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Unani concept and recent highlights of eczema as per unani medicine system and its management with Unani drugs

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Abstract

The word 'eczema' originates from the Greek for 'boiling' a reference to the tiny vesicles (bubbles) that are frequently found in the early acute stages of the disorder, but less often in its later chronic stages. 'Dermatitis' means inflammation of the skin and is therefore, strictly speaking, a broader term than eczema which is just one of several possible types of skin inflammation. Eczema is a form of dermatitis, a skin irritation characterized by red, flaky skin, sometimes with cracks or tiny blisters. It is extremely itchy, but scratching damages the fragile skin and exacerbates the problem, The fluctuating etiological ideas of this ailment are reflected by the various names for example, 'neurodermatitis', 'neurodermitis', 'endogenous skin inflammation' are just few examples of current terms. Atopy is a strikingly a common finding in these patients. In Unani literature it is termed as *Nar-e-Farsi*. The causes of *Nar-e-Farsi* described by Unani Scholars are: Mixing of Khilt-e-Safra into blood, indigestion, general weakness, nerve weakness, arthritis, gout, intestinal worms, incomplete evacuation, use of garlic, mustard, chilly, spicy food and extreme hot or cold. The treatment of Eczema also mentioned in the literatures of Unani as per the etiology. The Clinical trials and studies were carried out on Eczema which show extremely viable outcomes. This paper investigates the ongoing features of Eczema, alongside its etiological introduction and treatment according to Unani perspective.

Keywords: Recent Highlights, Eczema, *Nar-e-farsi*, Unani Contribution, Treatment.

Introduction

In Unani system of medicine eczema is known by different names such as chajajan, akota narefarsi [1]. But its Hindustani name is Chambal [2, 3]. The disease is also known with other name *Nare-e-Farsi*. The name is given for the disease because it is common in the country of Faras, or the person who treated this disease for the first time belonged to the country Faras [4, 2]. *Hakim Kabiruddin*, the great physician of Unani medicine defined eczema as the disease of the skin, patient feels burning sensation over the lesions as it is burning on the fire [2]. *Ghulam Jilani*, the eminent scholar of Unani medicine described *Nar-e-Farsi*: it is skin disease in which there is burning sensation on the lesion as it is burning on the fire [5]. Unani Physician *Ahamad Alhasam Jirjani* described the *Nare-e-Farsi* in his book *Zakhira Khwarzam Shahi* as the disease of the skin in which liquid filled vesicles appear with severe burning sensation and itching [6]. According to *Hakim Akbar Arzani*, a great Scholar, *Nar-e-Farsi* is the disease in which rashes filled with waters, along with burning and itching.

The term Eczema is a Greek word (Ec means out, and Zeo means boil). The whole word implies boil out [7]. However in Modern Text books of Dermatology, eczema(*Nar-e-Farsi*) is described as an inflammatory response of the skin to multiple agents characterized by erythema, oedema, vesiculation oozing, crusting and lichenification [8]. Moreover, the eczema may be defined as an inflammatory skin reaction characterized histologically by spongiosis with varying degree of acanthosis and a superficial perivascular lympho-histiocytes infiltrate [9]. Characteristic features are intracellular edema and vesicle formation. There may be mild to moderate dermal reactions. In chronic cases, hypertrichosis, acanthosis and infiltration of upper dermis with lymphocytes are seen [7].

The term eczema denotes red skin with eruptions from which liquid oozes out [10]. The eczema can be defined as non-infectious and therefore non contagious inflammatory dermatosis in which the pathological changes in the epidermis and in the upper dermis produce distinctive clinical pictures such as erythema, scaling, oedema, vasculation and oozing [7].

Epidemiology and prevalence, recent highlights

Despite being the most common inflammatory skin condition, eczema is the most confusing skin ailment for both patients and nondermatologic health care providers. Dermatitis is a common problem all over the world. Their incidence is 2-3 percent of all medical problems seen in practice (about 30 percent of all the dermatoses). Despite so much confusion the two terms are being used synonymously. Hence they are lumped together. In the practice of dermatology, the first step is to establish the clinical diagnosis of dermatitis and eczema.^[7] The word 'eczema' comes from the Greek for 'boiling' a reference to the tiny vesicles (bubbles) that are often seen in the early acute stages of the disorder, but less often in its later chronic stages. 'Dermatitis' means inflammation of the skin and is therefore, strictly speaking, a broader term than eczema which is just one of several possible types of skin inflammation^[11]. The prevalence of AD, asthma, and allergic rhinoconjunctivitis increased dramatically in the last half of the twentieth century, becoming a major health problem in many countries^[12].

As indicated by modern system of medicine, the etiology of atopic dermatitis is obscure. Already it was viewed as that IgE-mediated immediate and late phase reactions play a major role in the development of Atopic Dermatitis. Ongoing investigations uncover that a variance involving two subsets of T helper cells, Th1 and Th2, may cause the pathogenesis of Atopic Dermatitis including the overproduction of IgE^[13, 14].

Atiopathogenesis and pathophysiology (Maahiyat)

According to Unani physician 'Nar-e-farsi' is a skin disease, where rashes at the site of lesions occur and shows peacock shaped linear flame of fire. Vesicles formation (Muratab dane) occur after some time along with irritation and severe itching occur^[15] In a later stage these vesicles cracked, ruptured and changed into dry state and finally crust formation and lichenification occur^[16]. It is a condition in which eruptions with burning sensation just like fire are found. Eczema is caused by Akkal (corrosive), Haar (hot) and Lazeh (irritative) type matter that may spread with Dam (Sanguineous matter) or Balgham (Phlegmatic matter) and it is produced when Hot humor (Bilious matter and sanguineous matter) is mixed with dry khilt that is Saudavi madda (Melancholic matter). Moreover he stated that *Nar-e-Farsi* results from haad akhlat mixed with khilt e raqeeq (Safra)^[17]. Other conditions which is responsible to produce eczema are- Mixing of khilt-e-Safra into blood, indigestion, general weakness, nerve weakness, arthritis, gout, intestinal worms, incomplete evacuation, use of garlic, mustard, chilly, spicy food and extreme hot or cold^[4, 15]

Unani Eminent Scholar *M. H. Quamri* described 'Narfarsi' is a type of Itch which is severe non bearable burning in the skin with vesiculation and vesicles are filled with dilute liquid. It is due to increase of hiddat in khilte Dam (Sanguineous matter)^[18]. A Unani Physician *Razi* said that In *Nar-e-Farsi* there is burning sensation with pruritus after that blister is formed and filled with a dilute substance^[19].

Essentially two variables cause Eczema, first one is, hypersensitive or a delicate skin, and second one is exposure to irritant^[7].

According to modern physicians the characteristic change is oedema between the cells of the epidermis, known as spongiosis, leading to formation of vesicles. The whole epidermis becomes thickened with an increased keratin layer. A variable degree of vasodilatation in the dermis and an

inflammatory infiltrate may be present. They may vary according to the type of eczema. The pathogenesis of exogenous eczema, particularly primary irritant and allergic contact eczema is well understood, but that of endogenous eczema is not yet very clear^[20]. These are some broad causes which predisposes Eczema, allergy, debility, age, familial inclination and mental variables are significant in Eczema. It occurs in infancy, puberty, and old age^[21]. Certain local factors like varicose veins, hypostasis, Ichthyosis, xeroderma, a greasy skin, hyperhidrosis, predispose to Eczema. Exciting factors that are chemicals, plants, clothing, medicaments, infections, drugs, diet, sepsis and all factors impose or only auto sensitization of integumentary system alone besides extreme condition of environment also cause the same^[22]. Patient with Eczema usually presents with a history of allergy in the form of asthma, hay fever and allergic rhinitis due to familial sensitiveness^[21, 23, 24, 17, 18, 19, 25, 26, 27, 28, 22, 7].

Aqsam of Nar-E-Farsi (types of Eczema)

Antiquated Unani physicians have characterized the eczema (Nar-e-farsi) into following types^[29, 15]

Depending upon the forms and secretions of the lesions

- o Nar-e-farsi Sada
- o Nar-e-farsi Ahmar (Surkhi mael)
- o Nar-e-farsi Naffati (Abladar)
- o Nar-e-farsi Mutaqaiyah (Peepdar)
- o Nar-e-farsi Sulb (Hardness at the site of leison in the skin)
- o Nar-e-farsi Shaqaqi (Cracking at the site of leison in the skin)

• Clinically it is separated in the following types:^[11]

- o Acute Eczema (Nar-e-farsi haad)
- o Chronic Eczema (Nar-e-farsi muzmin)

In modern medicine eczema has been classified in the following manner:

- Depending upon the type of leison
 - o Acute phase: Erythema, edema, vesiculation, oozing, crusting.
 - o Sub acute: Hyperpigmentation, scaling and crusting.
 - o Chronic: Lichenification.

• Presently, Eczemas are classified for practical use into two broad groups^[20, 30].

o *Exogenous eczema:*

- a. Irritant contact eczema
- b. Allergic contact eczema
- c. Photosensitive eczema
- d. Infective eczema

o *Endogenous eczema:*

- (a) Atopic eczema
- (b) Seborrheic eczema
- (c) Nummular eczema
- (d) Asteatolic eczema
- (e) Stasis eczema
- (f) Dyshidrotic eczema

Alamat (Clinical Presentation)

Clinical highlights referenced in classic literatures are as follows^[31, 29, 15].

1. Skin shading changes, for example, pretty much shading than the ordinary skin tone.
2. Skin redness or aggravation around the blisters, serious tingling and oozing.
3. Thickened or leather like areas (called lichenification),

which can happen after long term irritation and scratching

4. The type and location of the rash can rely upon the age of the patient:
5. It may be in children, elderly and old people but in children younger than 2 years of age, skin lesions begin on the face, scalp, hands, and feet. The rash is often itchy and bubble, ooze, or form crusts.
6. In older children and adults, the rash is more often seen on the inside of the knees and elbow. It can also appear on the neck, hands, and feet.
7. Rashes may occur anywhere on the body during a terrible flare-up.
8. Intense tingling is common. Itching may begin even before the rash shows up. Atopic dermatitis is frequently called the "itch that rashes" in light of the fact that the itching starts, and then the skin rash follows as a result of scratching.

In short clinical features depend on the stages of eczema: 11

1. Acute Eczema

This is characterized by plaque which are badly characterized, erythematous and edematous, surmounted by papules and vesicles which on rupturing show the lesion an oozy look, exudates dries to form crusts, scaly and spongiosis.

2. Chronic Eczema

In chronic condition there may be less exudation, scaling which may be prominent, lichenification (It means triad of hyperpigmentation, thickening of skin and increased skin markings) and fissuring in flexural lesions.

Tafteeshat (Diagnosis and investigations)

It depends on clinical highlights depicted above and now day's Criteria named Hannifin and Rajka's measures^[23, 24] for analysis of Atopic dermatitis. Aside from this numerous appropriate examinations are accessible to affirm the particular kind of dermatitis. Examinations IgE level in serum: It is very helpful to measure IgE level particularly when typical presentation of eczema is not present especially when the distribution of Eczema is atypical and there are no condition of other atopic disease. It offers backing to hint about specific environmental allergens e.g., horse dust parasite, dusts and food. It elevates the level according to severity of disease. as indicated by seriousness of illness^[32, 22]. **Patch tests:** There are specific antigens for every allergen due to atopy and this test provides specific clue about the antigen. In this strategy an allergen is applied to the back of patient under occlusive dressing and leaved for 48 hours. At that point the patient is analyzed for hypersensitivity reactions (erythema, edema or papulovesicles). This test is performed by physician with special expertise. Patch testing is often useful in assessment of chronic Dermatitis^[32, 22].

Prick test: The indications are same as for specific IgE but are less commonly performed^[33, 34].

3 Serological tests: to detect the level of serum IgE and IgE antibodies^[11, 35, 36].

4. Bacterial and viral swabs for Microscopy and Culture:
5. Skin scrapings for Mycology
6. Skin biopsy (rare).

Management of eczema in unani medicine **Usool-E-Ilaaj (Principles of Treatment)**^[4, 15]

- Izala-e-Sabab (Treat the reason)

- Tanqiya-e-Muwad (for evacuation of bad elements)
- Musaffiyat-e-Dam (Blood purifier)
- Mana-e-Ufoonat-e-Jild (Antiinfective)
- Musakkinat-e-Jild (Sedative to the skin)
- Mulayyanat wa Mushilaat if there should be an occurrence of constipation
- Bathing and cleaning of lesions.

Ilaaj Nar-E-Farsi (Treatment of Eczema)^[29, 15, 4]

Izala-E-Sabab: Treat and expel the cause which is responsible for *Nar-e-Farsi*. Tanqiya-e-Muwad (for evacuation of bad elements): For this purpose joshanda of Sana makki 5gm, Saqmooniya 5gm, Haleela kabli 5gm, Aaloo Bukhara 5gm can be given to the patient before taking Musaffiyat-e-Dam.

Musaffiyat-E-Dam (Blood Purifier) And Mana-E-Ufoonat-E-Jild (Anti-Infective)

• Single drugs (mufradat)

A lot of Unani single drugs like Shahtra (Fumaria indica Pugsley), Chiraita (Swertia chirayita Roxb.) Sarpfoka (Tephrosia purpurea Linn.), Gul-e-mundi (Sphaeranthus indicus Linn.), and Unnab (Ziziphus jujuba Mill.) etc.

Compound drugs (murakkabat)

There are some compound drugs like Qurs Musaffi Khoon, Majoon Ushba, Sharbat Musaffi Murakkab, Sharbat Unnab, Sharbat Nilofer, Arq-e-Shahatra, Arq-e-Mundi etc. are generally utilized in the treatment of *Nar-e-Farsi*.

Musakkinat-E-Jild (Sedative To The Skin) And Mana-E-Ufoonat-E-Jild (Antiinfective)

• Dry and squash the leaves of henna (25 gm) and dark cumin (25 gm) and blend it in with 200 ml of olive oil at that point heat the blend till burnt/charred. The blend ought to be separated and filtrate contain plastic container and apply four times each day on eczematous injury^[31].

- Apply Rasot mixed with Roghan-e-Gul locally
- Apply Marham Safeda Kafoori for sedation
- Apply Sandal, Murdarsang, Kafoor in the wake of blending in Arq-e-Gulab locally.

Mamoolat-E- Matab

- Majoon Ushba 7gm first

And then Joshanda of, Barg-e-Shahatra, Chiraita, Sankhahooli, Unnab, Sandal safed, Sandal surkh, Sarpfoka, Gul-e-Nilofer, Mundi with Sharbat Unnab 20 ml two times per day in the morning and evening is given to the patient.

- Jawarish Jalinoos two times every day after supper
- Itrifal Shahatra 10 gm HS
- Marham Safeda Kafoori for L.A.

Remove the Triggers:^[37, 38, 30, 39]

Aggravating factors/irritants/allergens e.g. avoid scratching the rash or skin, Irritants such as wool and lanolin, alcohol, scents, dyes and other chemicals.

Hydration:^[37, 38, 30, 39]

Keep the skin moist, use ointments (such as petroleum jelly), creams, or lotions 2-3 times a day.

Conclusion

Dermatitis isn't a perilous ailment, it is an inflammatory response to the skin. Antiquated Unani doctors have described eczema in the name of *Nar-e-farsi* and were very much aware

about eczema and have depicted the etiological factor, types, pathology, clinical features in detail. They have utilized a lot of single medications, compound medications and locally material medications in the management of eczema. Be that as it may, there is need of herbal drugs in the treatment of eczema alongside logical approval.

Conflict of interest

None declared.

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