

EFFECT OF UNANI FORMULATIONS IN TINEA CORPORIS (*QUBA*) - A CASE STUDYDr. Nazreen Fatma^{*1}, Dr. Musab Ahmad¹, Dr. Mohammad Zaki Ahmad², Dr. Mohammad Tarik¹, Dr. Mohd. Riyazuddin³¹PG Scholar, Department of Moalajat, National Institute of Unani Medicine, Bengaluru.²PG Scholar, Department of Ilaj Bit Tadbeer, National Institute of Unani Medicine, Bengaluru.³Assistant Professor Markaz Unani Medical College, Kozhikode.***Corresponding Author: Dr. Nazreen Fatma**

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Article Received on 26/04/2020

Article Revised on 16/05/2020

Article Accepted on 06/06/2020

ABSTRACT

Background: Tinea is the name for clinical infection caused by dermatophytes which are common pathogens of the fungus infecting keratin in the skin, hair and nails. Dermatophytes contain three types of Euscomycetes class moulds: Trichophyton, Microsporum and Epidermophyton. According to Unani System of medicine, *Quba* is characterized by burning, itching along with roughness and desquamation over skin surface in which scales shed off from the skin. Oozing of fluid may also present, if the cause is *khilt-e-raqeeq haad*. In case of *ghaleez khilt-e-sauda*, there will be more dryness, roughness while as itching and burning will be less in comparison to *khilt-e-raqeeq*. **Case presentation:** A 40 year old female came to the outpatient department of NIUM Hospital, with chief complaints of itching and dry reddish lesion on the right forearm for past 1 year. KOH skin scraping was done and report was found positive. Unani drugs *Majoon-e-Ushba* and *Marham-e-Raal* was given for 40 days. **Discussion:** Here we discuss evidence-based treatment of Unani medicine to improve the condition of the patient with Tinea corporis.

KEYWORDS: Dermatophytes; *Ghaleez khilt-e-sauda*; *Khilt-e-raqeeq haad*; *Majoon-e-Ushba*; *Marham-e-Raal*; *Quba*.

INTRODUCTION

Skin disease is one of the most common human diseases permeates all cultures, occurs at all ages, and affects between 30% - 70% of individuals. In 2010 three skin conditions were among the top 10 most prevalent diseases worldwide, fungal skin diseases at fourth global prevalence.^[1] Dermatophytosis also known as Tinea/Ringworm is a superficial infection of the keratinized tissues of skin caused by dermatophytes; organism of three genera of the fungi known as *Trichophyton*, *Microsporum*, and *Epidermophyton*.^[2] These infections are common in hot and humid climate of tropical countries like India.^[3] Predisposing factors of dermatophyte infections include tropical climate, overcrowding, occlusive footwear and clothing, community showers, participation in sports etc. Anthropophilic dermatophytes, particularly *Trichophyton rubrum*, cause chronic persistent skin disease with mild inflammation.^[4] *Tinea corporis* is the most frequent form of dermatophytosis and reported as the commonest presentation.^[5] In Unani system of medicine, the concept of four humours is given for the basis of health and disease. The derangement or any alteration in the equilibrium in these humours results in different disease conditions including skin diseases. Ringworm or Tinea is known as *Quba* which is described as a skin disease

that appears over the skin surface. The cause of *Quba* (Tinea) is described according to its underlying altered/morbid humours. It may develop due to *Latif Khoon* (liquefaction of blood), mixed with black bile and may be due to *Khilt-e-Sauda* (melancholic humour). It may also be due to mixture of the *Mirra Sauda* and *Latif Khoon* and sometime it is due to mixture of *Ghaliz Ratubat* with *Balgham-e-Shor*. *Ufunat* is also mentioned as a cause of *Quba* in the Unani text.^{[6][7][8]}

CASE PRESENTATION

A 40 year old female came to the outpatient department of NIUM Hospital, with chief complaints of itching and dry reddish lesion on the right forearm for past 1 year. Patient had earlier visited dermatologist and was taking local and oral antifungal drugs but no relief in the disease progression, no family history was present. Apart from this no other complaint present. On examination, lesion was erythematous, margin was well defined and scaly, no involvement of scalp or other part of the body. After general physical and systemic examination, recommended investigations were Complete Haemogram, LFT, KFT, and Urinalysis before and after the treatment to evaluate the safety and efficacy of the drugs. Skin scrapings were taken from the lesion. A direct KOH mount revealed thin hyaline septate hyphae

which means KOH positive, after that drug was given. The patient was treated according to the principles of treatment (*Usool-e-Ilaj*) mentioned in classical text books of Unani Medicine.

Intervention

Majoon-e-Ushba and *Marham-e-Raal* were given on the basis of its effects on skin diseases. Ingredients of *Majoon-e-Ushba* were *Amla* (*Emblia officinalis*), *Aftimun* (*Cuscuta reflexa*), *Ushba Maghribi* (*Smilax officinalis*), *Turbud* (*Ipomea turpethum*), *Bisfaij* (*Polypodium vulgare*), *Post Balela* (*Terminalia belerica*), *Post Halela Zard* (*Terminalia chebula*), *Post Halela Kabuli* (*Terminalia chebula*), *Halela Siyah* (*Terminalia chebula*), *Barg-E-Sana* (*Cassia angustifolia*), *Shahitrah* (*Fumaria officinalis*) and *Shakar safaid* (White Sugar).^[9] Powder (*safuf*) was prepared from all above ingredients. The white sugar *qiwwam* was heated in a vessel till a proper viscosity *qiwwam* was obtained. The *safuf* was then gradually added during stirring. Ingredients of *Marham-e-Raal* were *Raal* (*Shorea robusta*), *Kafoor Qaisoori* (*Cinnamomum camphora*), *Kath* (*Acacia catechu*), *Roghan Gao* (*Ghee*) and *Mom Safaid* (Cera / bee wax).^[10] The *raal*, *kafoor* and *kath* were finely grounded separately, after which the camphor was first triturated with a little, and later, the whole of the *safuf*. The *roghan gao* and wax were placed in a pan, and heated and after the wax melts, the semi hot *safuf* was added to the *roghan gao*-wax mixture stirred till both mix. *Majoon-e-Ushba* 6gm was administered orally twice a day before meal and *Marham-e-Raal* was applied topically thrice a day for 40 days.

Follow Up & End Result

Patient was asked to visit the hospital after every 10 days for a period of 40 days. During each visit patient was assessed clinically for the regression or progression of symptoms. KOH examination of skin scrap and photograph of skin lesion was done before and after the treatment. After receiving Unani medicine patient was reviewed after 10 days and showed clinical improvement with some clearing of lesion. On last follow-up the lesion had cleared, samples were taken at this time which turned to be negative on KOH mount. No adverse effects were reported during the treatment.

DISCUSSION

The treatment of *Quba* is basically based on its cause i.e. involved *Khilt* and type of the *Quba*. The basic principle of treatment is elimination of involved *Khilt-e-Fasid* (Morbid Humour) by *Nuzj wa Tanqia* and *Tadeel-e-Dam* to cure the disease. *Majoon-e-Ushba* is a polyherbal compound formulation mainly used for *Tanqia-e-mawad-e-fasid* and *Tadeel-e-Dam* (elimination of morbid humour and purification of blood) and *Marham-e-Raal* a polyherbal ointment is used topically for various skin diseases.^{[9][10]}


Itching, scaling and erythema felt relieved due to the medicinal properties of *Majoon-e-Ushba* and *Marham-e-Raal*. These drugs are known blood purifier, expel *mawaad saudawi wa balghami*, anti-pruritic effect, healing agent and meat grower.^{[10][11][12][13]}



The ingredients of *Majoon-e-Ushba* have been tested and found effective in animal studies and reported for various biomedical activities like Anti-microbial, Antibacterial, Antifungal, Wound healing and Skin Protection Activity.^{[14][15][16][17]}

Ingredients of *Marham-e-Raal* also have been tested and their efficacy and reported activity in animal model is as follows; Antimicrobial, Anti mycotic, Anti-inflammatory, Immuno-modulator and Wound healing Activity.^{[18][19][20]}

CONCLUSION

Quba or Ringworm is one of the oldest & commonest skin diseases. *Tinea corporis* is the most frequent form of dermatophytosis and reported as the commonest presentation. Unani drugs *Majoon-e-Ushba* and *Marham-e-Raal* were found to be quite effective and safe in treatment of *Tinea corporis*. Further studies, involving large number of patients with longer duration are suggested with same formulation to confirm its effects in *Tinea corporis*.




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LABORATORY REPORT


Lab No : 7549/19	DATE: 15/10/2019
NAME <input type="text"/>	AGE/SEX: 40/F
DR. REF:Dr.Qutubuddin	IP/CR NO:457344

HEMATOLOGY:

KOH : Positive


----End of the report----




 Lab Technician


DR. RENJKA B N
 Pathologist
 Reported on :15/10/2019

Sample collected on: 15/10/2019 12.05 pm
 The laboratory values to be correlated with clinical findings.
 Repeat sample may be necessary in some cases where reconfirmation is required for technical reasons.
 *Sample not given

Before Treatment




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LABORATORY REPORT


Lab No : 9023/19	DATE: 28/11/2019
NAME <input type="text"/>	AGE/SEX: 40/F
DR. REF:Dr.Qutubuddin	IP/CR NO:457344

HEMATOLOGY:

KOH : Negative

----End of the report----


 Lab Technician


DR. RENJKA B N
 Pathologist
 Reported on :28/11/2019

Sample collected on: 28/11/2019 10.05 pm
 The laboratory values to be correlated with clinical findings.
 Repeat sample may be necessary in some cases where reconfirmation is required for technical reasons.
 *Sample not given

After Treatment



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