

Clinical Efficacy of Classical Unani Formulations in Management of *Qubā'* (*Tinea Corporis*): A Case Series Approach

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Abstract



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Background: *Tinea corporis*, identified as *Qubā'* in Unani medicine, is a common superficial fungal infection. Classical Unani texts offer a holistic management framework, integrating principles of temperament (*Mizāj*), humoral balance, and both topical and systemic therapies.

Objective: To evaluate the clinical efficacy of individualized Unani regimens in managing *Qubā'* through symptom monitoring and temperament-based selection of formulations.

Methods: Five patients clinically diagnosed with *Tinea corporis* were treated at HSZH Unani Medical College & Hospital, Bhopal. Oral polyherbal formulations—*Itrifāl Shahātra*, *Majoon Ushba*, *Habbe Musaffi*, *Dawā-e-Musaffi*, or *Arq Shahātra*—were administered alongside the standard topical application of *Marham-e-Qūba*. Treatment duration was 28 days, with assessments on Day 1, 14, and 28 using the Dermatophytosis Symptom Score (DSS).

Results: All patients demonstrated progressive improvement with a mean DSS reduction of 75.6% by Day 28. Pruritus showed the most significant reduction (85.7%), followed by erythema (76.9%) and scaling (54.5%). The combination of *Itrifāl Shahātra* + *Marham-e-Qūba* was the most effective. No adverse events or recurrence were observed.

Conclusion: This study highlights the clinical potential of Unani therapies in managing superficial fungal infections. The integration of temperament-based oral regimens and a standardized topical application showed marked symptom relief, safety, and patient satisfaction. Further controlled trials are recommended to validate these findings and expand therapeutic options in integrative dermatology.

Keywords: Dermatophytosis, *Mizāj*, *Marham-e-Qūba*, Polyherbal Formulations, *Qubā'*, *Tinea Corporis*, Unani Medicine

1. INTRODUCTION

Dermatophytosis, traditionally known in Unani medicine as *Qubā'*, is acknowledged as a notable public health issue across many regions worldwide. In the Unani system of medicine, the understanding and treatment of such conditions are deeply rooted in a holistic framework based on the Hippocratic doctrine of the four humours (*Akhlāt*)—namely *Dam* (blood), *Balgham* (phlegm), *Safrā* (yellow bile), and *Saudā* (black bile) ¹. According to classical Unani texts, *Qubā'* is described as a pathological skin condition characterized by coarseness of texture, accompanied frequently by itching (*hikka*), scaling (*taqashshur*), erythema, and in some cases, localized inflammation. The lesions often exhibit varying pigmentation, ranging from reddish to dark brown or black hues, with an erythematous border often signifying active fungal proliferation. In more severe instances, serous or yellowish discharge may be

noted, indicating secondary infection or deeper involvement ^{2,3,4}.

The term "ringworm" refers not to a parasitic worm, but to a group of keratinophilic filamentous fungi, collectively known as dermatophytes, which possess the capacity to colonize and degrade keratinized structures such as the skin, hair, and nails. These fungal organisms are among the most widespread etiological agents responsible for superficial cutaneous infections. Despite their prevalence, the true global burden of dermatophytic infections is likely underreported due to diagnostic challenges and limited access to healthcare in certain populations ⁵.

Various names across different cultures and medical traditions know this dermatological condition. In Persian, it is commonly referred to as *Paryoon* or *Daryoon*, while in Hindi and several other regional dialects, it is popularly known as *Daad*. In modern

biomedical terminology, the condition is identified by multiple names, including Fungal Infection, Ringworm, Tinea, Superficial Dermatophytosis, Superficial Mycosis, Superficial Mycotic Infection, and in more chronic cases, Favus ⁶.

The term Tinea is frequently used to describe these infections based on their anatomical location, such as *Tinea corporis* (body), *Tinea capitis* (scalp), or *Tinea pedis* (feet). The causative agents of Tinea are dermatophytes, a category of keratinophilic fungi comprising over 40 phylogenetically related species. These organisms are taxonomically classified into three primary genera: *Microsporum*, *Trichophyton*, and *Epidermophyton*. These fungi predominantly colonize keratinized tissues, leading to infections of the skin, hair, and nails.

The Unani system of medicine, with its deep historical roots and holistic approach, provides a comprehensive pharmacopeia of natural, efficacious, and safe therapeutics for managing such conditions. Renowned Unani scholars and physicians—such as *Ibn Sina* (Avicenna), *Zakariya Razi* (Rhazes), and *Hakim Ajmal Khan*—have described numerous single and compound

drug formulations to treat *Qubā*. These include topical applications, decoctions, and oral remedies, aimed not only at eradicating the fungal pathogen but also at restoring the balance of humours (*Akhlāt*) and strengthening the immune and integumentary systems ⁷.

2. INTERVENTIONS

In the current case series, patients diagnosed with *Tinea corporis* (*Qubā*) were treated using a combination of oral and topical Unani formulations based on classical references and individual *mizāj* (temperament). The internal medications focused on blood purification, hepatoprotection, and detoxification, while topical applications aimed to reduce fungal growth, relieve itching, and promote skin healing.

The following Unani formulations (**Table1**) were employed in combined regimens (oral and topical) across all cases, with the internal medicine tailored to each patient's condition and the topical application (*Marham-e-Qūbā*) (**Table2**) used consistently throughout.

Table 1: Unani Formulations - Oral Regimen used in the study

S. N.	Formulation	Key Ingredients	Mizaj (Temperament)	Pharmacological Actions (Unani & Modern Concepts)
1	<i>Dawā-e-Musaffi</i>	<i>Gul-e-Neem, Gul-e-Babuna, Burada Sandal Safaid, Tukhm Kasni, Aftimoon</i>	<i>ḤārRato-o-Yābis</i>	Blood purifier, anti-inflammatory, detoxifier
2	<i>Habbe Musaffi</i>	<i>Sarphoka, Gul-e-Neem, Burada Sandal, Satt Gil-e-Armani</i>	<i>ḤārRato-o-Yābis</i>	Clears toxins, improves liver function, alters blood impurities
3	<i>Itrifāl Shahātra</i>	<i>Shahātra, Post Halela, Amla, Sana Makki, Revand Chini</i>	<i>Bārid Yābis</i>	Hepatoprotective, purgative, blood purifier, useful in skin eruptions
4	<i>Majoon Ushba</i>	<i>Ushba Maghribi, Sandal Safaid, ZarawandMudahraj, Neem, Gul-e-Babuna, Satt Gil-e-Armani</i>	<i>Ḥār Yābis</i>	Anti-allergic, antifungal, detoxifier, effective in stubborn skin diseases like eczema, psoriasis, fungal infections
5	<i>Arq Shahātra</i>	<i>Shahātra, Kasni, Gul-e-Babuna, Aftimoon, Anjeer, Gul-e-Neem</i>	<i>Bārid Ṭar</i>	Blood purifier, effective in chronic skin disorders, improves liver function

Table 2: Topical Formulation (Common to All Cases)

Name	Contents	Mizaj (Temperament)	Pharmacological Actions
<i>Marham-e-Qūbā</i>	<i>Mom, Roghan Kunjad, Kafoor, Zanjabeel, Sirka</i>	<i>Bārid Yābis</i>	Antifungal, antipruritic, soothing, reduces itching and scaling

3. CASE PRESENTATIONS

Each case is summarized with demographic profile, clinical features, and treatment.

3.1. Case 1

Demographic Profile:

A 32-year-old male, employed as a professional driver, reported with complaints of an itchy and expanding reddish-black lesion in the right gluteal region persisting for 3 weeks. Due to his occupational role, he

often remains seated for long durations, leading to excessive perspiration and limited ventilation in the area. These conditions appeared to aggravate the discomfort and itching. The patient denied any systemic symptoms or history of similar past infections.

Clinical Examination:

A well-demarcated circular lesion approximately 4 cm in diameter was observed over the right gluteal fold. The margins were erythematous with a slightly raised edge, while the central area showed hyperpigmentation and

mild scaling. No signs of discharge, ulceration, or secondary infection were noted. The features were consistent with *Tinea corporis* (*Qūbā'*), a superficial fungal infection of the skin (**Figure1**).

Intervention:

The patient was treated with a combination of *Dawā-e-Musaffi* orally and *Marham-e-Qūbā* topically. *Dawā-e-Musaffi*, known for its blood-purifying and anti-inflammatory properties, was prescribed to detoxify internal humoral imbalances. *Marham-e-Qūbā* was applied locally to reduce inflammation, suppress fungal activity, and alleviate itching. The treatment duration was one month, with follow-ups at two-week intervals to monitor healing and symptom resolution.



Figure 1: *Tinea corporis* (*Qūbā'*) lesion over the right gluteal region before treatment

3.2. Case 2

Demographic Profile:

A 57-year-old female housewife presented with complaints of pruritic, reddish patches on the lower back and upper gluteal region that had progressively increased over the past month. The lesions were associated with mild discomfort and burning sensation. She reported experiencing frequent sweating while performing household chores, particularly in the hot and humid kitchen environment.

Clinical Examination: On examination, multiple circular lesions with erythematous raised borders and central scaling were identified over the lumbosacral region. The largest lesion measured around 5 cm in diameter. The skin appeared dry and inflamed with mild excoriation due to scratching. No systemic symptoms were evident. Clinical features confirmed the diagnosis of *Tinea corporis* (*Qūbā'*) (**Figure2**).

Intervention:

She was administered *Itrifāl Shahātra* as an oral remedy and advised topical application of *Marham-e-Qūbā*. *Itrifāl Shahātra* was chosen for its hepatoprotective, blood-purifying, and mildly laxative properties to address internal derangement of humors. *Marham-e-Qūbā* helped in controlling local inflammation and fungal proliferation. Improvement was seen by the second week, and treatment continued for a full month.



Figure 2: Pre-treatment clinical appearance of *Tinea corporis* (*Qūbā'*) involving the lumbosacral and gluteal area in a 57-year-old female

3.3. Case 3

Demographic Profile:

A 40-year-old male, working as an automobile mechanic, visited the clinic with itchy, inflamed lesions on the inner thighs extending towards the groin. The patient complained of intense itching and burning sensations aggravated by heat and friction. He reported using synthetic innerwear during long work hours, which may have contributed to the recurrence and spread of the infection.

Clinical Examination:

A large, irregularly shaped lesion with raised, erythematous margins and scaling was found on the medial aspect of the right thigh, extending to the inguinal fold. The lesion was dry, thickened in the center, and had a few satellite lesions. No signs of secondary bacterial infection were observed. Clinical findings suggested an extensive case of *Tinea corporis* (**Figure3**).

Intervention:

Treatment involved oral administration of *MajoonUshba*, recognized for its detoxifying, antifungal, and anti-allergic effects, and topical use of *Marham-e-Qūbā*. The combination aimed at systemic purification and localized symptom control. Regular application helped reduce itching and inflammation, with significant regression of the lesion observed by the end of the fourth week.



Figure 3: Pre-treatment clinical presentation of extensive *Tinea corporis* (*Qūbā'*) involving the medial thigh and inguinal fold in a 40-year-old male

3.4. Case 4

Demographic Profile:

A 14-year-old male student presented with complaints of itchy, round red lesions on the abdomen and upper thigh. The lesions had been developing gradually over the past two weeks. The patient had recently returned from a summer sports camp and noted that excessive sweating and sharing of towels during the event may have led to the infection.

Clinical Examination:

Two lesions with clear, active, raised borders and central clearing were visible over the left lower abdomen and

upper thigh. The margins showed slight scaling, and the surrounding skin was mildly excoriated due to scratching. No lymphadenopathy or fever was present. The clinical picture was diagnostic of Tinea corporis (Qūbā') (Figure 4).

Intervention:

He was prescribed Habbe Musaffi orally, which acts as a blood cleanser and improves hepatic detoxification. In addition, Marham-e-Qūbā was applied twice daily. The formulation helped soothe the skin, reduce fungal load, and control further spread. Marked improvement was noticed within three weeks of treatment initiation.



Figure 4: Pre-treatment clinical presentation of Tinea corporis (Qūbā') involving the lower abdomen and proximal thigh in a 14-year-old male

3.5. Case 5

Demographic Profile:

A 36-year-old male working as a corporate manager reported with persistent, itchy lesions on the buttocks and upper thigh region for more than four weeks. He attributed the onset to long sedentary hours, synthetic clothing, and recent travel in hot weather conditions. He had tried over-the-counter creams without lasting relief.

Clinical Examination:

A large annular lesion with scaly borders and central hyperpigmentation was noted on the left gluteal region. The lesion measured about 5.5 cm in diameter and

showed signs of chronicity with skin thickening. There were no pustules or systemic signs. The presentation was consistent with chronic Tinea corporis (Qūbā') (Figure 5).

Intervention:

He was managed with ArqShahātra, a decoction known for its liver-protective and blood-purifying actions, alongside Marham-e-Qūbā for topical application. This combination addressed both systemic and local pathology. Over the course of a month, the lesions gradually resolved, with significant reduction in itching and pigmentation.



Figure 5: Chronic Tinea corporis (Qübā') lesion on the left gluteal region before treatment

4. RESULTS

All five patients exhibited progressive clinical recovery over the 28-day treatment period. The Dermatophytosis Symptom Score (DSS) was used to objectively track symptom changes across three key parameters: erythema, pruritus, and scaling. Average DSS scores showed substantial improvement by Day 28 (Table3,4).

The most rapid improvement was seen in pruritus, where the average score dropped from 2.8 to 0.4, indicating the rapid antipruritic action of the regimens. Erythema decreased from 2.6 to 0.6, and scaling reduced moderately from 2.2 to 1.0, indicating progressive skin healing. Notably, patients with chronic or recurrent lesions also showed a consistent downward trend in DSS scores.

Symptom resolution was most pronounced in the group treated with *Itrifāl Shahātra + Marham-e-Qūba*, showing 85.7% reduction in DSS. No adverse drug reactions or systemic side effects were reported in any case. Patients expressed subjective satisfaction with both the ease of application of the topical formulation and the tolerability of oral medications.

Table 3: Symptom-Wise DSS Reduction:

Symptom	Avg. Score Day 1	Avg. Score Day 14	Avg. Score Day 28	% Reduction by Day 28
Erythema	2.6	1.6	0.6	76.9%
Pruritus	2.8	1.4	0.4	85.7%
Scaling	2.2	1.2	1.0	54.5%

Table 4: Case-Wise DSS Tracking:

Case	DSS Day 1	DSS Day 14	DSS Day 28	% Improvement (Day 1 to 28)	Remarkable Outcome
1	8	5	2	75.0%	Complete lesion flattening and pruritus resolved
2	9	6	3	66.7%	Lesion borders reduced, mild residual scaling
3	7	3	1	85.7%	Clear improvement by Day 14; almost lesion-free
4	9	5	2	77.8%	Symptom resolution consistent across follow-up visits
5	8	5	2	75.0%	Chronic lesion flattened significantly by Day 28



Figure 6: Resolution of Tinea corporis (Qübā') lesion over the right gluteal region after treatment (Case 1)

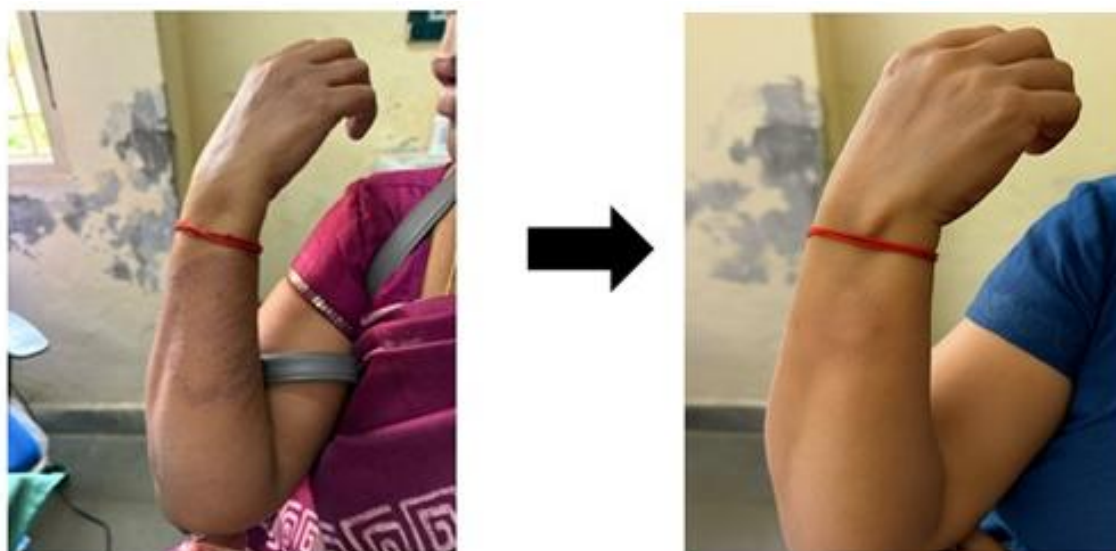


Figure 7: Post-treatment resolution of Tinea corporis (Qübā') lesions in the same region following antifungal therapy (Case2)

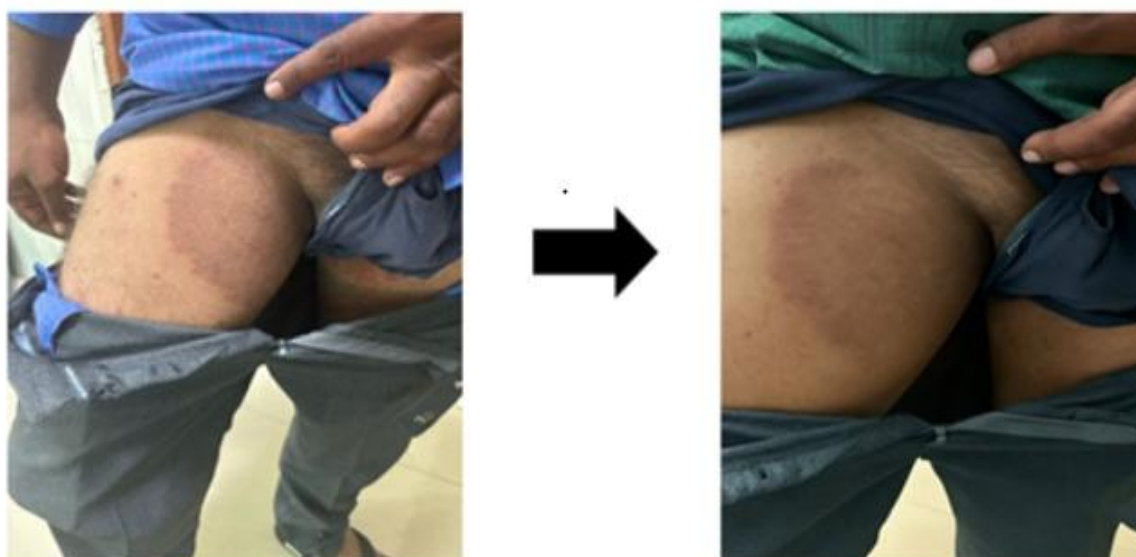


Figure 8: Post-treatment clinical resolution of Tinea corporis (Qübā') in the same region following antifungal therapy (Case 3)



Figure 9: Post-treatment improvement of Tinea corporis (Qübā') following antifungal therapy (Case 4)



Figure 10: Post-treatment resolution of chronic Tinea corporis (Qubā') lesion over the gluteal region (Case 5)

Interpretation:

The treatment regimens demonstrated consistent efficacy across diverse age groups, lesion locations, and severity grades. Patients with higher baseline DSS scores experienced substantial improvement, indicating that even advanced or chronic cases of Qubā' responded well to individualized Unani therapy. Notably, cases involving sedentary occupation or excessive perspiration—both contributing factors to fungal proliferation—also showed positive response to treatment.

The regimen containing *Itrifāl Shahātra* + *Marham-e-Qūba* emerged as the most effective, possibly due to its combined hepatoprotective, purgative, and anti-inflammatory actions. This reflects the therapeutic value of addressing internal humoral imbalances along with localized antifungal measures. The uniform tolerability and absence of side effects further validate the safety and patient acceptability of Unani treatment approaches. Overall, the use of DSS provided a reliable method for quantifying symptom resolution, supporting objective clinical judgment alongside traditional Unani principles.

5. DISCUSSION

This case series provides compelling preliminary evidence supporting the clinical effectiveness of Unani medicine in the management of Qubā' (Tinea corporis). The results demonstrate that personalized Unani regimens—designed on the foundational concepts of Mizāj (temperament), humoral imbalances, and disease severity—can bring about substantial improvement in patients suffering from superficial fungal infections.

All five patients showed significant improvement in Dermatophytosis Symptom Scores (DSS) over the 28-day treatment period, with an average reduction of 75.6%. The rapid relief from pruritus and erythema is particularly noteworthy, indicating the prompt anti-inflammatory and antipruritic effects of the regimens. These findings resonate with classical Unani literature, which emphasizes the dual approach of internal detoxification and topical correction to restore skin health.

The superior performance of *Itrifāl Shahātra* + *Marham-e-Qūba* among all regimens tested highlights the benefit of hepatoprotective and purgative therapies in chronic skin diseases. According to Unani theory, the liver is central to maintaining humoral purity, and disruptions in its function often manifest as dermatological symptoms. Thus, a formulation that supports liver function while also purifying the blood and expelling morbid humors aligns well with the pathophysiology of Qubā'.

Topical application of *Marham-e-Qūba* across all cases provided uniform antifungal and soothing benefits. Its constituents, including Kafoor and Zanjabeel, are documented in both classical and modern texts for their antifungal, anti-inflammatory, and cooling properties. The effectiveness of this preparation across diverse anatomical sites and lesion severities further underscores its versatility.

In comparison to conventional treatments that often face challenges like drug resistance, side effects, or recurrence, Unani therapies presented here were well-tolerated, safe, and produced no reported adverse events or rebound infections. Moreover, the integration of dietary guidelines (Ilāj bi'l-Ghidhā') and temperament adjustment into the treatment plan reflects a holistic methodology that addresses both symptomatology and systemic imbalance.

Nevertheless, while the results are promising, the small sample size and lack of a control group limit the generalizability of the findings. Future investigations with larger cohorts and randomized controlled designs are warranted to validate these observations and standardize the dosing, duration, and combinations of Unani formulations for broader clinical application.

The combination of blood-purifying and hepatoprotective formulations, tailored to individual temperament, appears to be a significant factor in therapeutic success. The use of *Marham-e-Qūba* further augmented healing by reducing itching, inflammation, and fungal spread.

CONCLUSION

This case series provides encouraging evidence for the clinical utility of Unani medicine in the treatment of Tinea corporis (Qubā'). The integration of temperament-based internal regimens with a standardized topical formulation led to consistent symptomatic relief across all five patients. Marked improvements in pruritus, erythema, and scaling were achieved within 28 days without any adverse events or recurrence, underscoring both the efficacy and safety of the therapies used.

The study reaffirms the significance of personalized Unani approaches that focus not only on symptom resolution but also on correcting underlying humoral imbalances and restoring systemic harmony. In particular, the superior response observed with *Itrifāl Shahātra + Marham-e-Qūba* suggests that certain combinations may offer enhanced therapeutic outcomes and merit further investigation.

While the findings are promising, the limited sample size warrants cautious interpretation. Larger, controlled trials are essential to substantiate these preliminary outcomes and to facilitate the standardization and broader application of Unani treatments in clinical dermatology. Nevertheless, this study contributes valuable insight into the integrative potential of traditional systems of medicine in managing common dermatological disorders.

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