

INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE



E-ISSN: 2616-4558
P-ISSN: 2616-454X
IJUIM 2018; 2(3): 43-46
Received: 24-05-2018
Accepted: 25-06-2018

Shahnaz H Kawoosa
Assistant Professor,
Department of Illaj bil
Tadbeer, Kashmir Tibbia
College, Shilvath Sumbal,
Jammu and Kashmir, India

Shafia M Allaqaband
Assistant Professor,
Department of Moalijat,
Kashmir Tibbia College,
Shilvath Sumbal, Jammu and
Kashmir, India

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

Shahnaz H Kawoosa and Shafia M Allaqaband

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 0⁰ 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 16years 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 eamination 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).

Correspondence
Shahnaz H Kawoosa
Assistant Professor,
Department of Illaj bil
Tadbeer, Kashmir Tibbia
College, Shilvath Sumbal,
Jammu and Kashmir, India



Fig 1

Surrounding areas were edematous and tender. Photographs were taken before treatment (0 day), third week (21st day) and fifth week (35th day) to compare the effect of treatment.

Case 2: A 54years male patient working in sewage treatment plant since 15 years came to OPD with complaint of itching, burning sensation and scaly skin on both palmer surfaces of both hands for 2 years.

No H/O DM, TB, HTN, Bronchial asthma or any other chronic disease was present. H/O 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 palmer 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 swelled and yellowish dis-colouration 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.



Fig 2

Case 3: A fifty years male patient working in automobile service station since ten years came to O.P.D. with complaint of severe itching and large round scaly patches on front and right side of neck for more than one and a half years. No H/O DM, T.B, HTN, bronchial asthma or any other chronic disease was present. No family history of D.M, T.B, HTN, or any allergic disease has been noted.

On examination multiple large scaly lesions with erythematous margins, not raised from the surface of skin.)



Fig 3 (a)



Fig 3(b)

Treatment: Orally *Arq murakab 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 regimenal 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 *Parsiyaonsaan* (*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-qooba* 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)



Fig 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)



Fig 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))



Fig 6 (a)



Fig 6(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), *Mujafif* (desiccative), *Muhalil* (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), *Muhalil* (anti-inflammatory), *Dafah Tafun* (antiseptic) and *Parsiyaonsaan* is *Muhalil* (anti-inflammatory), *jali* (detergent) and *mulatif* (demulcent). 5, 6 This could be attributed to the fact that herbs used are bestowed with anti-inflammatory, detergent, demulcent, analgesic, antiseptic, 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), *Muhalil* (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 *muhalil*, *jazibi ratoobat*, *katil-e- jaraseem* (anti-bacterial), *jaali* (detergent) and *mujafif*.

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.

Acknowledgement

We are very thankful to Tariq Ahmad Bhat for smooth and successful running of Unani O.P.D. in downtown area of Srinagar Jammu and Kashmir.

References

1. Shahnaz H, Kawoosa Shafia M, Allaqaband Shagufta Nisa. effect of Unani medicine on frostbite (khasar-e-tasqeeu).int. J. adv. Res. 5(5):1623-1625
2. Shahnaz Kawoosa H, Shafia M. Allaqaband, Rakhshandah. Effect of Unani medicine on irritant contact dermatitis: Case study. Int J Sci Rep. 2017; 3(10);277-279
3. Contact dermatitis. www. nhs. uk. Last reviewed:10/10/2016. site visited on 19-7-2018 at 1:10pm

4. Shahnaz H Kawoosa, Shafia M Allaqaband, Shugufta Nisa, Salisa. Effect of Unani medicine on Tinea Barbae: Case study. *Ind. J Unani Med.* 2017; 10:64-65,
5. Kabiruddin H, Mazaanul Mufradat. Kohinoor book depot motiya mahal jamiamasjid Delhi. 2000. 161, 581,552
6. Kabiruddin H, *Ilmul advia nafeesi*. Ajaz publishing house, darya gunj new Delhi 2007 .255, 348, 117
7. Nasir Hassan wagini, el-saady Mohamed badawy, amira soluman, Mohamed said abbas. Sustainable development of natural resources in the Nile basin countries. Conference paper, 2014, 14-15,