ABSTRACT
Eczema is a type of dermatitis in which inflammation of the epidermis occurs. Eczema does not have a known specific etiology. Despite the fact that it is activated by the immune system and is related to allergic reactions, it is not the same as other allergic reactions. According to the Unani system of medicine, eczema occurs due to akkal (corrosive), haar (hot), and lazeh madda that may spread with dam (sanguineous matter) or balgham (phlegmatic matter). It may also be produced when hot (bilious and sanguineous) humor is mixed with dry humor (phlegmatic). The feature that predominates depends on the stage of the disease, that is acute eczema is exudative, while chronic eczema is dry, scaly, and often lichenified and it can affect any person irrespective of age and sex. In this case report, a 54-year-old female, presented with complaints of dryness, itching, burning sensations, scaly lesions, and darkening of the skin on palmer and dorsal surfaces of both hands and both feet observed in the skin lesion and in the patient’s symptoms. Post-treatment follow-up after 1 month did not show any signs of recurrences of lesions. Unani medicines provide an effective approach to managing eczema.

KEYWORDS: Eczema, Nar Farsi, Unani medicine.

INTRODUCTION
Eczema (Nar Farsi) is the reaction pattern of the skin to multiple agents. This inflammatory response of the skin affects 2-10% of the world’s population, and the prevalence varies according to its different types.[1,2] In Unani terminology, the Nar farsi either refers to the place Faras (Iran/Persia), where it was most frequently observed, or to the native of Faras who treated eczema for the very first time. Some Physicians also believe that, since there is a severe burning sensation that feels like the affected area is burning on fire, the disease is given the name Nar farsi. [3] Eczema clinically manifests as pruritus, erythema, edema, papules, vesicles, scaling, and lichenification. The feature that predominates depends on the stage of the disease, that is acute eczema is exudative, while chronic eczema is dry, scaly, and often lichenified and it can affect any person irrespective of age and sex. [4,5] Histologically, the hallmark of eczema is spongiosis, this occurs due to intercellular edema, which gives the epidermis a sponge-like appearance but the exact histological appearance depends on the stage of the disease. In the chronic stage, the lesion shows hyperkeratosis and acanthosis. [6,7] Despite the fact that eczema can have a variety of underlying causes, several common pathways are involved in its pathogenesis. Activated keratinocytes are one characteristic. It metabolizes rapidly, which is directly related to the increased basal cell proliferation and release of several cytokines. The epidermis contains enormous amounts of interleukin 1 (IL-1). Anytime there is damage to the epidermis, interleukins are released. They are released whenever the epidermis is damaged (e.g. by trauma, chemical irritation, and a type IV cell-mediated immune response). IL-8 serves as a chemotactic factor for neutrophils. The epidermis's neutrophil infiltration (exocytosis) is characteristic of most eczemas. γ-Interferon induces lymphocytes to continue the perivascular lymphocytic infiltrate, which is frequently seen in all types of eczema. Hyperproliferation results in thickening (acanthosis) and scaling of the epidermis. Oedema, blistering, weeping, and especially itching are brought on by cytokines. [5,7] According to the Unani system of medicine, eczema occurs due to akkal (corrosive), haar (hot), and lazeh madda that may spread with dam (sanguineous matter) or balgham (phlegmatic matter). It may also be produced when hot (bilious and...
sanguineous) humor is mixed with dry humor (saudawi madda). It may also occur when haad akhlat combines with khilt-e-raqueeq (safr), and also due to the increased hiddat in khilt-e-dam.\cite{8,9,10}

**MATERIALS AND METHODS**

**CASE REPORT**

A 54 years old married female patient came to the OPD of Amrak-e-Jild wa Tazeeniyat, Ajmal Khan Tibbiya College and Hospital, AMU, Aligarh. UP. UP, with complaints of dryness, itching, burning sensations, scaly lesions, and darkening of the skin on palm and dorsal surfaces of both hands and both feet for 2 years. There was no history of Diabetes Mellitus, Hypertension, Tuberculosis, Bronchial asthma, or any other chronic disease. The patient was a teacher by profession and also performs daily household chores including cleaning, washing, dusting, and dish-washing. A history of contact with detergent powder and soap was present. There was no family history of Diabetes Mellitus, hypertension, tuberculosis, or any relevant history of allergic diseases. The patient earlier consulted for the same in her locality clinic but did not get any remarkable improvement. The photography of the lesions before and after treatment were compared to reveal the efficacy of the treatment. Written consent was obtained from the patient.

**Intervention and Follow-up**

The treatment was started on the principles of the classical Unani regime. The patient was given Unani treatment both oral as well as topical, she was advised to take 7 g of Majoon Ushba (Table 1), prepared by Dawakhana Tibbiya College, AMU, Aligarh, and is based on the composition described in Biyaz-e-Kabir Volume-2 and 2 tablets of Habb-e-Musaffi Khoon (Table 2), twice a day with plain water after food. (Habb-e-Musaffi Khoon) is prepared by Hamdard Laboratories, Delhi, and is based on the composition described in the National Formulary of Unani Medicine, Part-V). She was advised to apply Marham-e-Hina (Table 3), on the affected part twice a day (Marham-e-Hina) was prepared by Dawakhana Tibbiya College, AMU, Aligarh as per the description given in the National Formulary of Unani Medicine, part-VI.

**RESULTS**

After 28 days of treatment, the efficacy of Unani compound formulations was assessed, and it was found to be quite effective in the management of eczema (Nar Farsi). There was a marked improvement in dryness, itching, scaling, and burning sensations, with the complete disappearance of pigmentation in the affected area. The patient was further under observation for one month and it was observed that there were no relapses or flare-ups of the disease.
Figure 1: Before treatment.

Figure 2: After treatment.
DISCUSSION
It was observed that the Unani regimen comprising three formulations Majoon Ushba, Habb-e-Musafii Khoon, and Marham-e-Hina were effective and safe in the management of eczema (Nar Farsi). The efficacy of these formulations might be explained in terms of their pharmacological actions which is mainly due to the presence of musaffi-e-dam (blood purifier), musahalli-e-waram (anti-inflammatory), musakkin (analgesic), mudammil-e-guroo (wound healing), mulattiff (demulcent), daf-e-hikka (anti-pruritic) qatil-e-jaraseem (antibacterial) properties.

Majoon Ushba and Habb-e-Musafii Khoon have contents like ushba, shahtara, sarphooka, gul-e-surkh, bisfaij, chob chini, sandal safed, sandal surkh, and barg-e-neem. They all possess musaaffi-e-dam (blood purifier) action and are extensively used in various skin disorders. Ushba acted as musahalli and mudir along with its musaaffi-e-dam action. Shahtara removes mirrih safra and sauda-e-muhtariqa through diuresis and is useful to normalize to the heat of the blood. Barg-e-Hina, Barg-e-Gozaban, and Chob chini acted as mulattiff (demulcent), musakkin (analgesic) mujaffij (desiccant), and qabiz (astringent). Barg-e-Neem acted as daf-e-ia ffin (antiseptic), moaddil-e-dam, musakkin (analgesic), musahalli (anti-inflammatory). Afshoon, Halela, Balela, Chobchini, and Bisfaij, all acted as mushil-e-sauda (black bile-specific purgative). Sana-e-makki acted as qatil-e-kiram. A study by Ahmad et al demonstrated the various extracts of Sana-e-makki (Cassia augustifolia) that show antioxidant and anticancer antimicrobial properties.[11] Gul-e-Kachnut (Bauhinia racemose) possesses musahalli (anti-inflammatory), musakkin (analgesic), qatil-e-jaraseem (antimicrobial), mundqmil-e-guroo (wound healer), antioxidant, and anticancer activities.[18] Sandal Safaid, Sandal Surkh, and Gul-e-Surkh acted as muafirreh (exhilarant), and mubahird (coolant). This is in accordance with the properties described by Ibn-e-Sina and Najmul Ghani.[8,14] Challa et al. revealed through their study that the methanolic extract of Sandal Surkh (Pierocarpus santalinus) possesses the highest antioxidant and antimicrobial activity which inhibits bacteria such as E. coli, S. aureus, and Pseudomonas, etc.[16] Sandal safed (Santalum album) has musahalli (anti-inflammatory), qatil-e-jaraseem (antimicrobial), mundamili-e-guroo (wound healer) Daf-e-afooonat (antiseptic) anti-mitotic, anti-cancerous, anti-ulcer activities.[17] Hajhashemi et al. demonstrated that the hydroalcoholic extract of Rosa damascena (Gul-e-Surkh) has a potent analgesic (musakkin) and anti-inflammatory (muahallil) activity in a rat model.[12] Bakayin acted as Qatil-e-jaraseem (antimicrobial), Dafa-e-afooonat (antiseptic), mundamili-e-guroo (wound healing agent).[13] The improvement may also be due to the muahallil (anti-inflammatory) and jali (detergent) effect of Sana-e-makki. Marham-e-Hina contains Roghan-e-Hina, which acted as muahallil (anti-inflammatory), qatil-e-jaraseem (antimicrobial). Keshavwarz et al. carried out a study on Barg-e-Hina which stated that the natural Hina of Iran is more effective than conventional steroids (hydrocortisone) in curing the lesions of Diaper Dermatitis in infants.[15] Kofoor acted as daf-e-afooonat (antiseptic), musakkin (analgesic), habis-ud-dam (hemostatic), and coolant. Kofoor showed muahallil (anti-inflammatory), Daf-e-ta ffin (antiseptic), musakkin (analgesic), and diaphoretic properties on external use.[13] In the book Khazainul Auida, Najmul Ghani has mentioned that Kofoor possesses many pharmacological activities like daf-e-hikka (antipruritic), muahallil (anti-inflammatory), anti-allergic, and a good cooling agent effective in pruritus and burning sensation.[16] Mom (beeswax) acted as muahallil-e-waram (anti-inflammatory), musakkin (analgesic), mundamul-e-guroo (wound healer), mujaffij (desiccative) and daf-e-hikka (anti-pruritic) properties. These properties of Mom are because of the presence of oleate esters, palmitoleate, tricontanylpalmitateto cerotic acid, and palmitate.[19] Sat-e-pudina and Sat-e-ajwa in provide a cooling effect in the burning and dryness of eczematous lesions.

CONCLUSION
The above three formulations acted as musaaffi-e-dam (blood purifier), muahallil (anti-inflammatory), musakkin (analgesic), mundamul (wound healing), daf-e-afooonat (antiseptic), musaratib (local emollient) qatil-e-jaraseem (antimicrobial), moodil-e-safra, and mushill-e-sauda, which is the mainstay of the treatment of eczema. So it can be concluded from the above discussion that the Unani pharmacopoeial formulations used in this case report, are quite effective in the management of eczema (Nar Farsi). In order to assess and validate the efficacy and safety of the employed medications, further clinical trials on a large sample size should be conducted.

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