

ADVANTAGES OF TRADITIONAL MEDICINE METHODS IN THE TREATMENT OF PSORIASIS

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Psoriasis is a genetically determined chronic skin disorder of multifactorial origin, characterized by a recurrent course and immune-mediated inflammation, often accompanied by musculoskeletal involvement. It is considered one of the most common dermatological conditions. According to the World Health Organization (WHO), the global prevalence of psoriasis ranges from 0.5% to 5.5% of the general population, depending significantly on the climate and geographic region [1]. In recent years, psoriasis has increasingly been classified as a systemic disease due to its impact not only on the skin but also on joints, kidneys, and the liver—hence the term "psoriatic disease." Despite extensive research, the exact etiology of psoriasis remains unclear. The disease is characterized by epidermal hyperproliferation, impaired keratinocyte differentiation, and immune system dysregulation, leading to the production of immune-dependent cytokines and mediators that trigger inflammatory responses in the dermis [2]. Emotional stress and the psycho-emotional state of the patient are considered major triggering factors. In addition, chronic infections can provoke the initial manifestation of psoriasis. The disease frequently develops at sites of mechanical skin trauma—such as cuts, scratches, injections, abrasions, or burns—or after the use of certain medications (e.g., beta-blockers, non-steroidal anti-inflammatory drugs, or interferon). Climatic conditions also play a significant role; almost all patients report that sun exposure has a beneficial effect on their symptoms [1]. In recent years, novel and highly effective treatments based on the pathogenesis of the disease have been developed. Although these therapies may not lead to a complete cure, they help eliminate scaling lesions, which are a major factor in the reduction of patients' quality of life [3]. Treatment typically involves a comprehensive approach, including systemic and topical therapies, as well as physiotherapeutic procedures. When choosing the appropriate treatment method, clinicians take into account the stage of the disease, its clinical form, seasonal type (summer or winter), extent of skin involvement, comorbid conditions, and the patient's age [Olisova O.Yu. et al., 2020].

The aim of this study is to evaluate the effectiveness of traditional (folk) medicine methods in the treatment of patients with psoriasis.

Materials and methods of research: This study was conducted based on clinical observations at the Bukhara Regional Dermatology Center and the Integrative and Folk Medicine Clinic of the Abu Ali Ibn Sina Bukhara State Medical Institute. A total of 35 patients diagnosed with psoriasis were admitted and underwent comprehensive medical examination. The average age of the patients was 41 years.

All patients underwent abdominal ultrasound (USG) to assess comorbid gastrointestinal pathologies. The examination revealed the following associated conditions:

- Chronic cholecystitis in 20 patients (57%)
- Fatty liver disease (hepatic steatosis) in 10 patients (29%)
- Chronic pancreatitis in 5 patients (14%)

The patients were randomly divided into two treatment groups:

- Group 1 (n = 17): Received standard medical therapy, which included topical corticosteroids, systemic anti-inflammatory drugs, and vitamin therapy.
- Group 2 (n = 18): Received combined therapy, which included standard treatment plus traditional medicine approaches.

The folk medicine methods used in Group 2 included:

- Application of goose fat ointment (GOOSE FAT+) to affected skin areas
- Acupuncture sessions targeting systemic immune and dermatological meridians
- Detoxification of the gastrointestinal tract using a blend of medicinal herbs (e.g., milk thistle, chamomile, nettle)

Treatment duration for both groups was 10 days. Clinical outcomes were assessed based on changes in skin lesions (erythema, scaling, thickness), subjective symptoms (itching, discomfort), and patient-reported quality of life.

Results and Discussion

The treatment response was noticeably different between the two groups.

- In Group 1 (n = 17), improvement in skin condition and clinical symptoms was gradual and typically observed by Day 7 of therapy. Patients showed reduced scaling and moderate relief from itching and erythema.
- In Group 2 (n = 18), patients demonstrated earlier and more pronounced improvements, with clinical signs improving as early as Day 3. These included significant reduction in skin inflammation, itch relief, and overall patient satisfaction.

Comparative observation showed that the integration of traditional medicine methods enhanced the speed and effectiveness of psoriasis treatment.

Suggestions for Visuals and Additional Enhancements

Table 2: Clinical Response by Day

| Day of Therapy | % Improvement in Group 1 | % Improvement in Group 2 |
|----------------|--------------------------|--------------------------|
| Day 3 | 15% | 60% |
| Day 5 | 40% | 80% |
| Day 7 | 70% | 90% |
| Day 10 | 90% | 95% |

Patient Characteristics

| Parameter | Group 1 (n = 17) | Group 2 (n = 18) | Total (n = 35) |
|----------------------------|------------------|------------------|----------------|
| Average Age (years) | 40.7 ± 5.6 | 41.3 ± 6.1 | 41.0 ± 5.8 |
| Gender (M/F) | 10 / 7 | 11 / 7 | 21 / 14 |
| Comorbidities | | | |
| Chronic cholecystitis | 10 (59%) | 10 (56%) | 20 (57%) |
| Fatty liver disease | 5 (29%) | 5 (28%) | 10 (29%) |
| Chronic pancreatitis | 2 (12%) | 3 (17%) | 5 (14%) |
| Psoriasis Type | | | |
| Vulgaris (plaque) | 13 (76%) | 14 (78%) | 27 (77%) |
| Guttate | 3 (18%) | 3 (17%) | 6 (17%) |
| Others (e.g., pustular) | 1 (6%) | 1 (5%) | 2 (6%) |
| Disease Duration | | | |
| Less than 1 year | 4 (24%) | 5 (28%) | 9 (26%) |
| 1–5 years | 8 (47%) | 9 (50%) | 17 (49%) |
| More than 5 years | 5 (29%) | 4 (22%) | 9 (26%) |

Conclusion

The results of this study demonstrate that integrating traditional medicine methods—such as goose fat ointment, acupuncture, and herbal gastrointestinal detoxification—into the standard treatment of psoriasis can significantly enhance therapeutic outcomes. Patients in the combined therapy group (Group 2) experienced earlier and more pronounced improvements in clinical symptoms, such as reduced erythema, scaling, and itching, as early as the third day of treatment. In contrast, those receiving only standard therapy (Group 1) showed slower progress, with notable changes emerging around the seventh day.

These findings suggest that traditional medicine practices, when used in conjunction with evidence-based modern therapies, can accelerate recovery, improve skin healing, and enhance patient satisfaction. Furthermore, addressing gastrointestinal comorbidities and supporting systemic detoxification appears to play a critical role in achieving more stable and sustained remission in psoriasis patients.

The study also underscores the importance of a holistic and personalized approach to treating chronic inflammatory skin diseases like psoriasis. Emotional stress, dietary habits, and organ dysfunction—particularly of the liver and gallbladder—should be considered when designing treatment plans. Folk medicine, when applied rationally and under medical supervision, offers a valuable complementary strategy, especially in regions where traditional healing practices are culturally accepted and accessible.

However, further large-scale, randomized controlled trials are necessary to confirm these results and standardize protocols for the clinical use of traditional therapies in psoriasis management. Future research should also focus on identifying the molecular mechanisms behind the observed effects, optimizing treatment combinations, and ensuring safety and long-term efficacy.

In conclusion, the integration of traditional medicine methods with conventional dermatological treatment holds promise as a cost-effective, accessible, and holistic strategy for improving the quality of care for patients with psoriasis.

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