CLINICAL OBSERVATION OF UNANI DRUG FORMULATION IN THE TREATMENT OF BARŞ (VITILIGO): A CASE STUDY

Dr. Mohammad Zaki Ahmad*, a, Professor Abdul Nasir Ansarib, Dr. Musab Ahmadc, Dr. Mohammad Tarikc, Dr. Nazreen Fatmac

*aPG Scholar, Department of Ilaj Bit Tadbeer, National Institute of Unani Medicine, Bengaluru. 
bHead, Department of Ilaj Bit Tadbeer, National Institute of Unani Medicine, Bengaluru. 
cPG Scholar, Department of Moalajat, National Institute of Unani Medicine, Bengaluru.

*Corresponding Author: Dr. Mohammad Zaki Ahmad PG Scholar, Department of Ilaj Bit Tadbeer, National Institute of Unani Medicine, Bengaluru.

ABSTRACT
Vitiligo is an acquired pigmentary disorder of skin and mucous membranes with multifactorial aetiology (genetic and non-genetic), likely due to autoimmune destruction of melanocytes in affected skin. Presents with depigmented macules or patches surrounded by normal skin. In Unani System of Medicine, Barş is the term employed to describe hypopigmentation disorders of the skin. Barş is caused by various dietary and behavioural factors which causes excessive accumulation of Balgham-i-ghaliz. PUVA (psoralan and ultraviolet A) therapy is the treatment of choice in the modern system of medicine. Many Unani drugs are well known for the regeneration of melanocytes. The present study was planned to enlighten the use of Unani formulation to fight Vitiligo. We reported a 5 year old female child having localized milky white patches on her right lower jaw. She was diagnosed as segmental vitiligo. The patient was treated with Unani Medicine. The routine laboratory investigations were also done.

KEYWORDS: Vitiligo; Barş.

INTRODUCTION
The word vitiligo comes from the Latin word vitellus, which means ‘veal’ (pale, pink flesh).[1] It is an acquired disorder characterized by loss of functional melanocytes, resulting in depigmentation.[2] The disorder affects nearly 1%–2% of the world population irrespective of race and ethnicity with highest incidence recorded in Indian subcontinent followed by Mexico and Japan.[3] There is a complete loss of melanocytes from affected areas. There are two main patterns: a common generalized one and a rare segmental type. Generalized vitiligo, including the acrofacial variant, usually starts after the second decade.[4] There is a family history in 30% of patients and this type is most frequent in those with autoimmune diseases such as diabetes, thyroid disorders and pernicious anaemia. It is postulated that in this type melanocytes are the target of a cell mediated autoimmune attack. Segmental vitiligo is restricted to one part of the body, but not necessarily to a dermatome. It occurs earlier than generalized vitiligo, and is not associated with autoimmune diseases. Trauma and sunburn can precipitate both types.[1] Vitiligo may be associated with autoimmune endocrinopathy such as thyroid dysfunction (Graves’ disease, Hashimoto’s thyroiditis) and polyglandular dysfunction; anecdotal reports with pernicious anemia and Addison’s disease. Treatments available in modern system of medicine are NBUVB, PUVA, topical corticosteroid, topical calcineurin inhibitor, pseudocatalase, excimer laser, surgical therapy.[3,4,5] According to Unani Medicine Vitiligo is derangement in quality or quantity of Balgham inside the body. Rhazes, the author of al-Hawi, has narrated that the white patches of Bahaq-o-Bars occur due to the accumulation of morbid phlegm and the black patches of Bahaq-i-Aswad occur due to accumulation of Sundo (black bile) beneath the skin.[6] Rabban Tabari, a legendary Unani Physician and author of his famous book Firdous al-Hikmat says that the actual pathogenesis of Vitiligo is attributed to Fasad-i-dam (blood impairment) and Burudat-i-dam (coldness of blood).[7] However, Avicenna and Gorgani have highlighted a slightly different aspect of pathogenesis of Vitiligo. According to them Vitiligo occurs as a result of weakness of quwat-i-mughayara of skin. This weakened faculty leads to the weakness of quwat-i-mushabbiha (resemblance faculty) under the influence of morbid humors due to which the incoming nutrients, that reach the affected part through blood circulation, lose their tendency to get converted into the similar form and color of skin.[8,9] Unani system of medicine offers a quite effective treatment of Vitiligo, which is totally based on
the holistic approach. Both systemic and local drugs are advised.

CASE REPORT
A 5-year-old female child was registered with having complaint of localized milky white patch over face. She was diagnosed as segmental vitiligo since the age of 3 years with no family history of the ailment. No associated disease was diagnosed since then. There was multiple patches on the right lower jaw, the largest patch was measured 3cm×2cm. There was history of taking Homeopathic and Allopathic treatment but none was successful in stopping the progression of Vitiligo. Since the patch was on her face she and her parents were worried and she felt stigmatized and reported lack of interest in going school. The patient was treated according to the principles mentioned in authoritative books of Unani Medicine. Unani drug Roghan-i-Bābchi was given for local application once a day and Unani compound formulation Safūf Barṣ was given 4g orally as Zulāl (infusion) and as a Thufl (Sediment remained after decanting the soaked drug) in the form of Dimād (Paste) twice a day. After application of Roghan-i-Bābchi and intake of infusion she was advised to expose to sunlight for 10-15 minutes in between 9:00 a.m. and 11:00 a.m. (she was advised to avoid the sun when it is at extreme) perpetually for a duration of six months. The patient was followed-up every month and photographs were taken. Substantial progress and clear repigmentation was observed in 1st follow up and successive follow-ups. Indeed it was very encouraging for the patient and the investigator. No adverse effects were reported during the treatment.

DISCUSSION
In the Unani System of Medicine, Roghan-i-Bābchi (Oil of P. corylifolia) and Safūf Barṣ are used for the treatment of vitiligo. Anti-leukoderma activity of Roghan-i-Bābchi is well known since antiquity, and it is clearly mentioned in Unani text books. It has been extensively used by the Unani scholars in hypopigmentation with excessive success. It contains psoralens, which on exposure to the sun bring out melanin in the depigmented lesions. A clinical trial was carried out by Dhanik A et.al on the patients having vitiligo by the local application of an Ayurvedic preparation containing P. corylifolia as the main ingredient, showed dramatic improvement. Safūf Barṣ was selected which is mentioned in Unani Pharmacopoeia of India and National Formulary of Unani Medicine. The ingredients of Safūf Barṣ are Bābchi [P. corylifolia Linn. (Seeds)], Chāksu [Cassia absus Linn. (Seeds)], Panwāṛ [C. tora Linn. (Seeds)] and Anjīr-i-khushk [Ficus carica Linn. (Fruits)] in equal quantity. Safūf Barṣ is used both internally as a Zulāl (Infusion) and externally as a Thufl (Sediment remained after decanting the soaked drug) in the form of Dimād (Paste). A clinical trial was carried out by Zubair M on the patients having vitiligo by Safūf Barṣ both internally as a Zulāl (Infusion) and externally as a Thufl which showed remarkable results.

CONCLUSION
Barṣ is the term employed to describe hypopigmentation disorders of the skin. Barṣ is caused by various dietary and behavioural factors which causes excessive accumulation of Balgham-i-ghalāz. It can be correlated with vitiligo, a complex pigmented disorder of the skin. Unani drug Roghan-i-Bābchi and Safūf Barṣ was found to be effective and safe in the treatment of vitiligo. Further studies, involving the adult cases and large
number of patients are suggested with same formulation to confirm its melanogenic in Vitiligo.

REFERENCES