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Case Report

Management of Hand Eczema with Unani Medicine: A Case Study

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Abstract

Background: Eczema, is a common chronic skin condition that can lead to recurrent infections and poor quality of life if left untreated. This paper presents the case of a 30-year-old male patient, who came to the outpatient department (OPD) of the Kashmir Tibbia College Hospital and Research Centre, Shilvath, Bandipora, Kashmir, India. **Clinical presentation:** His chief complaints were lesions on the palm of his left hand for one year. The patient also complains that his skin is black and thickened with severe itching on the affected area. **Diagnosis:** The patient was diagnosed clinically with hand eczema resembling *Nar-e-Farsi* in the Unani system of medicine. **Interventions:** For 30 days, Marham Kafoor was topically applied twice a day at a dose of 8-10 gm. **Outcome:** The patient was assessed before, the 15th day and 30th day of treatment based on the EASI, POEM, and VAS. **Results:** After the intervention, significant improvement was observed in all scales from baseline to 30th day. EASI changes from 18 (moderate) to 5 (mild), POEM changes from 19 (severe) to 7 (mild), and VAS from 8 (severe) to 1 (mild). **Conclusion:** Marham Kafoor has been proven beneficial in treating hand eczema and enhancing patients' quality of life

Keywords: Eczema; Marham Kafoor; Unani Medicine

Introduction

In Unani literature, Eczema is known as "NAR-E- FARSI " a Persian phrase which means "fire of Faras". The disease is known by this name because it is widespread in Faras or the person who initially treated it was a native of that nation.^{1,2} Other synonymous for eczema in Unani medicine are *Chhajan* or *Akota*.³ The eminent Unani physician Hakim Kabiruddin described eczema as a skin condition in which patient has scorching lesions that feel like they are on fire.⁴ Jurjani defined the Nar-e-Farsi as a skin condition marked by the appearance of liquid-filled vesicles and excruciating burning and itching.⁵ Ancient Unani scholar M.H. Qumari described *Nar-e-Farsi* as a pruritis characterized by intense itching and painful burning sensations brought on by an increase in Hiddat (heat) in the Khilt-i- Dam (blood).⁶ According to Ibn Sina, causative matter for eczema is Akkāl (corrosive), Haar (hot), and Lazeh (irritative) type that may spread with Dam (Sanguineous matter) or Balgham (Phlegmatic matter) and it is produced when Hot humors (Bilious matter and sanguineous matter) is mixed with dry khilt that is Saudavi madda (Melancholic matter), moreover, he added that Nar-e- Farsi results from haad Akhlat mixed with khilt e raqeeq (Safra).⁷

Eczema literally means "boil out" (Gk. ekzema, from ek = out, zema = boil). The term denotes red skin with eruptions

containing liquid that oozes out. The terms acute, subacute, and chronic for eczema denote its clinical and histological features as it evolves over time. Clinically, eczema is characterized by itching, redness, edema, papulovesicles in the acute stage; edema and scaling in the subacute stage; and dry lichenified skin in the chronic stage. Pathologically, it is a distinctive inflammatory pattern of the response of skin. The terms eczema and dermatitis are usually used synonymously. It affects anyone irrespective of the age and gender. It is not easy to classify eczemas. However, it is of practical use to classify eczemas into two broad groups, exogenous and endogenous, according to the predominance of the causative factors-whether they are largely external or internal. External factors are comparatively well defined as compared to internal ones. However, there can be a convergence of both in the causation of some eczemas. ^{8,9} Eczema is ranked under top five skin diseases and it is estimated that 10% of population have eczema globally. ^{10,11} The prevalence of eczema is increasing worldwide due to rapid urbanization and environmental changes specially in developing countries and it can affect at any age and sex. ¹²

Marham Kafoor: Various substances listed in Table No. 1 were used in the preparation of ointment.¹³

Table 1: Ingredients of Marham Kafoor

Ingredients	Quantity
Kafoor (Cinnamomum camphora)	15 g
Mom (Wax)	150 g
Roghane Kunjad (Sesamum indicum)	450 ml
Safaida Kashgari (Zinc oxide)	60 g
Safaidi Baiza Murgh (Egg-white of Hen's egg)	05
Alkahal Khashabi (Methylated Spirit)	20 ml

Materials and Methods

Selection of case: A diagnosed patient with hand eczema was taken for the study from Dermatology OPD of the Kashmir Tibbia College Hospital and Research Centre, Shilvath, Bandipora- 193501, Kashmir, India.

Case presentation: A 30-year-old male patient presented to the OPD of the the Kashmir Tibbia College Hospital and Research Centre, Shilvath, Bandipora- 193501, Kashmir, India on 20/3/2024 with complaints of lesions across his palm of left hand for one year. The patient also complained of extreme itching, roughness of skin, discoloration, and thickening of skin over the affected area. The patient has tried several allopathic treatments, including antiallergic medications, steroid ointments, and lotions, but none have been completely efficient in healing the disease condition which impacted the psychological and social well-being making it difficult to manage the disease, all the more so given his employment forced him to meet new people. The patient had no history of any disease like hypertension, Diabetes mellitus, etc, and no history of alcohol and tobacco chewing. The systemic examination of the patient was done, and all the vital

parameters were found within normal limits. Sensory functions (pain, touch, pressure, and temperature) were normal. The patient was hemodynamically stable.

Informed consent: The patient was willing to this study and informed consent was taken before the start of the intervention.

Intervention: His vitals were stable (BP = 120/70 mmHg, Pulse rate = 76/min, Respiratory rate = 19/min, Temperature = 98.5°F). Marham Kafoor ointment was applied locally twice a day. The dose of ointment was 8-10 gm. Before application of ointment, the patient was advised to wash the affected area and then apply ointment. The contact period of ointment was approximately 2 hours. During the study period, patient was advised to stop other medications like ointments, anti-histamines, etc. The patient returned for check-ups every month for the next three months, and he was told to go to the hospital right away if any of the symptoms returned. However, there were no signs or symptoms that returned after that. The outcomes were quite satisfactory since the patient's skin colour was reversed to subnormal, lesions decreased in size, skin became softer, and the itching was lessened.

Duration of Study: 30 days

Assessment: The patient was assessed for weeks. Assessment of eczematous lesions was done by EASI (Eczema area and severity index), POEM (Patient oriented eczema measure), and itching severity was graded by VAS (visual analogue scale).

Results

The patient's symptoms and signs significantly improved with Marham Kafoor, as shown by the pictographic presentation in **Figure 1 (before treatment) to Figure 2 (after treatment)** and **Table 2**. At the end of the study, there were only a few eczematous spots on figures.



Figure 1: patient's symptoms and signs (before treatment)



Figure 2: patient's symptoms and signs (after treatment)

Table 2: Assessment of hand eczema

	EASI	POEM	VAS
Baseline	18	19	8
15th day	16	16	7
30th day	5	7	1

Discussion

In our case report, a 30-year-old man who had hand eczema over the palm of left hand was studied for 30 days. Conventional medicines adopted in the present day are usually restricted to short-term solutions and carry several obnoxious side effects and the relapse rate is high. Unani formulations provide an opportunity to manage various skin diseases with the least side effects and relapse. The results of this case study showed significant improvement in the management of eczema.

Nār Fārsī is a typical skin condition that interferes with the patient's social and psychological well-being as well as their outward appearance. Nār Fārsī is caused by abnormal accumulation of khilte Safra (yellow bile), and khilte Sauda (black bile). Additionally, excessive khilte Dam (blood) quality and quantity is a contributing factor.¹⁴ The main aspect of treatment in Nār Fārsī is the removal of cause and evacuation of morbid material i. e. khilte Safra wa Sauda. For this purpose, in the Unani system of medicine, Majaffif (absorbent), Muhallil (anti-inflammatory), and Mubarrid (refrigerant) drugs should be applied topically. On the basis of the aforementioned principles, Marham Kafoor for topical application was chosen in the treatment of Nār Fārsī.

Due to various pharmacological actions of Marham Kafoor like Mujaffif (absorbent), Muhallil (anti-inflammatory), and Dafe Taffun (anti-septic), significant improvement was seen in assessment scores.¹⁴ The ingredients present in ointment have various known pharmacological actions such as anti-inflammatory, anti-pruritic, antibacterial, and antioxidant activity of Kafoor (*Cinnamomum camphora*), healing properties of Safeda kashgari (Zinc oxide) and Safedi Baiza-e-murgh (Egg-white of Hen's egg) and emollient effect of Mom (Wax) and Roghane Kunjad (*Sesamum indicum*) which may be responsible for significant improvement in all assessment scales.^{15,16,17} Some of the potential limitations inherent in this study comprise the short duration of the study and limited parameters of assessment.

Conclusion

This case study provided important information regarding the usefulness of Unani drugs in the treatment of hand eczema. It has demonstrated that the management of hand eczema with local application of Marham Kafoor has produced significant improvement in the patient without any side effects. Hence, it is concluded that compound medicine can be used safely and effectively for the treatment of eczema. However, more advanced studies need to be carried out.

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Conflict of Interest

None

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