Unani perspective of Baras (Vitiligo) and its management in unani system of medicine: A review

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Abstract
Baras (Vitiligo) is an acquired pigmentary, multifactorial, Polygenic disorder, with a complex pathogenesis. It is a common depigmenting disorder has an estimated prevalence of 0.5-2% of the population worldwide. The disease is characterized by the selective loss of melanocytes which results in typical non scaly, chalky white macules. The main effect of Baras (Vitiligo) is in the form of psychological impact of the disease. In unani system of medicine (USM) Baras is caused due to weakness of Quwat –e-Mughaiyirah wa Mushabbiha (transformative faculty) of the skin and the liver. Besides these Fasad-ud –Dam (impairment of blood) and Burudat –ud-Dam (coldness of blood) also play an important role in aggravating Baras. The role of diet (restrictions and recommendations) are well documented in the classic unani literature in the management of Baras (Vitiligo). The Management of Baras (Vitiligo) involves Tanqiya –e-Budan. It is performed in three steps: administering Muruzj –e-Balgham drugs till Nuzj appears followed by three mushily (Purges) and Tabreed (Cooling agents) after every Ishal.

Objective: At this time there is no effective pharmaceutical treatment for Baras (Vitiligo). Therefore, the major aim of this article is to summarize the evidence regarding the dietary measures and treatment approach of Baras (Vitiligo) in USM.

Methodology: Through ancient unani literature and journals related to the psychological effect, role of diet and management of Baras (Vitiligo).

Conclusion: Present review has been studied on the principles of unani medicine which concludes that diet and unani drugs plays vital role in the management of Baras (Vitiligo).

Keywords: Baras, vitiligo, USM, Quwat–e-Mughaiyirah wa Mushabbiha, Fasad –e-Dam

Introduction
Baras (Vitiligo) is a disorder of pigmentation characterized by the presence of depigmented skin macules due to chronic and progressive loss of melanocytes from the epidermis. Localised depigmentation with a family history of the condition is found in one third of the patients. Large population surveys have shown a worldwide incidence of 0.5-2%, with the disease beginning before the age of 20 in 50% of cases. In India the incidence among dermatology outdoor patients is estimated to be between 3-4 percent. Vitiligo commonly affects the face and extremities and is often immediately visible to others and hence provokes high level of distress associated with appearance concerns. Baras (Vitiligo) is clinically characterized by depigmented macules, which are chalky or milky white. Sometimes, pigment loss is partial and occasionally 3 shades are seen in the same lesion (Trichrome). Macules have scalloped outline and forming geographical pattern on fusion with neighbouring lesion. Linear lesions often seen, due to koebners phenomenon. Several patterns of Vitiligo recognized: Localised-:Focal (single or few macules in one anatomic area), Segmental-Lesions arranged linearly in a segment, Mucosal like lips and genitals, Lip-Tip (on the lips and finger tips), Generalised:-Acrofacial, Vitiligo vulgaris (most common) and Universals. The psycosocial impact of Vitiligo is comparable with other skin disorders like psoriasis and eczema. With the clinical guidelines, the main impact of Vitiligo is the psychological effect of the disease for example high level of emotional responses were reported, such as increased self-consciousness, lower self-esteem, higher level of perceived stigma and disability, anger, poorer quality of life overall and negative impact on sexual relationships.

Concept of (Baras) Vitiligo in Unani system of medicine
According to Jalinoos (Galen) as mentioned in the manuscript Moalijat –e-Baqratiya, the cause of Baras is the weakness of quwwat-e-Mughaiyarahwa Mushabbiha (Transformative faculty) in the organs.
Rabban Tabri while describing the aetiology of Baras in his famous book Firdous al –Hikmat says: Fasad –ud –dam (impairment of blood) and Burudat-ud –dam (coldness of blood) are the main causes of Baras. If the digestive faculty of the body cannot digest the food properly, the blood of the whole body becomes impure. When this impurity occurs due to Balgham (phlegm) or coldness, it appears as Baras [13].

Zakariya-Al-Razi (Rhazes) has given a comprehensive description of this disease. Here are a few excerpts from his most esteemed work Al Hawi [14]. Sometimes Bahaq Abyaz (Vitiligo Alba) reaches a stage when grayish hairs grow on patches. To examine whether it is curable or not, affected areas are rubbed; if the patches do not turn red then prick the lesion, if whitish fluid comes out, the possibility of recovery is remote and vice versa.

Bahaq is like Wazah (leucoderma) and it does not penetrate as deep as does baras. In baras hairs also become grey along with patches, and this greyishness is due to phlegm. According to Razi if white patches of baras do not turn red on rubbing or when instead of blood white fluid comes out on prickng them, the possibility of recovery is remote. If the white patches are limited and non-extensive and the color of the patches is yellow or reddish early cure can be expected. Conversely, when baras is extensive and widely spreading and where the affected areas become bloodless and the colour of the patches is cloudy, it is incurable. He also adds that the patches on the feet and head do not respond to treatment adequately.

Shamoon as quoted in Razi’s Al-Hawi says: Bars occurs due to frequent use of such food articles that contain water in excessive quantity.

Ibn-e- Sarabiyooin (as quoted in Razis Al Hawi) says: If the Baras spreads over a large portion of the body or when it becomes highly chronic or when milky fluid comes out on prickng the baras patch, it is not curable and vice versa.

Al Majusi in his masterpiece Kamil al-Sana’ah says: Baras is whiteness occurring in outer surface of the body. Sometimes it affects few organs and sometimes it affects all organs. Consequently whole body becomes white. The disease occurs due to increase of phlegmatic humor in the blood, and due to weakness in Quwwat-e- Mughiiyiar in the organ. As far as the symptoms are concerned, the organ becomes white, even hairs also turns white. If the skin is punctured with needle, the white fluid oozes instead of blood, there is no chance for cure.

When Bars becomes chronic the treatment is difficult. The primary step in treatment of this disorder is to restrict the intake of phlegm forming foods such as milk, fresh fish and cold wet edibles. Besides, this the patient should be given honey, Turbud, Ghariqoon, Shahm-e- Hanzal, Habb –un – Neel etc. [15]

Ibn-e-Sina (Avicenna) in his medical encyclopedia says [16]
The third factor is Tashbeeh, The power which converts the nutrients and gives them the form of tissue. In normal condition, This shape is perfect by all means according to the characteristics of that particular tissue, by its consistency color etc. Sometimes this function of Ghazia is deranged as seen in case of Baras or Bahaq, in both the instances the nutrient material reaches the tissue and is retained there but does not take proper form due to failure of this shaping power.

In the above reference, Avicenna says that the defects lie at the tissue level in the function of Quwwat-e- Mushabbeha. Therefore due to failure of this power depigmentation occurs. Daud Antaki in his Tazkira opines about the treatment of Baras in the following words: It is known that the matter responsible for Bars-e-Abyaz (Vitiligo) is Balgham (Phlegm) and for Baras-e- Aswad is Sauda (Black Bile). Therefore it is essential that if the matter is solid or the season is winter, the matter should be dissolved by coctives and expelled out by purgatives.

Hakeem Akbar Arzani in his famous book Tibb –e-Akbar says Bars is a whiteness appearing on the skin [17]. Hakeem Azam Khan in his book Ikseer –e-Azam says Bars is a white patch which appears on outer layer on the body. It may occur on certain parts or may involve whole of the body and turns its colour white. This type of Baras is called as Baras-e- Mantashir (generalized Vitiligo) weakness in Quwate Mughiiyirah being its cause [18]. Ibn-e- Hubal in his famous book Kitab al Muktarar describes Baras in the following words: If Baras is in early stage and has not spread completely over the body, the patient should be given decoction of roots with julanjabeen for some days followed by purgation with Ayaraj- e- Fegra and Ghareeqoon [19]. A.H Jurjani in his book Zakheera Khawarzam shahi says that Baras is caused by accumulation of Balgham –e- Ghaleez in the blood. Zof –e- Quwat–e–Mughiiyirah of skin, Zof- e-Hazm–e- salis,Akhlat- e-Fasida Sue Mizaj Barid of the organ [20]. Ibn–Rushd, the author of Kitabul Kuliyyat described that Baras appears due to derangement in the function of Quwate- Ghazia and weakness of Quwat–e-Hazima. In this condition nutrients reach the tissues and are retained there, but do not take the proper form due to failure of these Quwa [21].

Role of Diet in Baras (Vitiligo)
The role of diet (restrictions and recommendations) is well documented in the classical unani literature in the management of various diseases. Baras being a metabolic derangements is influenced by many factors, such as; social, psychological, metabolic, diet and several other predisposing factors. Based on the clinical experience Unani physician have documented the guidelines for diet (restrictions and recommendation). The diet with hot properties should be used. Cold and moist foods such as fish, milk, and milk products have to be avoided Baras occurs due to continuous use of such food articles which contain water in excessive quantity. Hippocrates had restricted milk and its products and has recommended use of meat and birds flesh. He was of the opinion that the patient of baras should not take food unless there is need. Ibn Sarabiyooin has restricted the cold diet and moist foods like fish, milk, moist vegetables and fruits He also advised to eat such food which produces hot and dry temperament. Majusi was of the opinion that patients of baras should not give diet which produces Buroodat in the body [12, 14, 15].

Diagnosis [6]
- The diagnosis of the Vitiligo is usually based on clinical examination.
- However, in the early stage or in fair skinned patients Woods lamp, a portable ultraviolet device which emits
long wave ultra violet A (365nm) can help to diagnose Vitiligo.
- Presence of leucotrichia.
- Presence of Koebner’s Phenomenon.
- Prediction for the sites of trauma.

Usool –e-Ilaaj (Principles of Treatment)
There is a vast description of the management of Baras in the classical unani literature, and the principles of treatment of Baras are based on Ilaj bil Tadbeer, Ilaj bil Ghidha and Ilaj bil Dawa. In Ilaj bil Tadbeer, Psychotherapy is given to assure the patient for its non-contagious character and building self-confidence in patient. In pharmacotherapy, most of the unani physician advised initially the treatment with Tanqiya –i-Badan (Removal of harmful material from the body)
Baras is a chronic disease and usually caused by excessive accumulation of Balgham e Ghaleez therefore, all the unani physicians are of the opinion that its treatment should be started with Tanqiyae Badan (Removal of morbid material from the body) through munzij and mushil-e-balgham. It is achieved by three steps:

a) Use of Munzijat –e-Balgham like Beekh –e-Badyan (root of Foeniculum vulgare Mill), Beekh –e-Karafs (root of Apium graveolens), Maveez Munaaqa (Vitis vinifera Linn), Anjeer Zard (Ficus carica Linn) etc.

b) Use of Mushilat –e- balgham like Zanjabeel (Zinziber officinalis), Barg-e- Sana Makki (leaves of cassyia angustifolia vahl),Turbid mujawwaf (Operculina turpethum Linn).

c) Tabreed –e-badan by the use of Mubarridad like Laub – e-Bahidana (mucilage of Cydonia oblonga Mill), Sheerae Unaab (juice of zizyphus vulgaris) etc.

An appropriate dose of Munzij –e-Balgham is administered till Nizj appears (usually for 2-3 weeks),then three Mushils (purges) alternated with three Tabreeds (cooling agents) should be given.

Hakeem Azam Khan in his book Ikseer-e- Azam have quoted the references of various physicians those have advocated the Munzij and Mushil therapy in the management of Baras (Vitiligo). [17]

Dawood Antaki wrote in his book Tazkira that treatment of Baras has to be started by combination and expulsion of diseased material by using Munzij and Mushil therapy followed by treatment with food and medicine of hot temperament [22].

Abu Sahal Mashti was of opinion that treatment of Baras should be initiated by drugs of hot and dry temperament and by concoction of diseased material and expel it out by using Mushil advia. Avicenna and ibne-e- Ilyas has also advocated Munzij and Mushil therapy in the management of Baras [16].

Raban Tabri not only advocated the Munzij and mushil therapy to expel out the diseased material from the body, he had further emphasized to nourish and change the local temperament of the depigmented macule [12]. Even today it is experimentally evident that many factors play pivotal role in the causation of disease activity or in makes the lesion more resistant to therapy, autoimmunity or oxidative stress. Overcoming oxidative stress and local immune suppression are the two major breakthrough in the management of Vitiligo, which is possible by systemic and topical application of medicine.

Zakariya Razi has advocated several means of external procedure that are beneficial for the ailment. According to him, application of sunlight exposure to the patch in early stages Baras and bahag or multiple pricks by needle on patches, use of diuretics (reduces the plasma of bood) cures the Baras [14].

Ilaj (Treatment)
Following single and compound drugs can be used for the treatment of Vitiligo:

Panwar (Cassia tora): A small plant growing on dry soil in Bengal and throughout the tropical part of the India mainly leaves, seeds and roots are used. Both leaves and roots contain a glucoside resuming chrysophanic acid. Leaves contain a principle similar to catherin and a red colouring matter and mineral matters “Emodin glucoside”. Both leaves and seeds constitute a valuable remedy in skin disorders like in tumours, leprosy, psoriasis, Vitiligo and fungal infections. Therapeutically it is used as Fasa –ud-Dam,Juzam,Bars,Qoba,Bawaseer. The Temperament of the drug is Hot2 Dry2, Action –Mushil –e-Balgham, Mushil – e- Sawaad, Jali, Musaffi –e-Dam. It is one of the main ingredient of sufoof-e-Bars. The dosage of the drug is 1.7-3.6g.

Anjeer (Ficus carica Linn): It is cultivated in north India and fresh figs are to be found there. Dried fresh receptacles are used. It constituted Proteose, amino acid, tyrosin, enzyme cravin, Lipase, Protease. The fleshy receptacle fig contains grape sugar, gum, fat, and salts The temperament of the drug is Hot1 Moist 2. Its main action is Mulatif,Mohalil-Waram, Munzij, Mulaiyin. It is therapeutically used as Warm–e-Tihal, Sara, Zeeq–un-Nafas. The daily requirement of the drug is 10-12 number (dry).

Chaksu (Cassia absus Linn): The drug consists of dried seeds. An erect annual herb found throughout the India from Himalaya to south coast and everywhere in the tropics of old world. It contains Proteins, alkaloids, fat, sugars, tannins, and mucilage. Its temperament is Hot2 Dry 2. Its main action is Habbis –ud-Dam, Mohalil, Qabiz, Jali, Musaffi –e- Dam. The drug is therapeutically used as Ramad, Nuzool-ul Ma, Baras, Juzam. Its daily requirement is 2-3 g.

Babchi (Psoralea corylifolia): The drug consists of dry ripe fruits. It is an erect 0.3-1.8 m high annual herb distributed throughout the India, found commonly in uttar pradesh and Maharashatra. It consists of essential oil, fixed oil, psoralin, psoralidin, isopsoralen and bukuchiol. Its main action are Massafi –e-Dam, Mohammed-r-e-Jild, Muqawwi-r-e- Meda, Qautil-r-e- Deedan-e- Ama, Mulaiyin. The drug is therapeutically used in Fasad –ud- Dam, Juzam, Baras, Bahaq Abyaz. The daily dosage of the drug is 3-5g.

Zanjabeel (Zinziber officinalis): Drug consists of dried rhizome of zingiberaceae family. Zanjabeel yielding is widely cultivated in India. It consists of essential oil, pungent constituents (gingerol and shogoal) resinous matter and starch. The drugs main action are Kasir –e- Riyah, Hazim, Munaffis-e- Balgham,Jali. It is therapeutically used as Najkh –e- Shikam, Waj-ul- Mufasil, Waj-ul- Meda, Zof –e- Isteha, Waj –ul- Qatan, Saul, Zeequn nafas, Sailan –ur-
Reham. The dosage of the drugs is 1-2 g

Majoon Atrilaal: It consists of following drugs:- Atrilaal (Ammi majus), Agqaagarha (Anacaulus pyrethrum), Turbad safaid (Operculina pyrethrum), Sonth (Zinger officinalis), Shehad (Honey). Majoon Atrilaal is precisely mentioned in qarabadeen --e-Azam and Alqarabadeen for the treatment of (Bars) Vitiligo. The chief ingredient of Majoon Atrilaal is Atrilaal, which grows throughout the valley as a weed. Ibn --e-Baitar in his book Mufaridat --ul-Adwiyah described the treatment of Bars with the seeds of Atrilaal and sunlight [23, 28].

The commonly used compound unani formulation for the treatment of Bars (Vitiligo) are Roghane Babchi, Roghane Kameela for topical application and sharbate unnam, Majoon ashba, Trehpal shahittra, Sofoofe Bars for oral administration [29, 30].

Conclusion

Bars is an acquired skin disorder characterized by well-defined areas of complete epidermal degeneration. Although not life threatening, it has considerable effects on the psychological well-being of patients. It has been suggested that Vitiligo patients suffer from low esteem and poor body image which may cause a lower quality of life. Unani physicians claimed and practiced safe and effective management in various dermatological disorders like Bars. Treatment is based on the holistic approach of munizij wa mushil therapy along with topical application of jalil, Muhammar, Muhallat, and Musakkin drugs. Thus Unani medicine is preferred over contemporary medicine in the treatment of these refractory ailments. Single and compound drugs are such pharmacological preparations which has been reported to be effective in Bars. Role of Diet also plays a vital role in the prevention and management of Vitiligo.

References:-

1. Jones RM. FRCP, PhD, PCME ABC of Dermatology. 6th ed Dermatology Consultant: Kings college Hospital, Denmark Hill, London, UK


25. Ghani MN. Khazayinul Advia New Delhi:Idara Kita --us-shifa; Pp 279,316,474,682,766


