Management of contact irritant dermatitis, frost bite and tinea Barbae with unani medicine: Case series study

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Abstract

Introduction: Skin disease are been successfully treated with Unani system of medicine for thousands of years. Here we report three cases of various skin diseases commonly prevalent in Kashmir i.e. frost bite, contact irritant dermatitis and ringworm infection.

Methodology: here we report three cases of frost bite, contact irritant dermatitis and ringworm infection respectively that were given same Unani treatment both orally and locally respectively. Results were based on liker scale for sign and symptoms. Photographs were taken before and after treatment.

Results: All the three patients were treated by same mode of treatment successfully revalidating its efficacy and have promising results which could further be evaluated in large clinical trials.

Keywords: Frost bite, contact irritant dermatitis, ringworm infection

Introduction

Frostbite is a condition of peripheral cold injuries which include both freezing and non-freezing of tissues. Frostbite occurs when tissue temperature drops below 0°C [1]. Irritant contact dermatitis is most frequently caused by occupational exposure either as an industrial contact or household contact. It is an eruption on skin surface in which initially there is erythema, burning sensation followed by formation of papules along with itching on the affected site [2]. It is worsened by exposure to cold temperature and low humidity [3]. In Unani system of medicine ring worm is called daadh and is defined as infectious skin disease which usually affects the skin as round patch and is usually caused by disease of liver, indigestion, malarial fever and from already infected persons. If tinea is affecting the beard area then it is called as tinea barbae [4].

Methodology

Here we report three cases series of (1) frost bite, (2) contact irritant dermatitis and (3) ringworm infection.

Case 1: a patient with age 16 years student female came to O.P.D. with symptoms itching, swelling, redness and white scaly skin of bilateral dorsal surface of feet for 20 days. Symptoms were gradual in onset and had occurred every now and then since three months. Its onset was aggravated with winter season patient has history of mild frost bite (grade 1) since many years but this winter was severe (grade 3). No H/O hypertension, D.M, T.B, rheumatoid arthritis or any other chronic and allergic disease was present. Patient was not taking any medicine for any previous ailments. No family history of H/O hypertension, D.M, raynaud’s phenomenon was not significant. Symptoms aggravated by frequent exposure to warm or cold temperature.

On examination Frostbite lesion was many in number on both feet. Two lesions were big in size and were ulcerative with indurated margins surrounded by white or grey tissue (Figure 1).
Case 1: A 54-year-old male patient working in a sewage treatment plant since 15 years came to OPD with the complaint of itching, burning sensation, and scaly skin on both palmar surfaces of both hands for 2 years. No history of DM, TB, HTN, Bronchial asthma or any other chronic disease was present. No contact with chlorine used for chlorination of water has been marked and since then he frequently develops symptoms of severe itching, severe scaling and severe burning sensation on both palms was present. No F/H of DM, TB, HTN, or allergic disease has been noted. Patient is not taking any medicine for any other ailments. O/E, on palmar surfaces of both hands small superficial ulcerous lesions were present with margins not raised on fingers especially on digital pulps. Fingers of both hands were swollen and yellowish discolouration possibly suggestive of subcutaneous accumulation of pus was present. Skin on both palmar surfaces was scaly in nature and multiple small fissures were present. (Figure 2) Patient was given Unani treatment both oral as well as local and was asked for follow up every week.

Case 2: A 54-year-old female patient working in a sewage treatment plant since 15 years came to OPD with the complaint of itching, burning sensation, and scaly skin on both palmar surfaces of both hands for 2 years. No history of DM, TB, HTN, Bronchial asthma or any other chronic disease was present. No contact with chlorine used for chlorination of water has been marked and since then she frequently develops symptoms of severe itching, severe scaling and severe burning sensation on both palms was present. No F/H of DM, TB, HTN, or allergic disease has been noted. Patient is not taking any medicine for any other ailments. O/E, on palmar surfaces of both hands small superficial ulcerous lesions were present with margins not raised on fingers especially on digital pulps. Fingers of both hands were swollen and yellowish discolouration possibly suggestive of subcutaneous accumulation of pus was present. Skin on both palmar surfaces was scaly in nature and multiple small fissures were present. (Figure 2) Patient was given Unani treatment both oral as well as local and was asked for follow up every week.

Case 3: A 54-year-old male patient working in a sewage treatment plant since 15 years came to OPD with the complaint of itching, burning sensation, and scaly skin on both palmar surfaces of both hands for 2 years. No history of DM, TB, HTN, Bronchial asthma or any other chronic disease was present. No contact with chlorine used for chlorination of water has been marked and since then he frequently develops symptoms of severe itching, severe scaling and severe burning sensation on both palms was present. No F/H of DM, TB, HTN, or allergic disease has been noted. Patient is not taking any medicine for any other ailments. O/E, on palmar surfaces of both hands small superficial ulcerous lesions were present with margins not raised on fingers especially on digital pulps. Fingers of both hands were swollen and yellowish discolouration possibly suggestive of subcutaneous accumulation of pus was present. Skin on both palmar surfaces was scaly in nature and multiple small fissures were present. (Figure 2) Patient was given Unani treatment both oral as well as local and was asked for follow up every week.

Treatment: Orally Arq murakah mussafi khoon 3tsf T.D.S with water was given for three weeks in all three cases. Locally, patient of tinea barbae was asked to make powder of Barg-e-neem, Barg-e-heena and gandhak powder and then mixed with ghee and applied twice daily for one hour for two weeks.

In case of F.B. Locally, Pashoya (foot bath) was given to patient. Pashoya is a regimen therapy in which foot are dipped in medicated lukewarm water for 15 minutes. Here Pashoya also consisted of Barg-e-Heena (leaves of Lawsonia inermis), Barg-e-Neem (leaves of Melia azadirachta) and Parsiyaoonsaan (Adiantum capillus) in equal quantities twice a day for one month. After one month patient was given mild moisturizer for local application.

In case of C.D., patient was asked to keep his hands in Bargi neem, bergi hena decoction for 15mins once a day. After that apply Paste (Zimad) of gandhak powder (sulfur) mixed with ghee was given for two weeks. After two weeks Marham-e-goooba was given locally twice daily.

Results
Case 1: On first follow up i.e. 7th day patient was feeling better, scales were moderate, ulcers were healed with little discoloration on affected sites. Moderate erythema was present with mild itching; yellow discoloration of digits was not present.

On 2nd and 3rd visit after 14 days of treatment, patient was feeling better with mild to no itching, mild scales, small fissures were present on flexure surfaces of fingers with mild erythema. On last visit after 28 days, of treatment patient was feeling alright with no itching, mild scales and no erythema (Figure 4)
Case 2: on first follow up i.e 7th day Symptoms such as itching and redness decreased moderately. No significant change was seen in lesions. After three weeks, symptomatically patient had no itching, oedema, redness and tenderness. Ulcers were healed with significant improvement in lesions on both feet. The affected areas were left with de-pigmentation and dry scaly skin. After five weeks, lesions were completely healed with less dry scaly skin. (Figure 5)

Case 3: On first follow up i.e 7th day, size of lesion was reduced, scaling decreased from severe to moderate grade, erythematous borders were least demarcated. Itching improved from severe to mild grade. On second follow up i.e. after seventeen days of treatment patient was completely feeling better with no lesions on the effected side and there was no itching the lesions were completely healed (Figure 6 (a) (b))

Conclusion
From the above results it is evident that Unani treatment for frost bite, C.D. and tinea is very effective. Barg-e-Heena has known action such as Musakin (analgesic), Mujaff (desiccative), Mulhalil (anti-inflammatory) and has been proved by many phytochemical analysis that it contains lawsone, coumarine which have antimicrobial, antitumerogenic, anti-inflammatory, anti-apoptotic action. 5, 6, 7; Barg-e-Neem has known action such as Musakin (analgesic), Mulhalil (anti-inflammatory), Dafah Tafun (anisepctic) and Parsiyaansaan is Mulhalil (anti-inflammatory), juli (detergent) and mulatifil (demulcent). 5, 6 This could be attributed to the fact that herbs used are bestowed with anti-inflammatory, detergent, demulcent, analgesic, anisepctic, antibacterial, desiccative and anti-ulcerative properties. Arq murakab musafi khoon is used orally and it is compound Unani formulation. Its composition has principle component as neem which is Musakin (analgesic), Mulhalil (anti-inflammatory) and Dafah Tafun (antiseptic) in nature. The other components of this formulation are mostly blood purifiers, anti-inflammatory and hepato-protective.5, 6 Gandhak (sulphur) has known action of mulhalil, jazibi ratoobat, katil-e-jaraseem (anti-bacterial), jaali (detergent) and mujaffil.

From above discussion it can be concluded that Unani medicines have different actions in same compound formulations and is effective in treatment of various skin disease without any side-effects. Further clinical trials on large scale can further revalidate the efficacy and safety of above formulations on modern scientific parameters.

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