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Effect of Oral and Local Unani Formulations in Chronic Leg Eczema: A Case Report

Saba Khanum[1], Iram Naaz[2], Sumbul Nida[1]

[1]PG Scholar, Department of Amraze Jild wa Tazeeniyat, National Institute of Unani Medicine, Bangalore, Karnataka 560091
[2]Assistant Professor, Department of Amraze Jild wa Tazeeniyat, National Institute of Unani Medicine, Bangalore, Karnataka 560091

Corresponding Author: Saba Khanum

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ABSTRACT

Nār Fārsī muzmin (Chronic eczema) is common dermatological condition with diverse etiology and morphology. It is clinically characterised by itching, redness, edema, papulovesicles in the acute stage and dry lichenified skin in the chronic stage. Its prevalence is incessantly increasing, affecting the Quality of Life (QoL) of patients. The medical study shows that those with eczema suffer from high levels of emotional stress, and the more severe the condition is the more psychological stress there may be. A 58 years old female patient was diagnosed with chronic leg eczema and treated with *Majoon Shahtara* orally and *Marham Kafoor* topically for 2 weeks. Outcome of the study was assessed with EASI, POEM, VAS and DLQI scores before and after treatment and the difference was significant clinically and statistically.

Keywords: Eczema; *Majoon Shahtara; Marham Kafoor; Nār Fārsī;* EASI; POEM; VAS; DLQI.

INTRODUCTION

Eczema literally means "boil out" (Gk. *ekzema*, from *ek* = out, *zema* = boil). The term denotes red skin with eruptions containing liquid that oozes out. The terms acute, subacute, and chronic for eczema denote its clinical and histological features as it evolves with the passage of time. Clinically, eczema is characterized by itching, redness, edema, papulovesicles in the acute stage; edema and scaling in the subacute stage; and dry lichenified skin in the chronic stage. Pathologically, it is a distinctive inflammatory pattern of response of skin. The terms eczema and dermatitis are usually used synonymously. [1] It affects anyone irrespective of the age and gender. It is not easy to classify eczemas. However, it is of practical use to classify eczemas into two broad groups, exogenous and endogenous, according to the predominance of the causative factors- whether they are largely external or internal. External factors are comparatively well defined as compared to internal ones. However, there can be a convergence of both in the causation of some eczemas. [1,2]

Eczema is ranked under top five skin diseases and it is estimated that 10% of population have eczema globally. [3,4] The prevalence of eczema is increasing worldwide due to rapid urbanization and environmental changes specially in developing countries and it can affect at any age and sex. [5]

Despite all available therapies, recurrence, relapse and chronicity of disease is still a major problem in the management of eczema. On the other hand, long-term use of these medications has been linked to multiple local and systemic side effects. It is

essential to provide an alternative therapy that can provide not only effective, safe, and economical treatment which also can act for a longer duration, prevent recurrence and should be free from adverse drug reactions (ADRs). Eczema is termed as *Nār Fārsi* or *Chhajan* or *Akota* in Unani system of medicine. [6] *Nār Fārsī (NF)* is characterized by dilute fluid filled blackish vesicles having erythematous or hyperpigmented base with thickened skin associated with extreme itching and burning. [7–10]The disease is not transmitted through the skin, it does, however, spread locally in its specific area. Severe itching, soreness and vesicles are the three prominent features of *Nār Fārsī.* [11]

Main causes of *NF* are *raqeeq safrawi khilt, saudawi khilt* and *hiddat wa kasrat dam.* [12]

Nār Fārsī muzmin (Chronic eczema) manifests by moderate to intense but prolonged pruritus, edema, less exudative, scaly, hyperpigmented and thickened skin lesions with excoriations and more likely to painful fissures (slit-shaped deep ulcers). [2]

Dyspigmentation (hyper- or /and hypopigmentation) can occur and lichenification is a thicker, dry state with prominent skin markings because of repetitive scratching or rubbing which are common manifestations of chronic eczema. [2]

CASE REPORT

A 58 years old female living in Bangalore, India presented with itchy skin lesions on bilateral lower legs for 1 year reported to NIUM OPD in June 2021. In dermatological examination, there was ill defined discoid scaly plaque lesions symmetrically present on both lower legs (figure 1). She was found *damvi mizaj* in her *mizaj* assessment. Her condition exacerbates due to the climate changes specially during summer and also due to eating spicy and non-veg food items. There was history of taking many allopathic treatments containing tablets, ointments, creams but condition was same. Patient's haematological examination was normal before starting the treatment which included Hb%, TLC, DLC with ESR, RBS, LFT, KFT. Family history was non-significant. There was no history of asthma, diabetes mellitus and thyroid disorder or no other associated disease or allergy. A written informed consent was obtained prior to the initiation of interventions.

Patient was advised to take *Majoon Shahtara* (table no. I) orally 12 g twice a day and apply the *Marham Kafoor* (table no. II) over affected areas of the both legs twice a day and at bed time. She was also advised to avoid spicy and non-veg food during treatment. Assessment of eczematous lesions was done by EASI (Eczema area and severity index) and POEM (Patient oriented eczema measure) scores at baseline and after treatment. Itching severity was graded by VAS before and after treatment. Effect on Quality of life (QoL) was assessed by DLQI (dermatology life quality index). Photographs of her lesions on legs were also taken at first and last day. Patient had continued to use all medications for 2 weeks. The photographs of eczematous conditions have shown in Figure 1, 2, 3

Table no. I: Ingredient of Majoon Shahtara [19]

S. No.	Drugs	*Scientific name*	Quantity
1.	*Post Halela Zard*	*Terminalia chebula*	9 g
2.	*Post Halela Kabuli*	*Terminalia chebula*	9 g
3.	*Halela Siyah*	*Terminalia chebula*	9 g
4.	*Badranjboya*	*Nepata hindostana*	22 g
5.	*Shahtara*	*Fumaria parviflora*	180 g

Table no. II: Ingredient of Marham Kafoor [20]

S. No.	Drugs	*Scientific name*	Quantity
1.	Safaida Kashgari	*Zinc oxide*	60 g
2.	Kafoor	*Cinnamomum camphora*	15 g
3.	Roghane Kunjad	*Sesamum indicum*	450 ml
4.	Mom	*Wax*	150 g
5.	Alkahal Khashabi	*Methylated Spirit*	20 ml
6.	Safaidi Baiza Murgh	*Egg-white of Hen's egg*	05

Figure 1 (a), before treatment, Figure 1(b), after 2 weeks of treatment

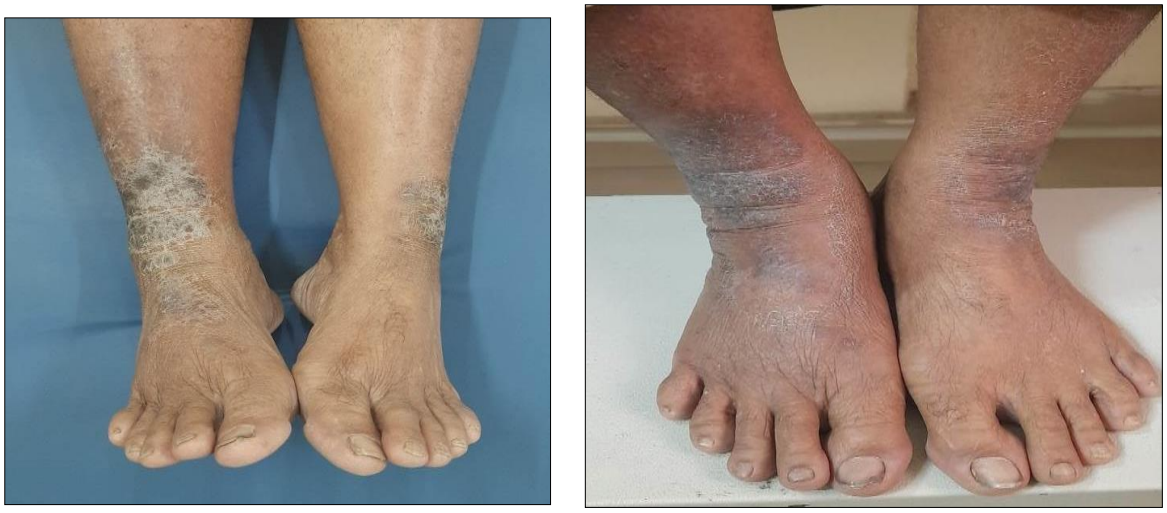


Figure 2 (a) showing lesion before treatment (b) after treatment on right foot

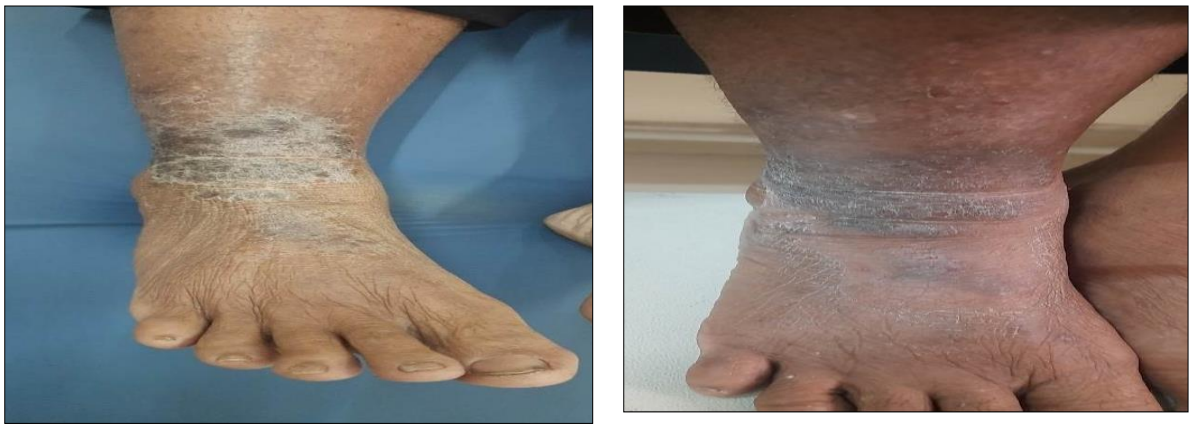
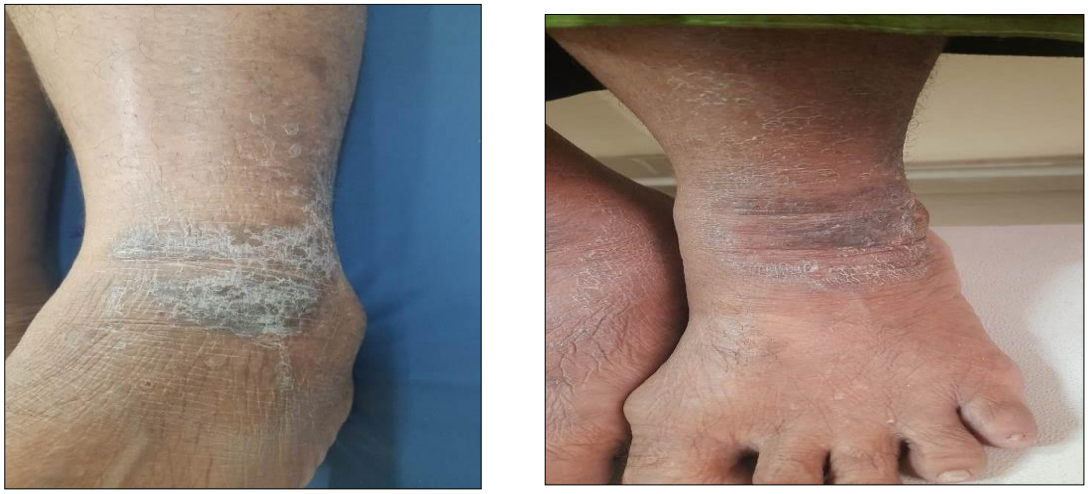


Figure 2 (a) showing lesion before treatment (b) after treatment on left foot



RESULTS

It was observed that skin lesions started improving by the fourth-fifth day and significantly improved by 2 weeks. EASI score was 5.4 at baseline and 3.2 after 2 weeks and POEM score was significantly decreased from 21 to 7 in 2 weeks. VAS for itching dramatically reduced from 9 to 6 only in 2 weeks. DLQI was 10 at baseline and 4 at last day of treatment. During the entire period of treatment, no side effects

were observed. Patient was quite satisfied with this treatment as well.

DISCUSSION

Nār Fārsī is a common skin disorder that affects physical appearance of person as well as disturb patient's social and psychological life. Etiology of *NF* is *khilte haad raqeeq* which is *safrawi* in nature, sometimes *khilte sawda* may present with it. [12] Excess in quality and quantity of *khilte dam* is a causative factor as well. [12]

Therefore, removal of cause and evacuation of morbid material i. e. *khilte safra wa sawda* is main aspect of treatment. It can be done by many ways according to Unani system of medicine. *Tadeel wa tabreed* is one of the methods to normalise the properties of *safra*. Apart from that *tasfia dam* is always considered as treatment of choice for various dermatological diseases. *Majaffif, muhallil and mubarrid advia* should be applied topically. [12]

Hence, *Majoon Shahtara* for oral use and *Marham Kafoor* for topical use were selected for treatment for *NF* on the basis of above-mentioned principles.

The improvement in assessment scores was due to *musaffi khoon, muhallil, mubarrid* actions of *Majoon Shahtara* and *mujaffif, muhallil and dafe taffun* actions of *Marham Kafoor*.

The significant improvement of lesions is due to known pharmacological actions of these individual drugs that supports our approach regarding efficacy of all drugs like anti-inflammatory, antioxidant, immunomodulatory actions of *Shahtara*, [13] *halelajat* [14] and *badranjboya* [15] and anti-inflammatory, anti-pruritic, antibacterial, antioxidant activity of *kafoor*, [16] healing property of *safeda kashgari* [17] and *safedi baiza-e murgh* [18] and emollient effect of wax and *roghan kunjad*.

Thus we can say that scientific studies and reported effects of the individual drugs and combined unani formulations are in conformity to a great extent with our hypothesis and inferences we drew out this case study. Further no side effects were observed during or after the intervention. However detailed studies are required to determine relapse and recurrence of disease over a long period of time with large sample size.

CONCLUSION

This study shows that *Majoon Shahtara* orally and *Marham Kafoor* topically given in *Nār Fārsī muzmin* are safe, effective and well accepted by patient and give drastic changes in sign and symptoms of *Nār Fārsī muzmin*.

Conflict of Interest: None

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