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## Management of Eczema Through Unani Medicine: The Successful Treatment of a Chronic Relapsing Case



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### ABSTRACT

Eczema is a chronic inflammatory skin disease characterized by erythema, edema, excoriation, lichenification, pruritus, and scaling. It affects approximately 2-10% of the world's population. The actual reason for this is unknown. It has something to do with the immune system triggering an allergic reaction. The sickness treatment has progressed to newer compounds, yet the disease remains incurable. The treatment is only for symptoms relief, and relapses occur when the medication is stopped. Long-term usage of topical and systemic contemporary drugs to treat Eczema has been linked to side effects. Eczema is called as NarFarsi in the Unani system of medicine, and it is caused by Sozish and Hiddat (Irritation, vehemence, or intensity) of bile. Various Unani preparations, both topical and systemic, are effective in the treatment of Eczema. Effective eczema management can improve a patient's quality of life. The purpose of this case study was to assess the efficacy of Unani formulations, such as Marham-e-Akbar, in the treatment of Eczema. A 50-year-old male patient with Rashes, itching, Excoriation, Lichenification, and weeping lesions on the anterior parts of the left ankle joint and foot was brought to the National Research Institute of Unani Medicine for Skin Disorders in Hyderabad. The patient had treatment for a total of six weeks. The maximum signs and symptoms were reduced. The EASI score was reduced dramatically from 4.8 at baseline to 00 following the treatment. The symptoms subsided completely without relapses. Unani formulations were proven to be both safe and effective in the treatment of Eczema.



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## INTRODUCTION:

Eczema is a clinical and histological form of skin inflammation present in a variety of dermatoses with different aetiologies. 'Itching and soreness are common symptoms of eczematous dermatoses, which can also include dryness, erythema, excoriation, exudation, fissuring, hyperkeratosis, lichenification, papulation, scaling, and vesiculation. These clinical indications are reflected by edema, acanthosis, and hyperkeratosis (skin thickening) in the epidermis, as well as lymphoid and histiocyte infiltration in the dermis. Both names are interchangeable, however, all eczemas are called dermatitis, but all dermatitis has not been called eczema.<sup>1</sup> Coca and Cook have given the name Eczema.<sup>2</sup> The incidence rate is approximately 2-10% of the population of the world.<sup>3,4</sup>

Although the pathophysiology of Eczema is not fully understood, several investigations have shown that the major pathology of Eczema is skin barrier defects and immunological imbalances. The epidermis is responsible for maintaining the skin's functional and physical barriers. Allergen and microbial penetration into the skin are facilitated by defects in Filaggrin (FLG), trans-glutaminases, keratins, and intercellular proteins.<sup>5</sup>

Eczema is characterized by pruritus and is commonly linked to a personal or family history of Asthma, Allergic Rhinitis, or Hay Fever. The appearance and location of lesions vary by age group. In Eczema patients, infections, whether bacterial, viral, or fungal, cause redness with scales, irritability, disappointment, and anxiety which leads to aggravating the illness.<sup>6</sup>

Eczema can be managed with a variety of topical and systemic therapies available in conventional medicine. Topical agents such as topical corticosteroids, calcineurin inhibitors, tacrolimus, and others are used for mild to moderate Eczema, while topical therapies are used in conjunction with systemic agents (e.g. systemic corticosteroids, methotrexate, cyclosporine, and ultraviolet (UV) light therapy) for severe Eczema. Although these medications are successful in the treatment of Eczema, long-term usage has been linked to several side effects. Increased susceptibility to bacterial and viral infections is one of the side effects. Skin atrophy, hair loss, weight gain, glaucoma, cataracts, high blood pressure, and osteoporosis, stunted growth in children, irregular menses, and hepatotoxicity, nephrotoxicity.<sup>7</sup>

In chronic cases of eczema, continuous treatment is required. The disorder's chronicity and great prevalence justify the exploration of a few traditional therapies to improve such a

difficult disease. And it has the potential to be utilized for long-term treatment with no negative side effects.<sup>7,8</sup>

Eczema is referred to by a variety of terms. Eczema, such as Chajajan, Akota, and Nar Farsi are treated in the Unani system of medicine.<sup>9</sup>

Eczema (Nar Farsi) is a type of eczema, according to ancient Unani physicians. It is caused by corrosive (Akkal), heated (Harr), and irritating (*Lazeh*), substances that can spread with blood (Dam). It's a condition characterized by eruptions that feel like they're on fire. Or by *DamviMadda* (Sanguineous matter) or Balgham (Phlegmatic matter), and it is caused by the mixing of Harr (Bilious matter and sanguineous matter) with *YabisSawdawimadda* (Melancholic matter), and he also described that *Nar Farsi(Eczema)* is caused by *haadSafrā* (Irritant Bile).<sup>10,11,12</sup>

*Usul-i-Ialj* (therapy principles).

Avoidance of Trigger: and Evacuation of *Akkal* (corrosive), *Harr* (hot), and *Lazeh* (irritative) substances that may spread with *Dam* through *Fasd* (Venesection), *Irsal-i- 'Alaq* (Leeching), *Hijama* (Cupping), *Tasfiya al-Dam* (blood cleansing), and usage of *Munzij-i-Safra* (bile concoction) and *Mushil* (Purgative drugs).<sup>10,11,12</sup>

*Tartib-i-Mizj* (temperament moistening) and *Tarbrid* (cooling) are achieved by the use of *Hammam* (bath), *Ghidh'a* (diet), and rest.<sup>11,12,13</sup>

They also warned against eating *AghziyaHirrifā* (meat that has been exposed to *Lehsun* (*allium sativum*) and *Khardal* (mustard)(*brassica juncea*) for a long time. <sup>14</sup>

## **MATERIALS AND METHODS:**

On November 10, 2020, a 50-year-old male patient with Eczema presented to the Outpatient Department (OPD) of the National Research Institute of Unani Medicine for Skin Disorders (NRIUMSD), Hyderabad, under the CCRUM, Ministry of AYUSH, Government of India, for Unani treatment after failing to respond to conventional Eczema treatment. For 6 weeks, he was treated with Unani remedies that included Marham-e- Akbar (local application).<sup>15</sup> At each clinical appointment, the response to therapy was assessed using the Eczema Area and Severity Index (EASI) score<sup>16</sup> and pictures of the lesions obtained at baseline and after treatment completion.

## **CASE PRESENTATION:**

The patient, a 50-year-old man, attended OPD of National Research Institute of Unani Medicine for Skin Disorders Hyderabad, with complaints of Itching, burning, and rashes, Excoriation Lichenification, and oozing on the anterior parts of the left ankle joint and foot. Medical Background According to the patient's testimony, he was in good health 10 years ago when he observed some minor areas of dryness with itching and swelling across his left leg, for which he received allopathic treatment from a local dermatologist, which included topical and oral steroids. Lesions and itching first reacted effectively to treatment, but lesions resurfaced after some time, for which he reintroduced the same medications, but without success. Following that, he had Ayurveda treatment for a year, but the condition worsened after the first improvement.

### **Clinical Examination:**

Physical Examination in General Patient was a well-nourished, average-built man with a wheatish complexion who appeared worried. No lymph nodes were palpable, and there was no jaundice, pallor, or edema. His vital signs appeared to be within normal ranges.

### **Vital Signs:**

Temperature-98.4°C degree

Blood Pressure: 120/80 mmHg

Pulse Rate: 75 bpm, regular

Respiratory Rate: 17 bpm

### **Systemic Examination:**

- Chest: Both sides of the chest are clear to auscultation.

CVS: Audible S1 and S2

- No murmurs, no additional heart sounds

Digestive system: abdomen soft and non-tender with normal bowel sounds, not any palpable mass,

CNS: normal sensation, and normal knee, ankle, and plantar reflexes

Musculoskeletal System: joints- no edema, no soreness, or effusion

- No joint disability, and normal movements in all joints.

Dermatological Examinations-Erythema, edema, exudation, excoriations, and lichenification over anterolateral part of ankle joint and left foot (Figures 1 & 2) had an EASI (EASI Area and Severity Index) score of 4.8, indicating that they were all severe.

### Investigations:

Before treatment and after 6 weeks of treatment, laboratory investigations included a complete haemogram, liver function tests (LFTs), Renal function tests (RFT's), and a complete urine examination.

**Diagnosis:** The patient was diagnosed with Eczema based on his medical history and clinical evaluation. Erythema, edema, exudation, excoriations, and lichenification are some of the clinical characteristics.

### Interventions:

The medications comprising Marham-e- Akbar <sup>15</sup> have been advised for application topically twice daily to the affected areas. The medication started on November 11th, 2020, and ended on December 23rd, 2020, thus the treatment lasted for six weeks.

**Table No. 1. Composition of Marham Akbar.<sup>15</sup>**

Ingredients	Quantity
1) SafedaKashghari (Isfedaj) Zinc oxide	7 gms
2) Katha (Acacia catechu)	7 gms
3) Sendur (Isranj) Lead Oxide	7 gms
4) Murdar Sang (Lead Monoxide)	10 gms
5) Phitkari (Shib E Yimani)	7 gms
6) RoghanZaytun (Olea Europa Oil)	10gms
7) Sirka (Angoori)(Vinegar Of Grapes)	10 gms
8) Shahed (Honey)	QS

### **Consent:**

The patient gave written informed consent, and the clinical data included in this case study was acquired per the Declaration of Helsinki (2013).

### **Outcome Measures:**

At 0, 2, 4, and 6 weeks of treatment, the Eczema Area and Severity Index (EASI) score was used to assess the response to therapy,<sup>16</sup> and images of the lesions were obtained before and after treatment completion. In clinical research, the EASI is presently the gold standard measure for assessing the severity of Eczema and the impact of therapy. EASI scores vary from 0-72, with lower values indicating a narrower region of involvement. In terms of severity, mild -1, moderate 2, and severe -3 are indicated. The treatment's safety was assessed by looking for adverse events at each follow-up and doing laboratory tests have performed at the baseline and after 6 weeks of treatment.

### **RESULTS AND DISCUSSION:**

The patient's symptoms improved significantly after receiving Unani treatment, which included Marham-e- Akbar (topical). After 6 weeks of therapy, the skin on the left foot Erythema, edema, excoriations, and lichenifications, all were nearly completely subsided (Figures 3& 4), resulting in a considerable (100 percent) decrease in EASI score. EASI score was 4.8 at baseline, before therapy, and was lowered to 3.2 at week 2, then 1.6 at week 5, and finally, 0.0 at week 6, indicating a considerable improvement. After 6 weeks of Unani treatment, the patient's EASI score was decreased from 4.8 to 0.0, and it obtained a 100 percent reduction in EASI score from baseline (Table 2). There were no clinical side effects observed, and all hematological and biochemical safety indicators measured at baseline and 6 weeks after treatment were within normal limits (Table 3). During the 8-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. These results might be due to the properties of Marham-e-Akbar constituents as a desiccant, calming, astringent, wound healer, pain reliever, and cooling agent.<sup>17,18,19,20,21</sup>

**Table No. 2. Improvement in EASI Score**

Visit	EASI Score	Percentage Reduction In EASI Score(%)
Baseline (0 day)	4.8	00.00
2 <sup>nd</sup> Follow-up (2ndweek)	4	16.66
4 <sup>th</sup> Follow-up (4week)	3.2	33.33
Last Follow-up (6week)	00	100

**Table No. 3. Hematological & Biochemical Safety Parameters**

Sr. No.	Parameters	Baseline (at 0Week)	after treatment (at 6Week)	
1.	Hb(g/dL)	14.5	14.5	
2.	RBC Count (million/cumm)	5.	5.	
	Platelet Count (lakh/cumm)	3.6	3.7	
3.	TLC (cells/cumm)	9800	11000	
4.	DLC(%)	Neutrophils	59	62
		Lymphocytes	30	26
		Eosinophils	5	5
		Monocytes	6	7
		Basophils	0	0
5.	ESR (mm)	1 <sup>st</sup> Hour	5	4
		2 <sup>nd</sup> Hour	10	6
6.	AEC	600	327	
7.	Serum Bilirubin (mg/dL)	0.97	0.82	
8.	SGOT(IU/L)	20	18	
9.	SGPT(IU/L)	16	14	
10.	S. Alkaline Phosphatase (IU/L)	82	80	
11.	Serum Creatinine (mg/dL)	1.	0.8	
12.	Blood Urea Nitrogen (mg/dL)	18	20	
13.	Fasting Plasma Glucose (mg/dL)	100	100	
14.	Urine Examination	NAD	NAD	

NAD=No Abnormality Detected

Figures of patches Before treatment and after 2<sup>nd</sup> follow-up and After treatment.



**Figure No. 1 before treatment**



**Figure No. 2 At 2nd Follow up**



**Figure No. 3 after treatment**



**Figure No. 4 After treatment**

### **CONCLUSION:**

The effectiveness of Unani treatment for Eczema can be shown in the given results. Marham-e- Akbar reduces inflammation while also removing dead tissue and waste. It cleans the wound and speeds up the healing process.<sup>15</sup> It may be stated that the Marham-e- Akbar Unani therapy for Eczema is quite successful. During the treatment, no negative effects were detected. The cost, availability, and adverse effects of long-term usage of allopathic pharmaceuticals continue to be a problem. Anti-eczema medications that are both safer and more effective are still being researched right now. Because the mainstream medical system does not have sufficient treatment for Eczema with fewer adverse effects, it is best to recommend Unani interventions to prevent exacerbations of the condition and to reduce the frequency of recurrence and associated problems. There is a need for more research with big sample size and a multicenter approach.



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The authors declared no conflict of interest concerning the research authorship, and/or publications.

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