategies can improve quality of life, decrease morbidity and mortality of the disease, and decrease the various side effects of drugs in modern medicine treatment.

CASE PRESENTATION

Represented case was about a 38- year old married woman and known case of Scleroderma. She has been diagnosed 8 years ago. She had fingers and face skin tightness. She was suffering from severe Raynaud's phenomena and gastro-esophageal reflux. Her laboratory result showed positive anti-centromere and anti-topoisomerase antibodies. She was not able to wash her hands and take a shower because of her severe Raynaud's phenomena and she had been suffering severe pain and bruise in such positions. Multiple wrinkles around the lips and rigidity in the movements of the fingers severely disrupted normal function of the patient.

In childhood history, she had warm skin, feeling of heat, dark and curly hair, and tiny skeleton. She always had sleep disorders, rigidity and irritability in her behavior. Therefore, she had choleric temperament basically. Over time, during adolescence and adulthood, body heat and dryness increased. About one year before onset of illness, heat symptoms were declined, but body dryness was deteriorated and about one year after the onset of being cold, scleroderma had started.

According to the schools of traditional medicines, increased heat and decreased body wetness leads to burning humors and accordingly, burned choleric humors change to melancholic humors which have cool and dry nature. The method of removal of the

melancholia from the body was heating and moisturizing the body by Monzej (Drug which makes waste material prepare to eliminate from the body) and purgative agents. A regimen consists of below agents was administered: Prunus Spinosa (15 numbers), Cichorium Intybus (root bark: 15 grams), Viola Odorata (dry flower: 15 grams), Adiantum Capillus (15 grams), Solanum Nigrum (15 grams), Fumaria Parviflora (15 grams), seeds of Cucumis Sativus (15 grams), Ziziphus Sativa (20 numbers), Matricaria Chamomilla (15 grams), Cordia Myxa (20 numbers), Phyllanthus Emblica (15 grams), seeds of Cichorium Intybus (10 grams), Echium Amenum (10 grams), Rosa (10 grams).

This dry material should be boiled in 1300 cc water until three-quarters of water be evaporated. Then, Alhagi Camelorum (10 grams) and Cotoneaster Nummularia (10 grams) should be added to the mixture and then it should be filtrated and used.

This combination should be used for forty days continuously and every 10 days, purgative of melancholia (result of burned cholera), also should be administered with this formula: Skin of Terminalia Chebula (25 grams), Yellow Terminalia (25 grams), Black Terminalia (25 grams), skin of Terminalia Bellerica (20 grams), Phyllanthus Emblica (20 grams), Currant without seeds (40 grams), Prunus Domestica (10 numbers), Echium Amoenum (15 grams), Asperugo Procumbens (15 grams), Matricaria Chamomila (30 grams), PolypodiumVulgare (10 grams). This combination should be boiled in 2 liters of water until 1200 cc of water remains. Then, Cuscuta Epithymum (50 grams) should be wrapped in linen, and then it should be suspended into the mixture until its extract comes out. Then, the mixture should be filtrated and Polypous (4 grams) should be added to the mixture and used.

It should be noted that purgative agent and `Monzej` should not be used at the same

day. Two forty-day periods after taking this combination, the patient suffered from severe pain in her feet which was not relieved with paregorics.

According to traditional medicine educations, the cause of the pain is pouring of melancholia.⁵ Therefore; leech therapy was used to exit melancholia. 12 leeches were applied below of the internal and the external malleoli of each foot. After 2 sessions of leech therapy within 2 weeks, the severe pain completely disappeared. Then, by increasing body humidity and more ripping of humor waste, `Ma-Al-Jobon` was administered. `Ma-Al-Jobon` is a liquid which is caught from conversion of milk into cheese. It should be boiled with Cuscuta Epithimum (10 grams). Daily consumption of this formula and twice a day, anointment of tightened skin with extract of Matricaria Chamomilla should have been done.

Reynaud's phenomena was completely recovered and after the first period of melancholia waste processing (preparation of waste material to eliminate from the body. In traditional medicine, the term `Nozj` is used for this purpose and Monzej is a drug which makes waste material preparation to eliminate from the body. There is no equivalent word in English for the term), gastro-esophageal refluxes were completely disappeared. Range of motion of the fingers was increased up to 50%.

It should be noted that from the beginning of the study, melanchogenic food such as eggplant, lentil, date, beef, veal, chicken, fast food and beverages, was removed from the patient's diet.

At the same time Whey and Cuscuta Epithimum were consumed, leech therapy was used in metacarpo-phalangeal joints (one leech in each joint). After 3 leech therapy sessions, 30% additional recovery was achieved in the range of motion of the fingers. In other words, 80% improvement in the range of motion of the fingers was

seen compared to the beginning of the treatment. At the moment, the patient feels warmth instead of frequent cold feeling which is due to opening of liver sinusoids from melancholia and patient shifting to her basic choleric temperament.

Hence, to prevent producing of melancholia from cholera every other day, Whey + Cuscuta Epithimum and medical beer has been administered and now, after 6 months of medication and 2 leech therapy sessions, significant improvement has emerged in the patient's general condition, the range of motion of the fingers, tightness of the skin and etc.

CONCLUSION

Iranian Traditional Medicine assumes that anything makes the body away from its nature and makes it dry and cold can trigger the signs and symptoms of tightness and hardening of the skin and other organs.⁶

There is no definite treatment for scleroderma in modern medicine. The major treatment of modern medicine are immunosuppressive drugs, and for treatment of Reynaud's phenomena vasodilators, calcium channel blockers, alpha blockers, serotonin receptor antagonists, angiotensin II receptor inhibitors are used.^{1,4} Many drug complications have been reported in patients which lead to increased morbidity in patients.⁴

Some hygienic orders and lifestyle modifications are recommended in both modern and traditional medicine such as quitting smoking, wearing warm clothes, globes and socks, avoiding skin trauma and lacerations, raising the head up to 10-15 cm in order to reduce gasro-esophageal refluxes.⁷

It should be noted that Iranian Traditional Medicine is in agreement with other schools of traditional medicine such as Egyptian, Greek, Indian and Chinese traditional medicine, but in many cases, there are differences between them.

Consequently, it is not comparable to any other traditional medicine schools.⁸ Review of literature on other traditional medicines was not helpful for our study. According to some case reports, a combination of Chinese Traditional Medicine and acupuncture has received good results in the treatment of Raynaud's phenomena in scleroderma.⁹

We hope, however, that our study will stimulate other researchers to explore further methods to treatment of this annoying disease.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ACKNOWLEDGEMENT

We would like to thank all individuals who collaborated and helped us to complete this project.

REFERENCES

1. Kappos L, Radue E-W, O'Connor P, Polman C, Hohlfeld R, Calabresi P, et al. A placebo-controlled trial of oral fingolimod in relapsing multiple sclerosis. *N Engl J Med*. 2010; 362(5): 387-401.
2. Jimenez SA, Cronin PM, Koenig AS, O'Brien MS, Castro SV, Varga J, et al. Scleroderma clinical presentation; 2012. Available from: <https://www.symptoma.com/en/info/scleroderma>.

3. Longo D, Fauci A, Kasper D, Hauser S, Jameson J, Loscalzo J. Harrison's principles of Internal Medicine. 18 Ed. New York: McGraw-Hill Professional; 2011.
4. Walker KM, Pope J, participating members of the Scleroderma Clinical Trials C, Canadian Scleroderma Research G. Treatment of systemic sclerosis complications: What to use when first-line treatment fails--a consensus of systemic sclerosis experts. *Semin Arthritis Rheum*. 2012; 42(1): 42-55.
5. Jorjani SA. Aghrazol tabieyeh val mabahecol allajieh. Correction and research by Tajbakhsh H. Tehran University Publication in partnership with academy of Medical Science. 2006; 1.
6. Arzani HMA. Tebe Akbari. Correction and research by the institute of Natural Medicine's revival. Ghom: Jalaleddin publication, Institute of History and Islamic Studies about Medical and Complementary Medicine; 2008.
7. Balbir-Gurman A, Braun-Moscovici Y. Scleroderma - new aspects in pathogenesis and treatment. *Best Pract Res Clin Rheumatol*. 2012; 26(1): 13-24.
8. Gorji A, Khaleghi Ghadiri M. History of epilepsy in Medieval Iranian medicine. *Neurosci Biobehav Rev*. 2001; 25(5): 455-61.
9. Yan XN, Zhang JR, Zhang CQ, Tian Q, Chen L, Chen L. Efficacy observation on acupuncture and moxibustion combined with hot compress of TCM herbs for scleroderma. *Zhongguo Zhen Jiu*. 2013; 33(5): 403-6.

How to cite the article: Ghayoumi AR, Mashayekhi A. Scleroderma treatment in Iranian traditional medicine: A case report. *Adv Herb Med*. 2017; 3(3): 1-4.