INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE

E-ISSN: 2616-4558
P-ISSN: 2616-454X
https://www.unanijournal.com
IJUIM 2023; 7(2): 34-37
Impact Factor (RJIF): 6.3
Peer Reviewed Journal
Received: 03-04-2023
Accepted: 14-05-2023

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Effect of Unani medicines in Eczema: A case report

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DOI: https://doi.org/10.33545/2616454X.2023.v7.i2a.239

Abstract
Eczema is a quite prevalent skin disorder, affecting about 20% of children and up to 10% of adults. It is clinically presented as erythema, oedema, papules, vesicles, scaling, and lichenified depending upon the chronicity of the skin lesions. Its aetio-pathogenesis depends on the combination of factors. A patient presented with dry and itchy lesion over extensor aspect of hand and fingers (especially), was diagnosed as a case of mild eczema. The patient was treated with compound *Unani* formulation *Itrifal shahtara* (orally) and *Marham e Hina* (local) for period of ten days. The formulations were found effective and no side effects were noted during the course of treatment. There is no reported recurrence during the post treatment follow-up. This case report is an effort to show the improvement in eczema with Unani medicine.

Keywords: Marham e Hina, Eczema, Unani

Introduction
The World Allergy Organization (WAO) defined eczema (syn: atopic dermatitis) as a chronic, relapsing, and itchy inflammatory skin condition [1]. It clinically manifests as pruritus, erythema, oedema, papules, vesicles, scaling, and lichenification [2]. It is the most common inflammatory skin condition worldwide in children [3]. It affects about 20% of children and up to 10% of adults and is associated with a high burden of morbidity and costs to individuals and health services The Global Burden of Disease (GBD) 2017 reported that eczema ranked 59th amongst all diseases based on disability adjusted life years (DALYS) and 15th amongst non- fatal disorders. [4]. A Global Asthma Network (GAN) Phase I study concluded an average increase in the prevalence of current eczema symptoms of 0.98% per decade in adolescents and 1.21% per decade in children, and of 0.26% and 0.23% per decade globally in severe eczema symptoms. The “eczema” is Greek term derived from ec- out & zema -boil. In this condition, skin looks like “boiling out” or “oozing out” [2]. It is prevalent not only in industrialised countries but also in urban areas of developing nation [1]. Histologically, spongiosis is the hallmark of eczema [2] and clinically pruritus is the hallmark of eczema which may disturb sleep and other elements of quality of life [5]. In the chronic phase, the lesion shows hyperkeratosis and acanthosis. The feature that predominates depends on the stage as acute eczema is exudative, while chronic eczema is dry, scaly, and often lichenified [2].

On the basis of aetiology, eczema is classified into endogenous, exogenous and combined eczema. In endogenous form, constitutional factors are the predisposing factors and lesions are symmetrically distributed and well-set patterns. Seborrhoeic dermatitis, Lichen simplex chronicus, Pityriasis alba etc. are some examples of endogenous eczema. In contrast to endogenous, external factors are triggers in exogenous eczema. Clinical features which suggest an exogenous eczema are assymetric distribution, linear or rectilinear configuration, known contact with irritants and allergens. Examples includes Irritant dermatitis, Allergic dermatitis, Photodermatitis etc. Both constitutional and external triggers are responsible for compound eczema. Examples are Pompholyx, Atopic dermatitis [2].

Acute eczema is characterized by an ill-defined erythematous and edematous plaque, and is surmounted by papules, vesicles, pustules and exudate that dried to form crusts. Chronic eczema is characterized by lichenification (triad of hyperpigmentation, thickening of skin and increased skin markings) and lesions are less exudative and more scaly [2, 5].

The causes are not well understood, probably combination of factors result in this inflammatory condition of the skin.

First degree relatives (Filaggerin gene mutation), higher socio-economic class, house dust mite sensitisation, water hardness, and washing practices, irritants (wet oils, mineral oils), contact allergy (chromate, nickel, fragrance, biocides, and rubber chemicals), atopy are some risk factors [1, 2, 6].

Hand eczema prevalence is about 4%, one year prevalence 10% and life-time prevalence 15%. It has higher prevalence in women as compared to men [6] and is related to environmental factor. Possible causes are contact irritants, contact or ingested allergens, infections etc. It has some morphological patterns such as chronic acral dermatitis, fingertip eczema, recurrent focal palmar peelings, wear and tear dermatitis [5].

Eczema can be extremely disabling and has a significant psychological impact such as sleep disturbances[1], anxiety, depression, wage loss, debility, social ostracism and dermatological complications: Infections, contact dermatitis, erythoderma, ide eruptions [2]. Treatment in conventional system of medicine includes immune-modulator, emollients, topical corticosteroids, topical calcineurin inhibitors, antihistaminic, antibiotics (for secondary infection). Vitamin E or multivitamins are also supposed to be used as adjuvant but its role is not confirmatory and more exploration is needed.

The term *Nar farsi*, *Akota*, *Chhajan* have been used by eminent Unani scholars to address "*eczema*" in classical literature. It is described as skin eruptions which are encrysted immediately after appearance and associated with intense burning or severe itching. It can occur in all age groups. There are reddish greenish lines on the skin at the site of eruptions which resemble of fire [7]. The primary cause of *Nar-e-Farsi* (eczema) is production of excess quantity of abnormal *Safra* (Yellow bile) mixed with abnormal *Sauda* and *Sauda-e-Muhtariqa* [8]. Other causes includes *Haad Safra*, *Damvi Madda* (Sanguineous matter) [9]. General weakness, gout, arthralgia, excessive cold or heat, intestinal worms & teeth eruptions in children are some mentioned predisposing factors. The affected area is red, small size lesion from which secretions (often pus) comes out [10]. The drugs having properties of *Musaffiyat e dam* (blood purifier), Muhallil e auram (Resolvent), *Daf e Ta'ffun* (antiseptic) [11], *Taskin e jild* (soothing), Mudammil Quru'h (Healing) are used to treat eczema as per the principles of Unani medicines.

Case report

A 45 years old female patient complained of dry and itchy lesion over extensor aspect of hand and especially fingers {Hands}. She was in good health before one year when she noticed the lesions but initially she ignored it. Gradually, she found it more problematic and disturbing due to severe itching and often develops cracks/cuts and oozing from it. With all these complaints she attended the OPD of A & U Tibbia College, Karol Bagh, New Delhi.

After performing the patient's history and clinical examination, it was found patient was having mild eczema. She was on hypothryoidism treatment and was controlled. There was no history of asthma, diabetes mellitus or other associated disease or allergy. No other significant history was recorded. No abnormal systemic finding was present during physical examination and vitals were also normal. The skin lesions were assessed on Eczema Area and Severity Index (EASI), and categorized under eczema of mild category.

The patient was well informed about the usage of *Unani* medicine in details and also informed if the treatment will be effective, the case may be published in the journal hiding the identity of the patient and its family background. The *mizaj* was assessed on ten classical parameters. Before starting the treatment the picture of the affected part was taken as shown baseline. The treatment was started on the principles of classical Unani medicine.

Intervention

The patient was advised to take *Itrifal Shahtara* (9 grams) orally daily at night and local application of *Marham e Hina*, twice a day on the affected parts for a period of two weeks. Patient was also advised to avoid possible irritants like soaps, detergents, cosmetics, salty and spicy foods.

Results

The skin lesions showed improvement from third-fourth day. After the treatment, all lesions were almost completely subsided. EASI score from 1.1 (mild) at baseline to 0.1 (almost clear) on 10th day of treatment. No side effect was observed and patient was very satisfied. During the 6-week post-treatment follow-up period, the patient had no disease relapse, no re-appearance of prior patches, and no new patches grew on the body.

Marham-e-Hina has ingredients which possess properties like *Daf-e-Ufunat* (anti-septic), *Musakkin (*Sedative*)*, *Daf e sozish* (anti-irritant), *Daf e Waram (*anti-inflammatory) [12]. Ingredients of Itrifal Shahtara consist Shahtara (*Fumaria officinalis L*), *Post Halela Zard* (*Terminalia chebula*), *Halela Kabuli* (*Terminalia chebula*), Sana (Cassia angustifolia), Gul-e Surkh (*Rosa damascene*), *Maweez Munaqqa* (*Vitis vinifera*) [13, 14]. Itrifal Shahatra was given mainly due to *Musaffi-e-Khoon* (Blood purifier), *Daf-e-Ta'ffun* (Antiseptic) actions.

Fig 1: Right Hand: The skin lesions showed improvement from third-fourth day. After the treatment, all lesions were almost completely subsided

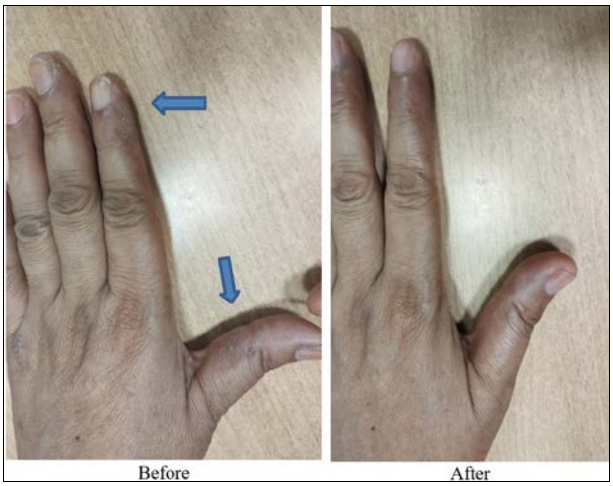

Fig 2: Left Hand: The skin lesions showed improvement from third-fourth day. After the treatment, all lesions were almost completely subsided

Table 1: Compostion of marham e hina

S.no.	Drug name	Botanical name	Actions
1.	*Roghan-e Henna*	*Lawsonia inermis*	*Musaffi Dam (Blood purifier),Daf e-Waram(anti-inflammatory),Mud- ammil Qurooh (Wound Healer)* [12, 15]
2.	*Kafoor*	*Cinnamomum camphora*	*Muqami Mukhaddir (Local Anest-hetic, Daf e ta'ffun (Anti-septic),Musakkin(Sedative), Muda-mmil Qurooh (wound Healer)* [16]
3.	*Satt e pudina*		*Cooling effect (Moabarrid), Daf-e ta'ffun(Antiseptic),Musakkin(sedative)* [16]
4.	*Satt e Ajwain*	*Ptycotis ajowan / Thy-mol*	*Daf-e taffun (Antiseptic)* [16]
5.	*Mom*	*Bees wax*	*Musakkin (Sedative), Muhallil (Resovent)* [16]

Discussion

Unani drugs have immense potential in treating chronic disorders. Most of the skin disorders are relapsing and chronic in nature and eczema is one of them. In this study, one local and oral unani formulation was tested in patient of mild hand eczema. The effect of *Marham e Hina* (Local) could be due to properties of single drugs such as *Musaffiyat e dam* (Blood purifier), *Muhallil e auram* (Resolvent), *Daf e Ta'ffun* (antiseptic), *Taskin e jild* (soothing)/*Musakkin*, *Mudammil Quru'h* (Healing). Henna (*Lawsonia inermis*) is enriched with properties: blood purifier [15], anti-inflammatosry, wound healing. The henna extract showed a high rate of wound contraction a decrease in the period of epithelialization, high skin breaking strength, significant increase weight of the granulation tissue [17]. In a study, *Kafoor* (*Cinnanmomum camphora*) leaves extract inhibited the production of MDC (Macrophage derived chemokines), a principle chemokine in skin inflammation via down regulation of STAT-1(Signal transducer and activation of transcription 1and ERK1/2 (Extracellular regulated kinase) signalling, hence help in the treatment of atopic dermatitis [18]. Kafoor is one of the potent wound healer, increased collagen and elastin expression in UV expressed mouse skin after 4 weeks of therapy [19]. The components of *Itrifal shahtara* also have blood purifying, anti-inflammatory, antiseptic properties. Hence, the result is collective effect of all mystic herbs.

Conclusion

Marham e hina along with *Itrifal Shahtara* was found effective in treating mild eczema.

Conflict of interest: None

Financial Support
Not available

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How to Cite This Article
Siddiqui NA, Mohd. KIT. Effect of Unani medicines in Eczema: A case report. International Journal of Unani and Integrative Medicine. 2023;7(2):34-37.