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Review of a Treatment for Psoriasis Using Herose, a Botanical Formula

Tony Tang Yuqi

Abstract

This study was undertaken to assess the efficacy of the herose formula as a treatment for psoriasis patients who have been previously treated with immunosuppressants. The study was an open one conducted in one center. Fifteen patients were instructed to take four herose capsules (450 mg per capsule) three times a day for 10 months. At each visit the investigator assessed each patient's PASI and therapeutic response to the treatment. The patients were treated and observed from February of 2004 to November of 2004. The results showed that the herose capsule may be an effective and safe treatment for moderate to severe plaque psoriasis.

Key words: psoriasis; herose capsule; homeopathic herbal drug

Introduction

Psoriasis is an immune-mediated, genetic disease manifesting in the skin and/or the joints. Approximately 1-2% of the population in Singapore suffers from psoriasis (1). Although topical treatments are sufficient for many patients, about 20% need additional systemic drugs. All of these bear a considerable potential for serious side effects, such as hepatotoxicity and nephrotoxicity (methotrexate, cyclosporine) (2, 3), teratogenicity (oral retinoids) (4), and cancer (PUVA, which is psoralen and long wave ultraviolet radiation; cyclosporine) (5, 6), which limits their long term use. Moreover, psoriasis usually recurs shortly after the cessation of immunosuppressive therapy (7).

This study was undertaken to assess the efficacy of herose formula treatment for moderate to severe psoriasis patients who have been previously treated with immunosuppressants.

Methods

Treatment Arm: Homeopathic Herbal Drug—the herose capsule consists of 450 mg of extract equivalent to 2,493 mg raw herbs, manufactured and encapsulated in accordance with good manufacturing procedures by a certified manufacturing laboratory inspected by the FDA:

Rhizoma Zingiberis (Gan Jiang) [Dried Ginger] (8)	454 mg
Radix Salviae Miltiorrhizae (Dan Shen) [Root of Przewalsk Sage] (8)	589 mg
Radix Astragali (Huang Qi) [Root of Membranous Milkvetch] (8)	331 mg
Ramulus Cinnamomi (Gui Zhi) [Cinnamon Twig] (8)	317 mg
Radix Paeconiae Alba (Bai Shao) [White Peony Root] (8)	165 mg
Radix Codonopsis Pilosula (Dang Shen) [Root of Pilose Asiabell] (8)	67 mg
Semen Coicis (Yi Yi Ren) [Seed of Job Stears] (8)	570 mg

This clinical study was done on 15 adult patients with moderate to severe psoriasis at the Natural Therapies Research Centre Singapore. All the patients seen were ambulatory, with a clinical diagnosis of chronic plaque psoriasis. The psoriasis patients were treated and observed from February to November of 2004. As seen in Table 1, most of the patients had had psoriasis

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Singapore College of Traditional Chinese Medicine (P6-04-097), Singapore.

Reprint requests to: Tony Tang Yuqi; 39 Kreta Ayer Road, Singapore, 089002.

Table 1. Data on patients enrolled in the study

Patient	PASI	Age, year	Gender	Duration of psoriasis, years	Treatment history
P1	65	34	M	17	Steroid (Topical), PUVA, MTX
P2	65	30	M	15	Steroid (Systemic), UVB, Neo-Tigason, MTX
P3	58	35	M	8	Steroid (Topical & Systemic), UVB
P4	50	49	M	29	Steroid (Topical), Calcipotriol
P5	40	37	M	10	Steroid (Topical), Calcipotriol
P6	36	26	F	11	Steroid (Topical & Systemic)
P7	29	64	M	2	Steroid (Topical)
P8	25	54	M	8	Steroid (Topical)
P9	22	38	M	2	Steroid (Topical), Calcipotriol
P10	22	47	M	1	Steroid (Topical)
P11	18	31	M	4	Calcipotriol, UVB

for more than eight years and had been previously treated with potent immunosuppressive drugs.

Treatment Assignment

The study was an open one conducted in one center. The patients were instructed to take four herose capsules (450 mg per capsule) three times a day after the cessation of immunosuppressive therapy. At the same time the patients were prescribed topical Johnson & Johnson baby lotion or Vaseline to relieve skin dryness. They were assessed on Day 1 and once every month thereafter until the end of the study. The efficacy parameters included the PASI (9) (Psoriasis Area and Severity Index) and the physician's assessment of the therapeutic response.

Assessment of Efficacy

At each visit, the investigator assessed each patient's mean difference in percentage change in scores on the psoriasis area and severity index, and the response rate ratios for both the patient's and the physician's overall assessments of marked improvement or better.

Adverse Events

Adverse event reports were elicited by general inquiry at all visits. Two patients complained about adverse events, namely headache and nausea, which were considered by the investigator not to be related to the study drug treatment received. Neither of the patients stopped the treatment because of these adverse events.

Results

Of the 15 patients initially treated by herose, 4 dropped out in the first two months for various extraneous reasons, such as lack of response, financial constraints, and migration out of Singapore.

After 10 months of treatment, of the 11 patients who completed the study (Fig. 1), 6 patients were almost cleared and achieved >75% reduction in PASI (Fig. 2); this is a 54.5% success rate. Three patients (27.3%) reported a 30% reduction in PASI score (Fig. 2) and 2 patients (18.2%) had a PASI score reduction of 15%.

All the patients recovered gradually in a wavelike process. Each peak of the wave (healing crisis) represented a rebound and

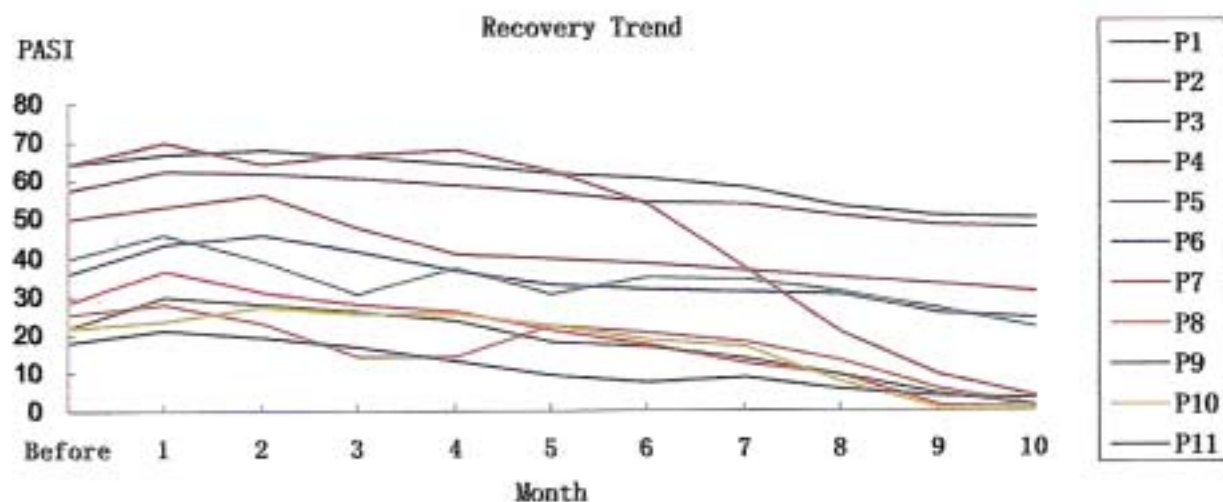


Fig. 1. Recovery trend

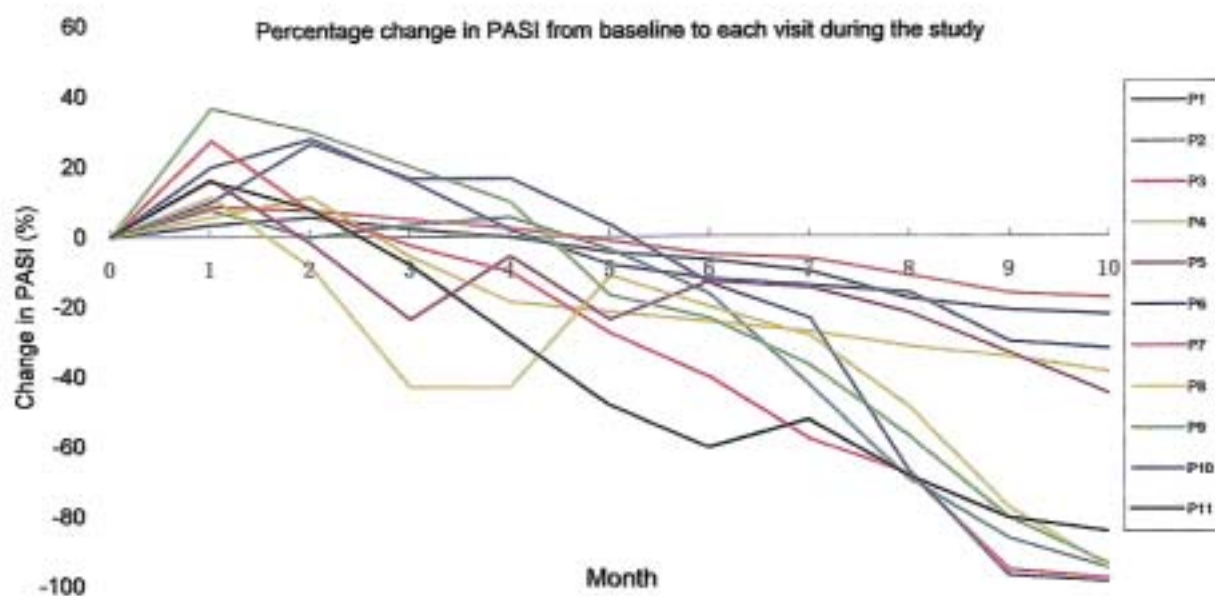


Fig. 2. Percentage change in PASI score

often arose on skin areas where the corticosteroid ointment had been frequently applied. The initial wavelike situation occurred within 10–30 days after treatment with herose capsules, as shown in Figure 1. However, the severity and frequency of rebounds reduced progressively with continued treatment.

The results of this study show that the

herose capsule may be an effective and safe treatment for moderate to serious plaque psoriasis. The long term success rate was high, especially in patients who previously had taken lesser amounts of topical or systemic immunosuppressive drugs.

Based on the ten months of this study, we deduced a wavelike healing progress cure pattern as shown on Figure 3. All the pa-

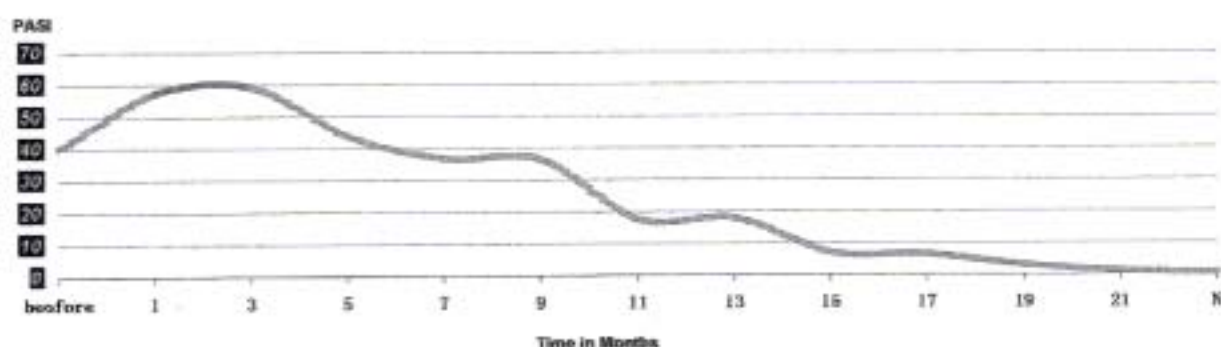


Fig. 3. Wavelike pattern of healing progress

tients recovered gradually in a wavelike process due to the side effects of immunosuppression, especially on the skin areas where the corticosteroid ointment had been applied. Psoriasis can be provoked by sudden withdrawal of steroid or immunosuppressive drugs; the body will experience rebound phenomena, which can include inflammatory reactions such as swelling of joints, allergic responses, feverishness, and discharge from the skin.

In all the 11 patients who continued the treatment until January of 2005 (12 months) when this the paper was written, the PASI score reduction was continuing to gradually improve.

Discussion

Ginger induces sweating to dispel exopathogens and warms the middle Jiao to arrest vomiting (10). Zingiberone and Zingerone, extracts of ginger, promote the adrenal medulla to double release catecholamine and has marked anti-inflammatory effects (11, 12). Dansheng acts by promoting blood circulation, relieving blood stasis, and resolving swelling (10). The basic ingredients of tanshinone can reduce aggregation of platelets, improve microcirculation, and they also have bacteriostatic and anti-inflammatory effects (13, 14). Astragali invigorates Qi, warms Yang, and induces diuresis to remove edema; in addition, the herb can be used in combination with herbs for promoting blood circulation to remove

blood stasis in order to treat numbness of limbs and the body or hemiparalysis caused by blood stasis due to Qi deficiency (10). Astragalus root can strengthen nonspecific immunity, enhancing T-lymphocyte and NK-cell function and promoting humoral immunity (15–20). Cinnamon induces sweat to dispel exopathogens and warms the channels to clear obstruction and reinforces Yang to promote Qi flow (10), it also has marked anti-allergic effects (21). White peony root lowers blood pressure and has anti-convulsion, anti-inflammation and ulcer-prevention effects (10). *In vitro* testing has revealed that this herb possesses potent inhibitory activity against *Shigella dysenteriae*, *Salmonella typhi* and *Staphylococcus aureus*, and against influenza virus to a certain extent as well (22, 23). Dangshen (Pilose Asiasbell) can enhance immunity and adaptive ability, including the ability to resist high and low temperatures, protects against ulcer and injury to the gastric mucosa, regulates gastrointestinal movement and strengthens myocardial contraction (24–29). The seeds of Job Stears act on the spleen, stomach, and lung channels to remove dampness, tonify the spleen, eliminate heat, and have sedative, analgesic, and antipyretic coxenoide effects (30). The ethanol extraction of the herb is an effective therapy for Ehrlich ascites sarcoma and prolongs the lifespan of cancerous rats (31).

Traditional Chinese medicine researchers believe that the causes of psoriasis are

"blood heat and deficiency of blood, which are internal igniters interacting with dryness-heat and pathogenic wind". Therefore the herbs that clean and remove heat from the blood were used to treat psoriasis. The Xiao Yin Pian (32), compiled in China *Pharmacopoeia*, is formulated from the cooling herbs named Ku Sen (*Redix Sophorae Flavescens*), Jin Yin Hua (*Flos Lonicerae*), Chan Tui (*Periostracum Cicadae*), etc. but the herose formula adopted a therapeutic method which is the reverse of what the classical TCM approach would be. The herose herbal drug stimulates the yang (Chinese Yin & Yang) component of the human body's immune system, stimulating blood circulation and facilitating the detoxification processes. The patients experience some adjustment to their bodies; at the same time, the normalization of their immune responses causes a wavelike healing progress. Herose capsules may play an important part in the management of immune system cells (T-cell) to avoid misfiring and inappropriately targeting the skin cells. The precise pharmacological mechanism of the herose formula on abnormal T-cell activities needs to be investigated further.

References

- 1) Pearl Forss, Channel News Asia, 7th November 2004.
- 2) Roenigk HH Jr, Auerbach R, Maibach H, Weinstein G, Lebwohl M: Methotrexate in psoriasis: consensus conferences, *J Am Acad Dermatol*, **38**: 478-485, 1998.
- 3) Grossman RM, Chevret S, Abi-Rached J, Blanchet F, Dubertret L: Long-term safety of cyclosporine in the treatment of psoriasis, *Arch Dermatol*, **132**: 623-629, 1996.
- 4) Paul C, Dubertret L: Etretnate and acitretine: Strategy for use and long-term side effects, in Roenigk HH Jr, Maibach HI (eds): *Psoriasis*, 3rd ed, Marcel Dekker, New York, 1996, pp 671-683.
- 5) Stern RS, Nichols KT, Väkevä LH: Malignant melanoma in patients treated for psoriasis with methoxsalen (psoralen) and ultraviolet A radiation (PUVA). The PUVA Follow-up Study, *N Engl J Med*, **336**: 1041-1045, 1997.
- 6) Paul CF, Ho VC, McGeown C, et al: Risk of malignancies in psoriasis patients treated with cyclosporine: A 5 y cohort study, *J Invest Dermatol*, **120**: 211-216, 2003.
- 7) Koo J, Lebwohl M: Duration of remission of psoriasis therapies, *J Am Acad Dermatol*, **41**: 51-59, 1999.
- 8) China Pharmacopoeia 2000 edition, Volume 1 by National Pharmacopoeia Committee, published by Chemical Industry Publishing House, pp 569-570.
- 9) Fredriksson T, Pettersson U: Severe psoriasis—Oral therapy with a new retinoid, *Dermatologica*, **157**: 238-244, 1978.
- 10) The Chinese Materia Medica, published by Academy Press, 1998, edited by Beijing University of Traditional Chinese Medicine, China.
- 11) Yu Z, Zhen S: Pharmacological studies on ginger, *Overseas Medical, Chinese Section*, **5**: 49, 1983.
- 12) Kawada T, Sakabe S, Watanabe T, et al: Some pungent principles of spices cause the adrenal medulla to secrete catecholamine in anesthetized rats. *Proc Soc Exp Biol Med*, **188**: 229, 1988.
- 13) Gao Y, Wang L, Tang JX: The anti-inflammation function of tanshinone, *Chinese Journal of Integrated Traditional and Western Medicine*, **3**: 300, 1983.
- 14) Gao J, Ma X: The anti-inflammation and bacteriostatic effect of ginger, *Chinese Journal of Integrated Traditional and Western Medicine*, **5**: 684, 1985.
- 15) New Medicine Journal published by Beijing Tuberculosis Research Institute, Isotope Division, **8**: 12, 1974.
- 16) Kang Y, Li X, Cheng X: Pharmacological function of astragalus polysaccharises on cardiovascular system, *Chinese Herbal Medicine*, **11**: 21, 1989.
- 17) Wu X: Preliminary observations on the effects of the Chinese medicinal herbs *Astragalus membranaceus* and *Ligustrum lucidum* on lymphocyte blastogenic responses, *Lan Zhou Medical School Bulletin*, **4**: 92, 1985.
- 18) Chen L: Effects of astragalus polysaccharises on phagocytic function in mice, *Acta Pharmacologica Sinica*, **3**: 200, 1981.
- 19) Sun Y, Zhu N: Experimental study of astragalus extract on immunity, *Chinese Journal of Microbiology and Immunology*, **4**: 211, 1983.
- 20) Xie S: *Fundamental of Immunology*, edited and published by Chinese Academy of Medical Sciences, Beijing, 1980, pp 84.
- 21) Xi Y, Shi L: Pharmacological studies on the anti-allergenic activity of Chinese cinnamon, *Studies of Traditional Medicine*, **9**: 3, 1976.
- 22) Ling Y: Effect of an extract of *paeonia lactiflora* on inhibitory activity, *New Journal of Traditional Chinese Medicine*, **3**: 51, 1989.
- 23) Xiao S, Yang S: Ontogenetic chemical changes of the active constituents in mudan (*Paeonia suffruticosa*), *Chinese Pharmacological Bulletin*, **9**: 58, 1993.

- 24) Wang S, Wang H: Investigations on the protective action of *Condonopsis pilosula* (Dangshen), *Shanxi Medical Journal*, **9**: 22, 1973.
- 25) Wang H: Clinical study on effect and therapeutic mechanism of extract of *Pilose Asiabell*, *Acta Pharmacologica Sinica*, **6**: 376, 1989.
- 26) Zhang R: Clinical study of therapeutical effect of Dangshen, *Lan Zhou Medical School Bulletin*, **3**: 161, 1992.
- 27) Li H: International Symposium on Traditional Medicine and Modern Pharmacology (Abstracts), 1986, pp 119.
- 28) Cui J: Gastrointestinal studies on Dangshen, *Chinese Herbal Medicine*, **8**: 21, 1988.
- 29) Huang L: Pharmacological studies on *Pilose Asiabell*, *Chinese Journal of Clinical Pharmacology*, **3**: 8, 1991.
- 30) Yu Y: Review on the chemical constituents and pharmacological activities of *semen coicis*, *Pharmacological Journal*, **79**: 1412, 1959.
- 31) Zhong C: Research on effect of *semen coicis* in enhancing anti-tumor metastasis action, *Japanese Journal of Surgery*, **61**: 234-247, 1960.
- 32) National Pharmacopoeia Committee (eds), *China Pharmacopoeia 2000 Edition, Volume 1*, Chemical Industry Publishing House, Beijing, 2000, pp 569-570.