

Use of Curcumin in Psoriasis

Veronica Di Nardo¹, Serena Gianfaldoni^{2*}, Georgi Tchernev³, Uwe Wollina⁴, Victoria Barygina⁵, Jacopo Lotti¹, Farah Daaboul⁶, Torello Lotti²

¹Department of Nuclear, Subnuclear and Radiation Physics, University of Rome "G. Marconi", Rome, Italy; ²University G. Marconi of Rome, Dermatology and Venereology, Rome, Italy; ³Medical Institute of Ministry of Interior Department of General, Vascular and Abdominal Surgery, Sofia, Bulgaria; ⁴Städtisches Klinikum Dresden, Department of Dermatology and Allergology, 01067 Dresden, Germany; ⁵Department of Biomedical Experimental and Clinical Sciences, University of Florence, Italy; ⁶Institute of Dermatological and Regenerative Sciences, Florence, Italy

Abstract

Citation: Di Nardo V, Gianfaldoni S, Tchernev G, Wollina U, Barygina V, Lotti J. Use of Curcumin in Psoriasis. Open Access Maced J Med Sci. 2018 Jan 25; 6(1):218-220. https://doi.org/10.3889/camjms.2018.055

Keywords: Psoriasis; Curcumin; Anti-inflammatory; Anti - oxidant; Efficacy; Safe profile

*Correspondence: Serena Gianfaldoni. University G. Marconi of Rome - Dermatology and Venereology, University G. Marconi of Rome, Rome, Italy. E-mail: serena.gianfaldoni@gmail.com

Received: 02-Nov-2017; Revised: 21-Nov-2017; Accepted: 29-Nov-2017; Online first: 21-Jan-2018

Copyright: © 2018 Veronica Di Nardo, Serena Gianfaldoni, Georgi Tchernev, Uwe Wollina, Victoria Barygina, Jacopo Lotti, Farah Daaboul, Torello Lotti. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BV-NC 4.0)

Funding: This research did not receive any financial support

Competing Interests: The authors have declared that no competing interests exist

Introduction

The traditional medicine, based on the administration of natural and herbal products for the treatment of several human diseases, has been employed by many different cultures throughout history, becoming today a real multi millionary industry, with a recorded cost of USD 10 billion/year [1].

Among the numerous herbal compounds available for the medical purpose, there is Curcumin, a polyphenol derived from the golden spice turmeric ("Curcuma longa"), of the Zinzigiberaceae family, characterised by many properties [2].

Since ancient time, Curcumin has been widely used for different purposes, such as culinary spice and alimentary addictive (e.g. ice cream, yogurt, orange juice, biscuits, popcorn, cakes, cereals, sauces, gelatins), make - up and, finally, as natural

Curcumin is a polyphenol derived from the golden spice turmeric, which is widely used for different purposes, such as culinary spice and alimentary addictive, make - up and, finally, as a natural product for the treatment of different diseases, especially for the chronic inflammatory ones. Recently, curcumin has been proposed as a valid and safe therapeutic option for psoriasis.

product for the treatment of different diseases, especially for the chronic inflammatory ones [3].

Although, its well - known effectiveness as a therapeutic herb, curcumin pharmacological properties have been scientifically proved only in the last century [4][5]. Today, it is clear how the wide range of use of curcumin in medicine is the result of its numerous properties, such as antioxidant, anti-inflammatory, anti - proliferative, anti-carcinogenic and anti-microbial ones [6][7].

In medicine, curcumin is used for the treatment of different diseases [3], like rheumatoid arthritis, eye diseases (e.g. chronic anterior uveitis, conjunctivitis), urinary tract infections, menstrual alterations, liver and gastrointestinal disorders (e.g. abdominal pain, inflammatory bowel disease) [3][8][9][10]. Furthermore, curcumin is used as adjuvant therapy for the treatment of skin cancers, chicken pox and wound healing [5][6].

Even if it may be assumed with diet, curcumin

is now formulated into tablets, at a different dosage, often associated to particular adjuvants (e.g. piperine, phospholipids), which lead to improving its absorption and bioavailability [11].

Curcumin and psoriasis

Psoriasis is a chronic, inflammatory, cellmediated disease, which involves the skin, and sometimes joints, bones, tendons, ligaments, nails, and mucosal membranes. Although it may represent with different clinical variants, the most commonly described is the "vulgaris" one, which is characterised by erythematous round or oval lesions, covered by white-silvery scales. Cutaneous lesions are usually localised on the elbows, knees, scalp and lumbarsacral region in a symmetric pattern, even if they can affect different body areas [12].

Despite the availability of different topical and systemic therapeutic options for the treatment of psoriasis [13][14][15][16][17], none of them provides excellent clinical results without the risk of side effects (Table 1).

Table 1: Common antipsoriatic therapies

Drugs	MoA	4
TOPICAL	Corticosteroids	Immunosoppressive; anti-inflammatory; anti-
		proliferative; vasocostriction
	Soothing: urea, allantoin, lanolin	Anti-inflammatory
	Keratolytics: salicylic acid 3 - 6%,	↓ cell – to - cell cohesion in the stratum corneum
	Alpha - Hydroxy acids (lactic acid,	\rightarrow
	propylene glycol), emollients, bath	Help to remove accumulated scales or hyperkeratosis
	Anthralin (Dithranol, 1, 8 – Dihydroxy – 9 - anthrone)	Anti - proliferative effect; anti-inflammatory effect
	Tars (coal tars and wood tars)	Keratoplastic; anti-acanthotic; photosensitizing (absorption spectrum of 330-550 nm); vasocostrictive
	Retinoids: tarazotene	Normalize the abnormal differentiation of keratinocytes; antiproliferative affects on keratinocytes; 1 expression of inflammatory markers on keratinocytes (e.g. HLA - DR, ICAM - I) I)
	Derivatives and analogues of vitamin D3: calcipotriol, tacalcitol, calcitriol	Regulation of epidermal hyperproliferation; enhancement of normal keratinisation; immunomodulating; anti-inflammatory; angiogenesis inhibition
	Calcineurin inhibitors: Tacrolimus, Pimecrolimus	Immunosuppression
PHOTOTHERAPY	PUVA therapy UVB, nbUVB, excimer laser	Cell cycle arrest; immunosuppression Cell cycle arrest; immunosoppression
SYSTEMIC	Methotrexate Acitretin	Antiproliferative; anti-inflammatory Normalize the abnormal differentiation of keratinocytes; antiproliferative affects on keratinocytes
	Cvclosporin A	Inhibition of CD4 T cells
	Fumaric acid esters	Immunomodulation
	Hvdroxvurea	Regulation of proliferating cells
	Sulfasalazine	Antiinflammatory
	Mycophenolate mofetil	Immunomodulator
	6 - Thioguanine	Cell cycle arrest
BIOLOGICS	Etanercep, Infliximab, Adalimumab	Anti TNFa

In the last years, an increasing number of studies underline the potential use of curcumin in the treatment of psoriasis. Many are the evidence which supports its therapeutic efficacy. The first one is that curcumin, with its antioxidative property, may reduce the oxidative stress of psoriatic lesions [18]. More recently, two different studies showed how curcumin therapeutic efficacy might also be related to its ability in inhibiting the phosphorylase kinases, which are increased in psoriatic patients [19][20]. Also interesting are the results, achieved by Varma et Al.,

about the use of curcumin at 25 and 50 μ M concentrations in the treatment of psoriatic - like cells (HaCaT cells), in vitro. The authors showed how curcumin was able to inhibit the proliferation of psoriatic - like cells, by the down-regulation of pro-inflammatory cytokines, such as interleukin - 17, tumour necrosis factor - α , interferon - γ and interleukin - 6. Moreover, curcumin significantly enhanced the skin - barrier function by the up-regulation of involucrin (iNV) and filaggrin (FLG) [21].

Recently, Kang D. et Al. have proved, on mice models, another important effect of curcumin, consisting in the inhibition of the potassium channels (subtypes Kv1.3) expressed on T cells, which seem to be involved in the onset of psoriasis. The antiinflammatory properties of curcumin, have been confirmed by the finding that mice, showed in their serum a decrease of more than 50% level of inflammatory factors, including TNF - α , IFN - γ , IL -2, IL - 12, IL - 22 and IL - 23 [22].

No study in vivo have shown side effects of curcumin in the treatment of psoriatic patients [23][24], and the U.S. Food and Drug Administration (FDA) has defined curcumin as "generally regarded as safe" (GRAS).

In conclusion, curcumin is a polyphenol derived from the golden spice turmeric ("Curcuma longa"). Because of its numerous properties (e.g. anti - oxidant, anti -proliferative, anti-inflammatory, antiviral, antibacterial and antifungal properties), curcumin has been used for the treatment of different diseases [25]. Recently it has been proposed for the treatment of psoriasis, where its efficacy seems to be the result of different mechanism of actions. Even if different studies, both in vitro and in vivo, have shown its efficacy and safe profile, further placebo-controlled studies are needed before recommending oral curcumin as a valid treatment for psoriasis.

References

1. Garodia P, Ichikawa H, Malani N, et Al. From ancient medicine to modern medicine: Ayurvedic concepts of health and their role in inflammation and cancer. J Soc Integr Oncol. 2007; 5: 25–37. https://doi.org/10.2310/7200.2006.029 PMid:17309811

2. Ammon HP, Wahl MA. Pharmacology of Curcuma longa. Planta Medica. 1991; 57(1):1–7. <u>https://doi.org/10.1055/s-2006-960004</u> PMid:2062949

3. Gupta SC, Patchva S, Koh W, et Al. Discovery of curcumin, a component of golden spice, and its miraculous biological activities. Clin Exp Pharmacol Physiol. 2012; 39 (3): 283–99. https://doi.org/10.1111/j.1440-1681.2011.05648.x PMid:22118895

PMCid:PMC3288651 4. Oppenheimer A. Turmeric (curcumin) in biliary diseases. Lancet.

4. Oppennemer A. rumenc (curcumin) in binary diseases. Lancet. 1937; 229: 619–21. <u>https://doi.org/10.1016/S0140-6736(00)98193-</u>5

5. Maheshwari RK, Singh AK, Gaddipati J, et al. Multiple biological activities of curcumin: a short review. Life Sci. 2006; 78: 2081–2087. <u>https://doi.org/10.1016/j.lfs.2005.12.007</u> PMid:16413584

6. Kim EJ, Lewis DJ, Dabaja BS et Al. Curcumin for the treatment of tumor - stage mycosis fungoides. Dermatol Ther. 2017; 30(4). https://doi.org/10.1111/dth.12511

7. Mills S, Bone K. Principles and Practice of Phytotherapy. Toronto, ON: Churchill Livingstone, 2000.

8. Dixit VP, Jain P, Joshi SC. Hypolipidaemic effects of Curcuma longa L. and Nardostachys jatamansi, DC in triton-induced hyperlipidaemic rats. Indian J Physiol Pharmacol. 1988; 32: 299–304. PMid:3215683

9. Bundy R, Walker AF, Middleton RW, et al. Turmeric extract may improve irritable bowel syndrome symptomology in otherwise healthy adults: A pilot study. J Altern Complement Med. 2004; 10: 1015–8. <u>https://doi.org/10.1089/acm.2004.10.1015</u> PMid:15673996

10. Hanai H, Sugimoto K. Curcumin has bright prospects for the treatment of inflammatory bowel disease. Curr Pharm Des. 2009; 15: 2087–94. <u>https://doi.org/10.2174/138161209788489177</u> PMid:19519446

11. Anand P, Kunnumakkara AB, Newman RA, et al. Bioavailability of curcumin: problems and promises. Mol Pharm. 2007; 4: 807–18. https://doi.org/10.1021/mp700113r PMid:17999464

12. Lotti T, Hercogova J, Prignano F. The concept of psoriatic disease: can cutaneous psoriasis any longer be separated by the systemic comorbidities? Dermatol Ther. 2010; 23(2): 119-22. https://doi.org/10.1111/j.1529-8019.2010.01305.x PMid:20415818

13. Goren A, Salafia A, McCoy J et al. Novel topical cream delivers safe and effective alternative to traditional psoriasis phototherapy. Dermatol Ther. 2014; 27(5):260-3.

https://doi.org/10.1111/dth.12132 PMid:24773915

14. Lotti T, Hercogova J. Successful treatment of psoriasis with low-dose per os interleukins 4, 10, and 11. Dermatol Ther. 2015; 28(1):1-2. <u>https://doi.org/10.1111/dth.12174</u> PMid:25286191

15. Lotti T. Something new under the sun in the field of psoriasis? Dermatol Ther. 2010; 23(2):99-100. <u>https://doi.org/10.1111/j.1529-8019.2010.01302.x</u> PMid:20415815

16. Farahnik B, Nakamura M, Singh RK et Al. The Patient's Guide to Psoriasis Treatment. Part 2: PUVA Phototherapy. Dermatol Ther (Heidelb). 2016; 6(3):315-24. <u>https://doi.org/10.1007/s13555-016-0130-9</u> PMid:27474030 PMCid:PMC4972736

17. Fioranelli M, Roccia MG, Lotti T. Risankizumab versus ustekinumab for moderate-to-severe plaque psoriasis. Dermatol Ther. 2017; 30(5). <u>https://doi.org/10.1111/dth.12507</u>

18. Barygina V., Becatti M, Soldi G, et Al. Altered redox status in the blood of psoriatic patients: involvement of NADPH oxidase and role of anti-TNF- α therapy. Redox Rep. 2013; 18(3):100-6. https://doi.org/10.1179/1351000213Y.0000000045 PMid:23601139

19. Reddy S, Aggarwal BB. Curcumin is a non - ompetitive and selective inhibitor of phosphorylase kinase. FEBS Lett. 1994; 341(1):19–22. <u>https://doi.org/10.1016/0014-5793(94)80232-7</u>

20. Heng MC, Song MK, Harker J, et al. Drug-induced suppression of phosphorylase kinase activity correlates with resolution of psoriasis as assessed by clinical, histological and immunohistochemical parameters. Br J Dermatol. 2000; 143 (5): 937–49. <u>https://doi.org/10.1046/j.1365-2133.2000.03767.x</u> PMid:11069500

21. Varma SR, Sivaprakasam TO, Mishra A, et Al. Imiquimodinduced psoriasis-like inflammation in differentiated Human keratinocytes: Its evaluation using curcumin. Eyr J Pharmacol. 2017; 813: 33-41. <u>https://doi.org/10.1016/j.ejphar.2017.07.040</u> PMid:28736282

22. Kang D, Luo L, Jiang W, et Al. Curcumin shows excellent therapeutic effect on psoriasis in mouse model. Biochimie. 2016; 123: 73-80. <u>https://doi.org/10.1016/j.biochi.2016.01.013</u> PMid:26826458

23. Kurd SK, Smith N, VanVoorhees A, Troxel AB, Badmaev V, Seykora JT, et al. Oral curcumin in the treatment of moderate to severe psoriasis vulgaris: a prospective clinical trial. J A Acad Dermatol. 2008; 58(4):625–31.

https://doi.org/10.1016/j.jaad.2007.12.035 PMCid:PMC4131208

24. Blumenthal M, Goldberg A, Brinckmann J. Herbal Medicine: Expanded Commission E Monographs. Newton, MA: Integr Med Comm, 2000: 379–84.

25. Aggarwal BB, Harikumar KB. Potential therapeutic effects of curcumin, the anti-inflammatory agent, against neurodegenerative, cardiovascular, ulmonary, metabolic, autoimmune and neoplastic diseases. Int J Biochem Cell Biol. 2009; 41(1):40–59. https://doi.org/10.1016/j.biocel.2008.06.010 PMid:18662800 PMCid:PMC2637808