

ROLE OF UNANI MEDICINE IN THE TREATMENT OF EXFOLIATIVE DERMATITIS- A CASE REPORT

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ABSTRACT :

Exfoliative dermatitis is a disease of multiple aetiologies or Idiopathic characterized by widespread (> 90% of skin area) Scaling and redness with or without oedema and may leads to serious condition due to fluid loss and Hyper/Hypothermia. Patient remains restless and anxious. In this case report, Role of Unani Medicine was documented with safe and curative outcome after Unani treatment of the patient. This case highlights the scope of Unani medicine, which is based on the Natural drugs.

Photographs of the patients were saved for assessment before and after the treatment. Written informed consent for the publication of his photographs and videos for the academic purpose was also obtained. No side effect was reported during this treatment.

INTRODUCTION

Exfoliative dermatitis is an uncommon, but serious inflammatory skin disorder resulting in extensive erythema and/or scaling affecting more the 90% area of the skin. The most common reported causes include pre-existing skin disorder (Psoriasis, Atopic Dermatitis etc.), drug reactions, malignancies (cutaneous T-cell lymphomas), and other various factors or remain unidentifiable (idiopathic).¹ The incidence in the Indian subcontinent was reported as 35 per 100,000 patients visiting skin OPD² and 1 % of all hospitalizations for dermatologic conditions.³ Hyperthermia or Hypothermia with fluid loss are the major concerns in the management during hospitalization.

CASE REPORT

A 21 years old male patient visited our OPD in the department of Amraze Jild wa Tazeeniyat (Unani Dermatology and Cosmetology), Ajmal Khan Tibbiya College Hospital, Aligarh Muslim University, Aligarh, with the complaints of generalized erythema, scaling, desquamation, fissuring and oedema on the most of his skin surface area since three months. He was admitted in the male ward of the hospital for the Unani treatment of his ailment from 25.04.2016 to 22.06.2016 on bed no. 48.

He reported the sudden onset of his eruptions which became generalized rapidly. Initially the macular eruptions appeared on various parts of his body which started spreading and scaling within few days. Rapidly almost all most entire skin became sloughing. There was no history of any pre-existing skin disease, sensitivity or any other medical problem. He did not report any history of local application

of any medication or cosmetics. He denied any exposure to any kind of chemical, gas or fume. His family history of similar quarries was also found negative.

On examination, scaling, redness, swelling, oozing and crusting were evident on nearly all parts of his body; scalp, face, trunk, upper extremities, lower extremities, palm and sole. The results of his laboratory investigations; TLC, DLC, ESR, LFT, KFT, Urine- Routine & microscopic and stool- routine & microscopic were within normal limits and aetiology of his condition could not be established due to limited facilities in the hospital.

He took the treatment from the dermatologist of various system of medicine but could not get relief. Only his itching and fever was controlled with the use of antibiotics and antihistaminic medications. Rest of his complaints pertaining to his skin were persisting. He was unable to perform his normal work due to crusting and fissuring. He was photographed prior and after the Unani treatment with his written consent to document the efficacy of Unani treatment in his case.

He was given following Unani drugs orally-

- 1- Arq-e Anabus salab (Distillate of Solanum nigrum Linn) 50 ml thrice a day for one month.
- 2- Arq-e Kasni (Distillate of Cichorium intybus) 50 ml thrice a day for one month.
- 3- Syrup containing following ingredients in equal ratio, 10 ml twice a day for two months.
 - a. Khus (Vetiveria zizanoides)- Grass
 - b. Ward (Rosa damascena mill.) - Petals of flowers
 - c. Sandal safaid (Santalum album) - Fine powder of wood
 - d. Sandal Surkh (Pterocarphs santalinus) - Fine powder of wood
 - e. Unnab (Zizyphus jujuba Linn.) - Fruit
 - f. Ersal (Iris ensata Thunb) – Leaves
- 4- Syrup containing following ingredients in equal ratio, 10 ml twice a day for two months.
 - a. Gazar (Daucus carota Linn)-Root
 - b. Amlaj(Emblica officinalis Gaertn.)- Fruit
 - c. Rumman (Punica granatum Linn.)- Fruit
 - d. Eneb (Vitis Vinifera Linn.)- Fruit
 - e. khurma (Phoenix dactylifera Linn.)- Fruit
- 5- Tablet, 'Qurse Kafoor' containing following ingredients in equal ratio - 01 tablet twice daily for two weeks.
 - a. Tukhme kahu (Lactuca sativa Linn.) - Seed
 - b. Tukhme khurfa (Portulaea oleracea Linn.)- Seed
 - c. Tabasheer (Bambusa bambos Druce.)- Secretion of plant
 - d. Rubus Soos (Glycyrrhizia glabra Linn.) - Root
 - e. Ward (Rosa damascena mill.) - Petals of flowers,
 - f. Kishneez khushak (Coriandrum sativum Linn.) - Seed
 - g. Aqaqiya (Acacia arabica Willd)- Gum
 - h. Gile armani (Armenian Bole) - Mineral
 - i. Gulnar (Punica granatum linn.) Fruit
 - j. Burada Sandal Safaid (Santalum album)- Fine powder of wood
 - k. Kafoor (Cinnamomum camphora Nees)- Camphor

- 6- Oil of Badaam Sheerin (*Prunus amygdalus*) seed- 05 drops mixed with milk once daily for two months.
- 7- Externally, a paste of Unani medicines containing following ingredients, was applied locally on the skin for one month.
 - a. Kibreet (Sulphur) - Mineral
 - b. Suhaga (Borex) - Mineral
 - c. Kafoor(*Cinnamomum camphora* Nees)- Camphor
 - d. Roghan kunjad (*Sesamum indicum* Linn.)- Oil as a base
- 8- Another paste of following drugs in equal ratio with milk was applied after application of previous paste upto the vanishing of entire lesions.
 - a. Arad baqla (*Vicia faba* Linn)
 - b. Arad nakhud (*Cicer arietinum* Linn.)
 - c. Arad adas (*Lens culinaris* Moench)
- 9- Oiling of his skin with the mixture of following oils, were advised after the complete removal of scales.
 - a. Sunflower (*Helianthus annuus* L) seed oil
 - b. Coconut (*Cocos nucifera* Linn.) oil
 - c. Linseed (*Linum usitatissimum* Linn.) oil

OBSERVATION AND RESULTS

Within few days of taking Unani treatment, he was relieved of itching and pain and his skin become soft with the evident keratolytic effect. After one week his swelling and redness were relieved and scaling was reduced. His dehydration and fever were managed with no further reporting. After two weeks of Unani treatment his condition was improved with about 50% relief in over all symptoms of redness, swelling, fissuring, oozing and crusting. At the end of one month of the same treatment, he was almost 75% relieved of his complaints and internal medicine, "Qurse Kafoor" was stopped along with change of external local application as per requirement of *usole ilaj* (principle of treatment) of Unani medicine. After the complete treatment, his entire skin becomes normal without any residual scaling or sloughing.

CONCLUSION:

Exfoliative dermatitis can be treated with Unani Medicine safely. More randomised control trials should be conducted to formulate standardized Unani treatment of this disease.

Photographs of the clinical presentation of the patients before and after the Unani treatment







1. Nadia Shirazi and Rashmi Jindal et al. Erythroderma: A clinico-etiological study of 58 cases in a tertiary hospital of North India. Asian Journal of Medical Sciences. Nov-Dec 2015, vol.6, issue 6. pp 20-24
2. Sehgal VN, Srivastava G. Exfoliative dermatitis – a prospective study of 80 patients. Dermatologica 1986; 173: 278–284.
3. Guliz Karakayli and Grant Becham et al. Exfoliative Dermatitis. Am fam Physician. 1999 Feb 1; 59(3) :625-630