



UNANI AND MODERN ASPECTS OF ECZEMA (NĀRFĀRSĪ): A COMPREHENSIVE REVIEW

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ABSTRACT

Eczema is an inflammatory condition of the skin. It is manifested by pruritus, erythema, edema, vesicles, scaling, and lichenification. It is incited internally by systemic factors or from extrinsic factors. In consequence to factors working from within (systemic). Since immemorial time Nār Fārsī had been treated by various physicians but the treatment was not known worldwide. From Greco Arabic period Unani medicine various local and systemic drugs and regimens are used in the management of Eczema. Eczema is chronic and common problem of skin all over the world. The prevalence of Eczema is 2-10% of the world's population. According to Unani Eczema blisters with severe burning sensation are present. It is the result of Akkāl (corrosive), Hār (hot), and Lāzeh (irritative) substance which may spread with Dam. It is a condition in which eruptions with burning sensation just like fire are found. Since immemorial time Eczema had been treated by various physicians but the treatment was not known worldwide. From Greco Arabic period In Unani medicine various local and systemic drugs and regimens are used in the management of Eczema. Unani physicians have recommended various safe and effective single and compound formulations for local and systemic use in the treatment of Eczema.

KEYWORDS: Eczema, Nār Fārsī, Unani.

INTRODUCTION

Nār Fārsī (Eczema) is one of the most common diseases of the skin. The term Nār Fārsī was first used in Persia or it is called Nār Fārsī because the person who used this term was native of Persia and associated with intense itching and burning like fire.^[1]

Eczema is an inflammatory condition of the skin. It is manifested by pruritus, erythema, edema, vesicles, scaling, and lichenification.^[2]

Eczema is known by different names In Unani system of medicine eczema such as Chājan, Akotā, Nār Fārsī.^[3]

Nār Fārsī (Eczema) is the disease of the skin in which liquid filled vesicles appear with severe burning sensation and itching.^[4]

Jalinūs (Galen) the Great unani physician (129AD-200 AD) described Eczema eruptions as the result of mixing of Dam (Blood) with Safrā (Bile).^[5]

Eczema, a term derived from the Greek word 'ε'κζεμα' meaning 'to boil', is a clinical and histological pattern of

inflammation of the skin seen in a variety of dermatoses with widely diverse aetiologies. Clinically, eczematous dermatoses are characterized by variable intensity of itching and soreness, and, in variable degrees, a range of signs including dryness, erythema, excoriation, exudation, fissuring, hyperkeratosis, lichenification, papulation, scaling and vesiculation. Histologically, these clinical signs are reflected by a various changes in epidermis like edema, acanthosis, and hyperkeratosis(thickening of skin), with infiltration of lymphoid and histiocytes in the dermis. Both terms are used as synonym for each other but All eczemas are dermatitis but all dermatitis are not eczema.^[6]

Eczema is a form of inflammatory condition of the skin, which is characterized by redness, swelling, oozing, and scaling with itching and burning. It is incited internally by systemic factors or from extrinsic factors. In consequence to factors working from within (systemic) or. Eczema as Acute eczema or chronic eczema.^[7]

The Hallmark of Acute eczema/dermatitis itching, redness, and rashes; and chronic eczema/dermatitis is

Characterised, by pruritus, dryness, leathery skin, hyperkeratosis, scaling.^[7]

Eczema is chronic and common problem of skin all over the world. The prevalence of *Nār Fārsī* (Eczema) is 2-10% of the world's population.^[8,9]

In different types of eczemas the prevalence is different. Atopic dermatitis is common in infants and childrens with slightly preponderance in males.^[8]

But some types like nummular and contact eczema is found mostly in adults and aseptic eczema mostly found in senile people.^[8,9]

Since immemorial time *Nār Fārsī* had been treated by various physicians but the treatment was not known worldwide. From Greco Arabic period In Unani medicine various local and systemic drugs and regimens are used in the management of *Nār Fārsī*.^[10]

Ebers papyrus 1500 BC the earliest known medical manuscript was written in Egypt denotes about still itching of the skin in skin diseases section. Hippocrates (400 BC,) the father of medicine gave a clear explanation for skin disease, as a cutaneous reaction of internal humoral imbalances.^[11]

Eczema is an inflammation of skin. The disease manifests as pruritus, erythema, edema, vesicles, scaling, and lichenification.^[12]

The terms *eczema* and *dermatitis* are used as synonymously, it is the inflammatory response of epidermis and dermis. Acute eczema/dermatitis manifests as itching, redness, pruritus, erythema, and vesiculation; chronic eczema/dermatitis, is characterized by itching dryness, leathery skin, Roughness and scaling.^[13]

Epidemiology and prevalence

Eczema is most common inflammatory skin disease it is the commonest problem in the dermatology patients. The prevalence of atopic eczema is increasing in developing countries. Atopic eczema worldwide prevalence rates for children range from 0.3–27%.^[14]

Prevalence of hand eczema occasionally during the last year was found to be 11%. All forms of eczema and contact dermatitis accounted for 10- 24% of the patients.^[15]

Atopic dermatitis prevalence is slightly higher in males than females. It is very common in early life especially in infants and school going children.^[9]

Contact e-Eczema and Nummular are prevalent in adults and atopic eczema is found mostly in old age people.^[8]

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Epidemiology and prevalence

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Prevalence of hand eczema occasionally during the last year was found to be 11%. All forms of eczema and contact dermatitis accounted for 10- 24% of the patients.^[14]

Eczema is persistent inflammatory dermatological disorder and prevalence is 2 to 10%.^[8,9]

Atopic dermatitis is very common in early life especially in infants and school going children with slight male preponderance.^[9]

Contact eczema and nummular is prevalent in adults and aseptic eczema is found mostly in old age people.^[8]

Aetiology And Pathogenesis

Hippocrates (400 BC) the father of medicine described dermatological disorder as a result of internal humoral imbalances.^[11]

Nār Fārsī (Eczema) would have been born from thin humour (khilt). There is unbearable itching and burning in these rashes. These are water filled ink mail blisters (rashes) whose root is red and shiny like flame. Sometimes they are black dry fibre like scars.^[15]

The rashes in *Nār fārsī* are similar to *namla* but there is more ability to spread and penetrate in *Nār Fārsī*. *Nār Fārsī* is caused by sue mizaj of *Safra* (imbalance of bilious humour). and blood (Dam) mixed with *safrā*. *Dam raqeeq* (thin blood) mixed with *safrā*.^[16]

According to M. H. Quamri '*Nār Fārsī*' is the itching with unbearable burning with vesiculation, these vesicles are filled with thin fluid. the cause of *Nār Fārsī* is increased *hiddat* of sanguinos matter (khilt e Dam)^[17]

Razi the great unani physician told that intense burning and itching is present with thin liquid filled blisters.^[18]

In Nār Fārsī blisters with severe burning sensation are present. It is the result of Akkāl (corrosive), Hār (hot), and Lāzeh (irritative) substance which may spread with Dam. It is a condition in which eruptions with burning sensation just like fire are found. Eczema is caused by Akkāl (corrosive), Hār (hot) and Lāzeh (irritative) type matter that may spread with Dam (Sanguineous matter) or Balgham (Phlegmatic matter) and it is produced by the mixing of Hār (Bilious matter and sanguineous matter) with yabis Saudavi madda (Melancholic matter), furthermore he described that Nār Fārsī results from haad akhlat mixed with khilt e raqeeq (Safrā).^[18]

Essentially two factors cause eczema first one is sensitive skin and another one is exposure to irritant.^[19]

As indicated by conventional system of medicine he etiology of atopic dermatitis is unknown. Formerly the development of Atopic Dermatitis was regarded as the result of IgE-mediated immediate and late phase reactions. Recent investigations show that a variance involving two subsets of T helper cells, Th1 and Th2, may cause the pathogenesis of Atopic Dermatitis including the overproduction of IgE.^[20]

Multiple factors, including epidermal gene mutations, skin barrier dysfunction, immune dysregulation, neuroinflammation, altered lipid composition, and microbial imbalance, can contribute to the development of Atopic Dermatitis.^[21]

Few predisposing factors for Eczema is Allergy, age, familial history, and mental stress are of great

significance in Eczema. It may occur in childrens, adults, or in senile age persons. Few conditions like varicose veins, dry skin, oily skin, hyperhydrosis, may make prone to Eczema. Some factors may aggravate Eczema like plants, dust, chemicals, clothing, drugs, diet, or extreme condition of environment may sensitise the immune system of skin.^[19]

Patient of Eczema have strong predisposition to allergic disease like asthma, hay fever, allergic rhinitis and very emotional and sensitive.^[19]

Contact Eczema may be caused by direct toxic action of a substance or by inducing delayed sensitivity reaction on the skin. Former is called Irritant Contact dermatitis and later is called Allergic contact dermatitis. both are common Eczemas.^[8]

Filaggrin mutations and stratum corneum abnormalities are considered main predisposing factors of Atopic Eczema.^[20]

Clinically it is separated in the following types: [11]. o Acute Eczema (Nār Fārsī haad) o Chronic Eczema (Nār Fārsī muzmin)

Types of Eczema^[22, 23]

Classification of Eczema (Aqşam E Nār Fārsī) in Unani Nār Fārsī Sada (Simple eczema)

Nār Fārsī Ahmar (Reddish eczema) Nār Fārsī Naffati (Blistering eczema)

Nār Fārsī Mutaqaiyah (Pustuler eczema) Nār Fārsī Sulb (Hārd eczema)

Nār Fārsī *Shiqaqi* (Eczema with scaling)

In modern medicine Mainly two types of eczema^[24]

1. Exogenous Eczema and 2. Endogenous Eczema

: Classification of Eczema

Table 1: Classification of Eczema.

Endogenous eczema	Exogenous eczema
Atopic dermatitis	Irritant contact dermatitis
Seborrhoeic dermatitis	Allergic contact dermatitis
Nummular eczema	Photodermatitis
Pompholyx (Dyshidrotic eczema)	Infectious eczematoid dermatitis
Asteatotic eczema	
Stasis dermatitis	
Juvenile plantar dermatitis	
Lichen simplex chronicus	

Clinical Features

Acute Eczema manifests as ill defined as redness, spongiosis accompanied by papulo vesicles, oozing and crusting.

Chronic Eczema: manifests as scales, excoriation and lichenification.^[2]

Diagnosis and investigations

Diagnosis of atopic dermatitis is made on the basis of *Hannifin Rajka's criteria*.^[25]

Beside this various criteria are used to asses the type of Dermatitis. Absolute Eosinophil Count in blood.

Immunoglobulin E level in serum: it is used especially when the cause is unknown and pattern of Eczema is differs and there is no atopic signs and symptoms. The level of Ig E is raised according to severity of disease.^[26]

Patch tests: in this test the Allergen is applied to the back of patient with occlusive dressing and left for 48 hours. After 48 hours dressing removed and observed for Erythema, Edema, and papulo vesicles. This test should

be performed by expertise physician. In Contact Eczema evaluation of Patch test is very useful.^[6]

Prick test: It is used to detect Type I hypersensitivity.^[2] This test is used for specific IgE but commonly not carried out.^[6]

Skin Biopsy

To diagnose the eczema skin biopsy not usually needed.^[24]



Figure 1: A Case of Contact Eczema (Sanitizer)

DIFFERENTIAL DIAGNOSIS^[2,6,7,19]

It can be differentiated from pityriasis rosea, tinea corporis, Psoriasis.

Reiter's syndrome, Atopic dermatitis, Candidiasis,

USOOL E ILAAJ:(Principles of treatment)^[4,10,18]

Taskeen Alamat:(Relieving Symptoms)

Excretion of Harmful material and Normalisation of Abnormal Humour is the main standards of treatments. This is a chronic disease so ancient physicians advised various measures for the treatment.

1.:Istefragh:(Evacuation of Bad Elements) it is must for removal of morbid matters from the body following methods should be used depending upon the disease condition and cause.

Mushil (purgative): Idrar(Diuresis). Qai (Emesis),

Fasd (Blood letting) Hijama (Cupping)

Irsal Alaq (leech)

2. **Tadeel e khilt:** normalization of khilt(causative humour): Nār Fārsī is caused by sue mizaj of Safrā(imbalance of bilious humour). and blood(Dam) mixed with Safrā.khoon e raqeeq (thin blood)mixed with Safrā so these abnormal akhlat pushed towards the skin and cause itching and burning. So normalisation of Safrā is needed. Tadeel has been done by following drugs: Tamar hindi (Tamarindus indica) *AloobukHāra* (*Prunus domestica*), *Haleela* (*Terminalia chebula*), *Baleela* (*Terminalia belerica* **Mubarridat** (coolants): oral use of water melon citrullus lanatus.(Aab bittikh hindi), Aab e Khayar(cucumber juice) cucumis sativus. Filtered Arq of shahitra murawwaq (Fumria Pervi flora), Arq of kasni murawwaq (cichorium intybus).^[26]

According to Ibn Hubul Baghdadi the great physician: Fasd(blood letting or venesection) should be done. If there is no relief clean the pus from blisters and apply marham safeda. Don't let accumulate liquid in the blisters.

Apply sirka (vinegar), Gil e Armani (arminian bole)Arq Gulab (Rose water). If there is no blisters apply cold

tila(medicated paste). Boil sour pomegranate (Anar Tursh) in vinegar and grind it and apply this paste over lesion.^[15]

Sour Pomgrenate (Anar Tursh)is good for Nār Fārsī. Grind Mazu (quercus infectoria) in vinegar(sirka) and applyit. Use Safeda kashghari as Muhallil Mudammil Qurūh medicine.^[10]

Removal of precipitating Factors

Avoidance of contact irritants and Allegens.such as wool, lanolin, dyes, chemicals etc. Modification of lifestyle. Mood elevation in Atopic conditions: Change of occupation: To avoid contact irritants.^[2,24,26]

Apply murdar sang (litHārge) paste made in Arq Gulab (Rose Water).^[27]

Hydration

Hyderation is must for skin because dry skin is vulnerable to irritants and in Eczema itself cause xerosis.

Emulsifying Agents are the cornerstone of the treatment of All types of Eczema.

So moisturizers and Emmollients should be used in the form of bath supplement and ointments like petroleum gelly etc.^[2,28]

In Unani medicine^[3,10,15,16,18, 23]**Table 2: Oral Drugs used in treatment of Eczema.**

<i>Single drugs for oral</i>	<i>Compound drugs for oral</i>
<i>Tamar hindi (Tamarindus indica)</i>	<i>Majun ushba</i>
<i>Aloobukhara (Prunus domestica)</i>	<i>Itrifal shahtra</i>
<i>Haleela (Terminalia chebula)</i>	<i>Habb musaffi khoon</i>
<i>Baleela (Terminalia belerica)</i>	<i>Jawarish tamar hindi</i>
<i>Citrullus lanatus(Aab bittikh hindi)</i>	<i>Habb Musaffi Khoon</i>
<i>Aab e Khayar (cucumber juice) cucumis sativus.</i>	<i>Arq Murakkab Musaffi Khoon</i>
<i>Filtered Arq of shahitra murawwaq (Fumria Pervi flora)</i>	<i>Sharbat Murakkab Musaffi khoon</i>
<i>Arq of kasni murawwaq (cichorium intybus)</i>	<i>Sharbat Unnāb</i>
<i>Arq Shahtra (Fumaria officinalis)</i>	
<i>Arq Ushba (Smilax Medica)</i>	
<i>Arq of kasni murawwaq (cichorium intybus)</i>	

Local Drugs^[3,10,15]**Table 3: Local Drugs used in Eczema in Unani.**

<i>Single drugs for Local use</i>	<i>Compound drugs for local use</i>
<i>Safeda KashgHāri (Isfedaj) zinc oxide</i>	<i>Marham safeda kafoori</i>
<i>Katha (Acacia catechu)</i>	<i>Marham akbar</i>
<i>Murdar Sang (Lead Monoxide)</i>	<i>Marham hina</i>
<i>Sirka (vinegar)</i>	
<i>Gil e Armani (arminian bole)</i>	
<i>Arq Gulab (Rose water) (Rosa Damscena)</i>	
<i>sour pomegranate (Anar Tursh)</i>	
<i>Mazu (quercus infectoria)</i>	
<i>Roghan Zaytūn(Oil of Olea Europa)</i>	

In Modern Medicine^[6]**Table 4: Management in modern medicine.**

Rest, sedation	Wet dressings and soaks
Wet wrap bandaging	Paste bandages
Sedative, antihistamines	Emollients
Corticosteroids, topical	Pimecrolimus (topical)
Tacrolimus (topical)	Tar, Ichthammol
Polythene occlusion	Habit reversal therapy
X-ray therapy	UVB phototherapy
PUVA phototherapy	Systemic corticosteroids
Ciclosporin	Azathioprine
Methotrexate	Alitretinoin (hand eczema)

CONCLUSION

Nār Fārsī (Eczema) is the inflammatory response of the skin to various factors. Prevalence of Eczema (Nār Fārsī) is increasing day by day and becoming a major health issue. Various remedies are available for the treatment of Nār Fārsī but long term management could be mentally and physically trouble some for the patients. In the treatment of Eczema the focus should be on the developing of new molecules and searching older one with less toxic side effects.^[29]

Nār Fārsī (Eczema) is a multifactorial disease of skin that affects a large group of population and become a major health problem. Despite of widely available therapies for management of Nār Fārsī, definite treatment is still a challenge. Unani medicine in this regard can provide a safe and effective treatment. This is certain that instead of trying to put a complete knowledge there is a

limitations in this review paper. So a complete and full study is needed on Nār Fārsī based on Unani literature and a long term clinical trial with adequate sample size to establish treatment duration is recommended. Ancient unani physicians were well informed about Eczema. They have recommended various safe and effective single and compound formulations for local and systemic use in the treatment of Eczema. so a complete and long term study is required with logical approval.

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CONFLICT OF INTEREST

Authors declared no conflicts of interest with respect to the research, authorship, and/or publication of this article.

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