

Practical Dietary Recommendations of Persian Medicine for Pruritus: A Brief Review

Running Title: *Dietary Recommendations of PM for Pruritus*

Mohammad Ali Zareian¹, Ayeh Naghizadeh², Laila Shirbeigi², Esmail Nazem², Fatemeh Nejatbakhsh^{2,3*}

¹Department of Persian Medicine, School of Persian Medicine, Shahid Sadoughi University of Medical Sciences, Ardakan, Yazd, Iran.

²Department of Iranian Traditional Medicine, School of Traditional Medicine, Tehran University of Medical Sciences, Tehran, Iran.

³Food Microbiology Research Center, Tehran University of Medical Sciences, Tehran, Iran.

ARTICLE INFO

Received: 02/24/2024

Accepted: 05/11/2024

*Corresponding author

Department of Iranian Traditional Medicine, School of Traditional Medicine, Tehran University of Medical Sciences, Tehran, Iran.
Food Microbiology Research Center, Tehran University of Medical Sciences, Tehran, Iran

Tel: +982188974535

Fax: +982188991829

E-mail

nejatbakhsh@tums.ac.ir

Abstract

This paper is a brief review of the practical dietary recommendations of Persian Medicine (PM) in the management of itching. According to our findings, PM scholars believe that the following dietary modifications help ameliorate pruritus: relative reduction of food intake, consuming tenuous foods, consumption of sweet-and-sour foods, whether natural (e.g., pomegranate juice) or man-made (e.g., oxymels), substances with astringent property, narcotics and quasi-narcotics such as a combination of dry coriander and sugar, using a group of substances called fine-humor-producing foods, laxative fruits such as tamarinds and plums, foods with sedative action including lettuce extract, watery foods containing ingredients such as barley, and increasing the share of healthy fats in the diet.

Keywords: Traditional Persian Medicine, Antihistamines, Anti-inflammatory Materials, Opioid Receptor Antagonists, Antipruritic.

Citation: Zareian M, Naghizadeh A, Shirbeigi L, Nazem E, Nejatbakhsh F Practical Dietary Recommendations of Persian Medicine for Pruritus: A Brief Review. *Adv Pharmacol Ther J.* 2024;4(1): 1-6

Introduction

Pruritus is a dermatological symptom associated with numerous diseases. Different pathways within and outside the central nervous system cause itching. Currently, antihistamines, anti-inflammatories, immunosuppressants, μ -opioid receptor antagonists, antidepressants, antiepileptic drugs, and thalidomide are used to treat itching depending on the patient's condition and disease severity (1,2).

Persian Medicine (PM), is a prominent division within the realm of traditional medical systems. This medical school embraces the collective medical knowledge of ancient Persia and Medieval Persia up to the modern period. The authors of this medical school have employed a humoral and experience-based approach in the field of maintaining health and treating diseases (3). In PM literature, itching is divided into exogenous and endogenous categories. Exogenous pruritus is caused by exposure to an external irritant. Avoiding the causative agent is the first step in treatment, followed by the use of local anti-inflammatory, and sometimes quasi-narcotic drugs such as coriander extract (4,5). In contrast, endogenous itching is caused by various internal factors that bring pruritus-causing substances to the skin. The first step of treatment in such cases is drawing blood via blood-letting, wet cupping, or leech therapy. The second step consists of diet therapy, and the third step is the use of oral and topical medications (5,6).

Methods

This study is a literature brief review of selected content from PM books based on content analysis.

Based on the theoretical sampling method, the process began with the book Canon of Medicine (Al-Qanun fi al-Tebb), by Avicenna. The keyword "Hekkeh" was searched in this book. After the categorization of data, sampling from other relevant books was conducted. To enhance the validity of the study findings, a diverse range of data sources were carefully chosen for extraction, leading to a form of triangulation within the data. This approach ensured that any information contradicting the initial data was not overlooked. Subsequently, PubMed and SID databases were searched utilizing the keywords itching and pruritus, and relevant information was collected. Evidence related to the obtained data from PM sources was also searched with appropriate keywords. Finally, content analysis was performed.

Results

Dietary strategies that help relieve itching and prevent recurrence include the following:

A. Relative reduction of food intake: According to PM literature, relative reduction in the amount of food, and also consuming tenuous foods can reduce the severity of itching. This is one of the best nutritional measures, provided that it does not lead to weakness (5). In an animal study, Alhadeff et al. demonstrated that hunger can inhibit pruritus of various etiologies via neurons in the hypothalamus and the degree of this inhibition depends on the severity of hunger (7).

B. Sweet-and-sour foods: Sweet-and-sour foods, whether natural (e.g., pomegranate juice) or man-made (e.g., oxymels), are among the most suitable foods for the management of itching. According to Iranian scholars, these substances help eliminate

causative substances from the site by opening pores and channels and improving circulation (5,6). Oxymel is a type of syrup prepared by boiling a combination of honey or sugar with vinegar (8). A study by Nakhaie et al. has revealed that vinegar can ameliorate uremia-induced pruritus (9). Moreover, there are numerous studies on the anti-inflammatory effects of vinegar (10), and the anti-inflammatory and antihistamine effects of honey (11). Several studies have demonstrated significant anti-inflammatory properties for pomegranate juice (12).

C. Astringent substances: According to PM, foods with light, volatile components that are separated upon ingestion, are classified as Mobakher (meaning vapor-producing) and have the potential to result in undesirable effects like pruritus (5). This concept is reminiscent of foods containing biogenic amines and polyamines, such as fish, meat, cheese, vegetables, and wine, which can provoke adverse reactions in the body, including allergies and itching (13). PM scholars believed that some substances with astringent property prevented the adverse reactions induced by Mobakher foods. Pomegranate juice and ground barley/wheat with sugar are examples of such astringent substances (5). Studies have shown that phenolic compounds contribute to astringency (14). Astringent substances probably induce these effects against Mobakher foods via exerting anti-inflammatory and antihistaminic activities (15).

D. Narcotic and quasi-narcotic compounds: Among compounds that are used to ameliorate severe itching, are narcotics and quasi-narcotics, such as a combination of dry coriander and sugar, as well as lettuce extract. Additionally, dry coriander and sugar combination is mentioned as a

compound that inhibits the vapor-producing effect of Mobakher foods (5). Studies have shown that lettuce can efficiently relieve pruritus via pathways such as stimulation of opioid receptors (16). Coriander may also help control itching by modulating opioid pathways (17).

E. Fine-humor-producing foods: PM scholars consider the four humors as precursors of organs and tissues and foods as precursors of humors. Fine-humor-producing foods are edibles that are not associated with any adverse changes in organs and tissues. Examples of these foods include pomegranate, barley, sweet almonds, chickpeas, jujubes, lettuce, sesame seeds, and pumpkins (18).

F. Laxatives: Laxative fruits such as tamarinds and plums, used as aqueous extract or as condiments are often recommended (5). No study has investigated the effect of laxatives on itching, to our knowledge. Nevertheless, research has shown the simultaneous occurrence of itching and constipation with stimulation of peripheral opioid receptors, and the improvement of both symptoms by opioid antagonists (19).

G. Sedatives: One of the effective measures in the management of itching is the use of sedatives, including lettuce extract (5). It is possible that the central H1 receptor pathway can explain the relationship between sedatives and relief from itching (20).

H. Soups and boiled foods containing anti-inflammatory compounds: Watery foods containing ingredients such as barley, mung beans, chickpeas, lentils, sweet almonds, non-spicy vegetables such as spinach, purslane, lettuce, chicory, pumpkin, tamarind, plum, pomegranate, sumac, unripe grapes, sweet almond oil, sesame oil, water extract of wheat bran, and goat meat or chicken are recommended for itching. The final taste of the food should be sweet-and-sour or tasteless (called Tafeh in PM). The final taste of food should not be sour, sweet, salty, bitter, or pungent (5).

I. Increasing the share of healthy fats in the diet: These include oils such as sweet almond oil and sesame oil (5). Malakouti et al., found these two oils to have a positive effect on the prevention of itching in striae, which can be a starting point for the investigation of other pruritic diseases (21). However, the role of some types of fat in the occurrence of itching and inflammation should be acknowledged (22).

Table 1 shows the mechanisms of action of foods recommended to control pruritus, according to PM sources and current evidence.

External and internal triggers of itching in PM literature include: sunlight or any intense light, temperature extremes (extreme cold or extreme heat), fever, dust, trauma, wind, consumption of foods that induce itching, insomnia, sexual intercourse, menstrual disorders, indigestion, intense physical activity (even excessive talking), fatigue, low humidity, seasonal changes, depressed mood (stress and sadness), anger, constipation, oversleeping, overeating at night, excessive bathing, vomiting, and wearing red-colored clothes (5)

Table 1. Most frequently mentioned foods in PM literature for the management of pruritus, along with possible mechanisms of action.

Recommended food	Form of use	Mechanism of action	
		Persian Medicine	Current evidence
<i>Oxymel</i> (5,24,25)	Beverage	Deopillant (opening of pores) (25) Anti-inflammatory (23)	<i>Vinegar</i> : amelioration of uremic itching (9), anti-inflammatory (10) <i>Honey</i> : anti-inflammatory, antihistamine (11)
<i>Whey protein</i> (4,5)	Beverage	Anti-inflammatory (25)	Anti-inflammatory, antioxidant (26)
<i>Pomegranate</i> (5,6)	Aqueous extract, syrup, added to food	Astringent (6,25), Anti-inflammatory (24)	Anti-inflammatory, antioxidant (12)
<i>Barley</i> (25,27)	Barley water, added to food	Anti-inflammatory (23,28)	<i>Barley water</i> : anti-inflammatory (28) <i>Barley</i> : anti-inflammatory (29)
<i>Tamarind</i> (5,25)	Aqueous extract, syrup, added to food	Anti-inflammatory, laxative (5,25)	Anti-inflammatory, modulation of opioid pathways (30)
<i>Plum</i> (5)	Aqueous extract, syrup, added to food	Anti-inflammatory, laxative (4)	Anti-inflammatory, antioxidant (31)
<i>Unripe grape</i> (5)	Aqueous extract, syrup, added to food	Anti-inflammatory (25)	<i>Anti-inflammatory</i> (32)
<i>Jujube</i> (27,3)	Aqueous extract, syrup, added to food	Anti-inflammatory (5,6)	Antioxidant, immune regulation, anti-allergy, sedation, anti-inflammatory (33)
<i>Diluted yogurt</i> (4,6)	Beverage	Anti-inflammatory (5)	Anti-inflammatory (34)
<i>Coriander</i> (4,5)	Aqueous extract, added to food	Anti-inflammatory, narcotic (25)	Modulation of opioid pathways (17)
<i>Lettuce</i> (5)		Anti-inflammatory, narcotic (5)	Modulation of opioid pathways (16)

Foods that can trigger itching according to PM sources are summarized in **Table 2**. Current studies have reported some of these compounds to cause pruritus or allergies. These include foods containing biogenic amines and polyamines, such

as fish, meat, cheese, vegetables, wine (13), psyllium (35), garlic (36), eggplants (37), beef (38), spicy foods (39), and salted and smoked fish (40).

Table 2. Foods that trigger pruritus

Forbidden foods	Example
Foods with a very cold temperament (5)	Animal intestines, Plantago seeds, peas
<i>Mobakher</i> foods* (25)	Fish, meat, cheese, vegetables, onion, garlic, leeks, broad beans, and wine
Hard-to-digest and compact-textured foods (5)	Cabbage, lentils, eggplant
Meat of large, old, and non-domesticated animals (5)	Cow, camel
Spicy food (5,27)	Mustard-laden food
Salty or salted-down food (5,27)	Salted-down fish
Very sour food (5)	Vinegar
Raw fruits (5)	Raw olive
Fermented or leftover food (4,5)	Smoked fish
Sweet food, especially those containing flour and oil (5,27)	Dates, all types of <i>Halva</i> (Persian confectionery made from flour, sugar, water, nuts and oil/fat)

* *Mobakher* (vapor-producing): foods with light, volatile components that get separated when consumed, leading to unpleasant symptoms such as pruritus (4).

An important point to consider is that the effect of nutrition in some types of pruritus depends on primary treatment recommendations, i.e., drawing blood. Hence, neglecting the steps of treatment may cause poor response to nutritional modifications (5, 6). For example, in the book *Kholasa al-Tajarob* (A Summary of Experiences), *Bahaoddoleh Razi* stated: “Drawing enough blood from the vein between the index and middle fingers of both hands, helps treat chronic itching (27)”.

In cases where endogenous pruritus is a symptom of an internal disease, it requires additional interventions to correct the underlying cause. Iranian scholars have specified the liver, stomach, uterus, kidney, and brain as crucial organs, the diseases of which can manifest as itching (5, 6). Naturally, treatment of itching in such conditions depends on treating the underlying cause. Accordingly, treating indigestion, as the most important cause of itching, especially in middle and old ages, is emphasized in PM literature (5).

Conflict of interest: The authors declare that they have no conflicts of interest.

Funding: No specific funding was received for this article.

Acknowledgments: No.

Ethical considerations: There are no ethical issues with this article.

Authors' contribution: Conceptualization: MA Zareian & L Shirbeigi. Methodology: F Nejatbakhsh. Investigation: MA Zareian & A Naghizadeh. Resources: E Nazem. Writing – Original Draft: MA Zareian & A Naghizadeh. Writing – Review & Editing: F Nejatbakhsh & L Shirbeigi. Supervision: F Nejatbakhsh & E Nazem. Project administration: MA Zareian & F Nejatbakhsh. Funding acquisition: F Nejatbakhsh & E Nazem.

References

- Summey Jr BT, Yosipovitch G. Pharmacologic advances in the systemic treatment of itch. *Dermatol Ther.* 2005;18(4):328-32.
- Schmelz M. Itch—mediators and mechanisms. *J Dermatol Sci.* 2002;28(2):91-6.
- Zargaran A. Which term is better: Persian Medicine or Iranian Traditional medicine? *J Res Hist Med.* 2014;3(4).
- Jorjani E. Zakhireh Kharazmshahi (Khwarazmshah's repertoire). Institute of Natural Medicine Restoration. Qom 2013. [in Persian]
- Chishti MAK. *Exir-e-Azam* (Great Elixir). Almaei. Tehran 2014. [in Persian].
- Avicenna. *Al-Qanun fi al-Tib* [The Canon of Medicine]. Alaalami Beirut Library Press. Beirut 2005. [in Arabic].
- Alhadeff AL, Park O, Hernandez E, Betley JN. Inhibition of itch by hunger and AgRP neuron activity. *Neuroscience.* 2020;450:126-34.
- Zargaran A. Oxymel in medieval Persia. *Pharm Hist (Lond).* 2012;42(1):11-3.
- Nakhaee S, Nasiri A, Waghei Y, Morshedi J. Comparison of *Avena sativa*, vinegar, and hydroxyzine for uremic pruritus of hemodialysis patients: a crossover randomized clinical trial. *Iran J Kidney Dis.* 2015;9(4):316.
- Budak NH, Aykin E, Seydim AC, Greene AK, Guzel-Seydim ZB. Functional properties of vinegar. *J Food Sci.* 2014;79(5):R757-R64.
- Aw Yong PY, Islam F, Harith HH, Israf DA, Tan JW, Tham CL. The potential use of honey as a remedy for allergic diseases: a mini-review. *Front Pharmacol.* 2021;11:599080.

12. Danesi F, Ferguson LR. Could pomegranate juice help in the control of inflammatory diseases? *Nutrients*. 2017;9(9):958.
13. Naila A, Flint S, Fletcher G, Bremer P, Meerdink G. Control of biogenic amines in food—existing and emerging approaches. *J Food Sci*. 2010;75(7):R139-R50.
14. Schöbel N, Radtke D, Kyereme J, Wollmann N, Cichy A, Obst K, et al. Astringency is a trigeminal sensation that involves the activation of G protein-coupled signaling by phenolic compounds. *Chemical senses*. 2014;39(6), pp.471-487.
15. Rakha A, Umar N, Rabail R, Butt M.S, Kieliszek M, Hassoun, et al. Anti-inflammatory and anti-allergic potential of dietary flavonoids: A review. *Biomedicine & Pharmacotherapy*. 2022;156, p.113945.
16. Sepehri NZ, Parvizi MM, Habibzadeh S, Handjani F. Lettuce as an Effective Remedy in Uremic Pruritus: Review of the Literature Supplemented by an In Silico Study. *Evid Based Complement Alternat Med*. 2022;2022.
17. Taherian AA, Vafaei AA, Ameri J. Opiate system mediate the antinociceptive effects of *Coriandrum sativum* in mice. *Iran J Pharm Res: IJPR*. 2012;11(2):679.
18. Fattahi YZ, Fadaei F, Asghari A, Naghizadeh A, Karimi M. Fine-Humor Producing *Materia Medica* in Persian Medicine. *Trad Int Med*. 2022:244-53.
19. Friedman JD, Buono FAD. Opioid antagonists in the treatment of opioid-induced constipation and pruritus. *Ann Pharmacother*. 2001;35(1):85-91.
20. Timmerman H. Why are non-sedating antihistamines non-sedating? *Clin Exp Allergy*. 1999;29:13-8.
21. Malakouti J, Farshbaf Khalili A, Kamrani A. Effect of sesame and sweet almond oil on the prevention of striae and itching caused by it in primiparous women: a randomized controlled trial. *Iran J Obstet Gynaecol Fertil*. 2015;18(170.16):1-11.
22. Ramsden CE, Domenichiello AF, Yuan Z-X, Sapio MR, Keyes GS, Mishra SK, et al. A systems approach for discovering linoleic acid derivatives that potentially mediate pain and itch. *Sci signal*. 2017;10(493):eaal5241.
23. Arzani A. Tib Akbari. Jalal al-din. Qom 2010. [in Persian].
24. Hosaini M. Tohfah al-Momenin. Nor-e- Vahy. Qom 2008. [in Persian].
25. Aghili MH. Makhzan-Al-Advieh (drug store). Bavardaran. Tehran 2001. [in Persian].
26. Zare F, Parvizi MM, Saki N, Jaladat AM. Applications of Ma'aljobon, a natural remedy from traditional Persian medicine, in dermatology: A journey from past to modernity. *Dermatol Ther*. 2020;33(6):e13931.
27. Razi B. Summary of Experiences (Kholasat Altajarob). Research Institute for Islamic and Complementary Medicine. Tehran 2004. [in Persian].
28. Derakhshan A, Khodadoost M, Ghanei M, Gachkar L, Hajimahdipour H, Taghipour A, et al. Effects of a novel barley-based formulation on allergic rhinitis: A randomized controlled trial. *Endocr Metab Immune Disord Drug Targets*. 2019;19(8):1224-31.
29. Obadi M, Sun J, Xu B. Highland barley: Chemical composition, bioactive compounds, health effects, and applications. *Food Res Int*. 2021;140:110065.
30. Komakech R, Kim Y-g, Matsabisa GM, Kang Y. Anti-inflammatory and analgesic potential of *Tamarindus indica* Linn.(Fabaceae): a narrative review. *Integr Med Res*. 2019;8(3):181-6.
31. Sabatini L, Fraternali D, Di Giacomo B, Mari M, Albertini MC, Gordillo B, et al. Chemical composition, antioxidant, antimicrobial and anti-inflammatory activity of *Prunus spinosa* L. fruit ethanol extract. *J Funct Foods*. 2020;67:103885.
32. Fia G, Bucalossi G, Proserpio C, Vincenzi S. Unripe grapes: an overview of the composition, traditional and innovative applications, and extraction methods of a promising waste of viticulture. *Aust J Grape Wine Res*. 2022;28(1):8-26.
33. Ruan J, Han Y, Kennedy JF, Jiang H, Cao H, Zhang Y, et al. A review on polysaccharides from jujube and their pharmacological activities. *Carbohydr Polym*. 2022:100220.
34. Lordan R, Zabetakis I. Invited review: The anti-inflammatory properties of dairy lipids. *J dairy sci*. 2017;100(6):4197-212.
35. Freeman GL. Psyllium hypersensitivity. *Ann allergy*. 1994;73(6):490-2.
36. Borrelli F, Capasso R, Izzo AA. Garlic (*Allium sativum* L.): adverse effects and drug interactions in humans. *Mol Nutr Food Res*. 2007;51(11):1386-97.
37. Ukleja-Sokołowska N, Gawrońska-Ukleja E, Żbikowska-Gotz M, Sokołowski Ł, Bartuzi Z. Recurrent anaphylaxis in patient allergic to eggplant—A lipid transfer protein (LTP) syndrome. *Asian Pac j allergy immunol*. 2018;36(2):109-12.
38. Fuentes MM, Palacios R, Garcés MM, Caballero M, Moneo I. Isolation and characterization of a heat-resistant beef allergen: myoglobin. *Allergy*. 2004;59(3):327-31.
39. Rajagopalan M, Saraswat A, Godse K, Shankar DK, Kandhari S, Shenoj SD, et al. Diagnosis and management of chronic pruritus: an expert consensus review. *Indian j dermatol*. 2017;62(1):7.
40. Sakr N, Hassan MA, Shaltout F, Elsheikh N. Assessment of Histamine Residues in Smoked and Salted fish. *BBMJ*. 2019;37(2):50-2.