



**QUROOH-E-ASEERAT-UL-INDAMAL (NON-HEALING ULCER) WELL MANAGED BY
UNANI FORMULATION (MARHAM-E-RAAL) - CASE REPORT**

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ABSTRACT

An ulcer is a break in the continuity of the covering epithelium, either skin or mucous membrane due to molecular death and similarly non-healing ulcers are those which do not heal by conservative therapy within six weeks. Non healing ulcer, as the name suggested is very difficult to treat, but they can be treated successfully by single or compound Unani formulations. The treatment of non-healing ulcer is a challenging task for the clinician, because of the various precipitating factors of non-healing ulcers involve; stasis, unhygienic condition, healing disorder, continuous pressure, anaemia and malnutrition. Treatment of a disease solely based on the treatment of cause. Classical Unani literatures are full with wide descriptions of non-healing ulcers (*Qurooh-e-Aseerat-ul-Indemaal*) and its management. In this case report, non-healing ulcer was successfully treated by Unani compound formulation (*Marham-e-Raal*) a pharmacopeial agent.

KEYWORDS: Non-healing Ulcers, Marham Raal, Qurooh-e-Aseerat-ul-Indemaal.

INTRODUCTION

Qurooh-e-Aseerat-ul-Indemaal (Non-healing ulcers) are the major problem among the clinicians, especially for the surgeons, because of non-availability of satisfactory medical treatment. Qurooh or Jarahat are wound, in which there is pus formation or pus collection, and non-healing ulcers are those ulcers which do not heal by conservative treatment within six weeks. Leg ulcers are one of the most important topics in surgery. They can occur in children, adults and the elderly, and not limited to age and sex. Varying aetiological factors and presence of complicated systemic diseases make the treatment of ulcers very difficult. Chronic ulcers in old people definitely cause considerable morbidity and diabetic ulcer of the leg can cause life-threatening complications such as diabetic ketoacidosis and septicaemia. Hence, it is necessary to do a careful clinical examination of the ulcer to arrive at the specific diagnosis and plan for appropriate treatment.^[1,2,3] Foot ulcer requires more attention and care for treatment. The ulcer has important effects on quality of life of the patients. In Unani system of medicine, non-healing ulcers are known as *Qurooh-e-Aseerat-ul-Indemaal*. Which is characterised with delayed healing and more damage of the surrounding tissues. It is of three type as described by ancient Unani physicians.^[4,5]

1. Qurooh-e-Baset (Simple Ulcer)
2. Qurooh-e-Murakkab (Compound Ulcers)
3. Qurooh-e-Aseerat-ul-Indemaal (Non-Healing Ulcers)

Complicated non-healing ulcer may be dangerous to life due to any type of infections, leading to septicaemia/toxaemia. In view of its common prevalence and non-availability of affordable treatment, it is the need of time to look towards an affordable, easily available and most effective mode of treatment. Unani system of medicine literatures are full of single and compound formulations having tremendous result in non-healing ulcers. To validate the efficacy of a well-known Unani compound pharmacopeial formulation (Ointment) "*Marham-e-Raal*" was used to treat the non-healing ulcer. *Marham-e-Raal* is indicated in the treatment of chronic non-healing ulcers. It is very effective herbo-mineral formulation and well documented in the ancient classical literature.^[6,7]

COMPOSITION OF MARHAM-E-RAAL

1. Mom safed (Bees wax/Cera),
2. Kafoor (Cinnamomum camphora), -Antiseptic, stimulant and rubefacient, demulcent and anodyne activity, and vasodilatation and increased circulation if applied locally
3. Raal hindi (*Vateria indica* L'inn), - it has anti-parasitic and detergent activities.
4. Kaith (*Acacia catechu*)- has anti pruritic astringent and anti-parasitic and anti-haemorrhagic activity.
5. Roghane-gao/Ghee.
6. Mom (bees wax) is used as a medium for the ointment which helps in absorption of ointment in the tissue.^[8,9]

CASE REPORT

A male patient aged 41, years came to surgery OPD Majeedia Unani Hospital, Jamia Hamdard, New Delhi, with complain of ulcer in the right foot. According to the statement of the patient, he was quite well 5 months back. After that he developed a small nodule at the antero-lateral aspect of right foot which increased in size gradually. After few days the nodule changed into pustule which burst and form an ulcer. He visited to the nearest hospital but unfortunately got no relief. The ulcer gradually increased in size with copious purulent discharge. Some of his relatives suggested him to consult other hospitals, and then he came to Majeedia Unani Hospital, Jamia Hamdard, New Delhi. After clinical examination, the characteristic features of ulcer described in detail "Table no. 1". As per clinical examination points of ulcer, it was observed that, ulcer was in "Grade III" (Wagner's Grading).^[10]

Table No.1: Ulcer profile.

Inspection	Characteristic Findings
Site	Antero-lateral aspect of right foot
Numbers of wounds	One
Shape	Irregular
Colour	Yellowish
Size	4x3x0.5cm
Edge	Punched out edge
Floor	Covered with pale slough
Discharge	Sero-purulent discharge
Surroundings	Black pigmented and oedematous
Palpation	
Local temperature	Not raised
Tenderness	Mild tenderness
Base	Fixed to the deeper structure
Bleeding on touch	No bleeding
Dorsalis pedis	Palpable

By occupation the patient is security guard in a building, mostly in standing position. He was heavy smoker (20-30 bidi/day).

Table 2: Observation of prognosis of ulcer as per assessment criteria.

Sign and Symptoms	Before Treatment	After treatment			
	Day1	1 weeks	2 weeks	3 weeks	4 weeks
Size	+++	+++	++	++	-
Pain	++	++	-	-	-
Edge	++	++	+	+	-
Floor	++	++	+	+	-
Discharge	++	++	+	-	-
Smell	++	+	-	-	-

OBSERVATION AND RESULT

The overall treatment process and progress as it relates to ulcer is summarized "Table no.1". Within one week of treatment the discharge decreased significantly, the

On examination; general condition was good, no pallor, icterus, cyanosis, and clubbing were noted. Vitals within normal limit, no abnormality was detected in respiratory and cardiovascular system, gastrointestinal, urinary system and nervous system.

INVESTIGATION

1. CBC- Hb-11.2 gm%, ESR- 22 mm/hr
2. Blood Sugar - Fasting-92mg/dl, Post-prandial-133mg/dl,
3. LFT- S. Bilirubin Total- 0.8mg/dl, S. Bilirubin Direct-0.5mg/dl, S. Bilirubin Indirect-0.3mg/dl, SGOT- 15 IU/L, SGPT- 46 IU/L, S. Alkaline Phosphatase-113IU/L
4. KFT- Blood Urea- 28mg/dl, S. Creatinine- 1.1 mg/dl, S. Uric Acid- 5.2mg/dl, S. Protein Total- 6.8mg/dl, Albumin- 3.7g/dl, Globulin- 3.2g/dl
5. Biopsy (tissue from the edge of ulcer). No Significant histological changes seen in the section study except large number of fibrous tissues.
6. Pus Culture- only a few commensal growths were seen. A few pus cells and few diphtheroid seen.
7. HbsAg- Non-Reactive
8. HIV- Non-Reactive
9. Bleeding Time-1min 20sec
10. Clotting Time-5min 55sec
11. X-Ray right foot, no abnormality seen.

TREATMENT METHOD**Oral Medication**

- Majoon Ushba 10gm. Twice a day with warm water.

Local treatment

- Cleaning of the wound with neem water.^[8,9]
- Local application of *Marham-e-raal* followed by dressing with sterile gauze.
- Patient was encouraged to lose weight, stop smoking, and elevate his leg as much as possible.

Dressing was changed daily.

wound appeared unhealthy, raw and red and the wound edges were dry and callous. Pain decreased significantly.

By the end of 1st week, the ulcer was mildly decreased in size and the surrounding area was oedematous, dark

pigmented and firm to palpate. At the end of 3rd week of treatment, the size of ulcer decreased significantly and the ulcer became pain free. small amount of discharge, and no foul smell was observed. In 4th week the ulcer healed completely leaving whitish fibrous scar.

CONCLUSION

Marham-e-Raal is a very effective herbo mineral and pharmacopoeia formulation for the treatment of chronic non-healing ulcers.

The study revealed that *Marham-e-Raal* is very effective and safe Unani pharmacopoeial drug for local application in the treatment of non-healing ulcer. Hence, it is suggested that the study should be done on larger sample size in future to validate the efficacy of *Marham-e-Raal* in the management of non-healing ulcer and other types of skin lesions.

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