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## Case Report

### EFFICACY OF UNANI FORMULATION MARHAM KAFOOR IN THE MANAGEMENT OF IRRITANT CONTACT DERMATITIS (NĀR FĀRSĪ): A CASE REPORT

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#### ABSTRACT

Background: Irritant contact dermatitis (ICD) is the most typical kind of occupational skin disease and is an inflammatory cutaneous disorder. Objective: This case report aims to provide insight into the effects of Marham Kafoor in ICD. Intervention: A 50-year-old male presented with lesions on his left foot, accompanied by serous discharge, severe itching, and a burning sensation. For a period of 45 days, Marham Kafoor was topically applied twice a day at a dose of 6-8 gm. The patient was assessed on the 0<sup>th</sup> day, 15<sup>th</sup> day, 30<sup>th</sup> day, and 45<sup>th</sup> day on the basis of the EASI, POEM, and VAS. Results: After the intervention, significant improvement was observed in all scales from baseline to 45<sup>th</sup> day. EASI changes from 21 (moderate) to 4 (mild), POEM changes from 23 (severe) to 5 (mild), and VAS from 9 (severe) to 3 (mild). Skin lesions began to improve on the 15<sup>th</sup> day and almost resolved after the 45<sup>th</sup> day. Conclusion: Marham Kafoor has been proven beneficial in treating ICD and enhancing patients' quality of life. To determine the effectiveness of Marham Kafoor in the management of eczema, rigorous, controlled, randomized, blinded, and long-term follow-up studies on high sample sizes are required.

**Keywords:** Eczema; Nār Fārsī; Marham Kafoor; Unani medicine

#### INTRODUCTION

Eczema is a Greek term derived from the Greek word "eczein," which means "to boil out".<sup>1</sup> It is clinically expressed as pruritus, erythema, edema, papules, vesicles, scaling, and lichenification.<sup>2</sup> Irritant contact dermatitis (ICD) is an inflammatory cutaneous condition caused by skin barrier disruption, in combination with the activation of innate immune responses.<sup>3</sup> ICD results from skin barrier damage from external agents or environmental factors. ICD commonly affects the hands and can affect people of all ages and sex. ICD is more prevalent than allergic contact dermatitis (ACD) and is the most common presentation of occupational skin disease (OSD).<sup>3</sup> Histologically, the hallmarks of eczema are spongiosis (epidermal edema) with variable degrees of acanthosis and hyperkeratosis, accompanied by lymphohistiocytic infiltration in the dermis.<sup>4</sup> The predominant characteristics vary by stage - acute eczema is exudative, whereas chronic eczema is dry, scaly, and frequently lichenified.<sup>5</sup> Eczema comes in a variety of forms, including atopic dermatitis, seborrheic dermatitis, contact dermatitis, dyshidrotic and nummular eczema.<sup>5</sup> Its prevalence has climbed by a factor of two to five during the last decade. Scratching an itchy, scaly rash is a particularly aggravating condition, especially at night, since it can result in sleep loss, anxiety, sadness, low self-esteem, and social issues.<sup>6</sup> In untreated situations, dermatological problems such as infection, eruption, contact dermatitis, and erythema may develop.

In ancient Unani literature, eczema is referred to as "Nār Fārsī" which translates as "fire of Faras (Persia)". This disease is also referred to as "Chhajan or Akota in Unani medicine.<sup>7</sup> Nār Fārsī was identified by ancient Unani scholars such as M.H Qumari and Jurjani as a pruritis characterized by severe itching and intolerable burning sensations caused by an increase in Hiddat (heat) in the

Khilt-i Dam (blood) whereas, Akbar Arzani, Mohammad bin Tabri, Hakeem Jilani, Ibn Sina, and Razi stated that the Hār (hot), Akkāl (corrosive), and Lāzi' (irritative) types of materials lead to the emergence of vesicles filled with liquid that generate a similar burning sensation to fire.<sup>8,9</sup> It is also believed that Latīf Safrāwī Mawād (diluted yellow bile) or Safrā' (yellow bile) mixed with a small amount of Sawdā' (black bile) are also responsible for the development of Nār Fārsī.<sup>10-13</sup> Thus, the disease is classed as Sawdawī or Safrawī based on the material contained within the vesicles. Recurrence, relapse, and chronicity are still key issues in the management of eczema in spite of all existing treatments, such as topical antibacterial creams like neomycin, hydrocortisone cream, or somewhat stronger topical steroid creams, etc. However, prolonged use of these drugs has been associated with a variety of local and systemic adverse effects. It is crucial to provide an alternative therapy that can not only offer effective, safe, and affordable treatment but also act for a longer period of time, avoid recurrence, and should be devoid of adverse drug reactions.

The treatment is based on altering or removing morbid matter, which is the main cause of the genesis of Nār Fārsī. Since the disease cannot be easily overpowered with a unidirectional onslaught, the Unani physicians have employed formulations with the aid of drugs having Mussafī-i-Dam (blood purifier), Mujaffif (absorbent), Muhallil (resolvent), and Mudamil-i Qurūh (healing), and Dafe Taffun (antiseptic) properties. Similarly, Ta'dil-i Mizāj (temperamental moderation) is done to balance the quality of Safrā (yellow bile).

**Marham Kafoor:** Various substances listed in Table 1 were used in the preparation of ointment.<sup>14</sup>

**MATERIALS AND METHODS**

**Selection of case:** A diagnosed patient with ICD was taken for the study from Ilaj bit Tadbeer OPD of the National Institute of Unani Medicine, Kottigepalya, Bangalore- 560091, India.

**Case presentation:** A 50-year-old male patient presented to the OPD of the National Institute of Unani Medicine, Kottigepalya, Bangalore- 560091, India on 23/04/2021 with complaints of lesions across his left foot for six months, accompanied by serous discharge, extreme itching, the roughness of skin, discoloration, and burning sensation. The patient has tried several allopathic treatments, including antiallergic medications, steroid ointments, and lotions, but none have been completely efficient in healing the disease condition which impacted the psychological and social well-being making it difficult to manage the disease, all the more so given his employment forced him to meet new people. The patient had no comorbidities and there was no history of smoking/alcohol/drug/ tobacco chewing. The systemic examination of the patient was done, and all the vital parameters were found within normal limits. Sensory functions (pain, touch, pressure, and temperature) were normal. The patient was hemodynamically stable. X-ray of the foot shows no bony involvement.

**Local examination:** A dermatological examination of the foot revealed erythematous, edematous, and scaly plaques that, when scratched, resulted in non-healing lesions (approx. 7x8 cm) with serous discharge seeping out across the dorsal surface. Tenderness was present over the lesion, along with a raised local temperature and surrounding induration.

**Informed consent:** The patient was willing to this study and informed consent was taken before the start of the intervention.

**Intervention:** His vitals were stable (BP = 120/70 mmHg, Pulse rate = 76/min, Respiratory rate = 19/min, Temperature = 98.5°F). The patient was instructed to apply the Marham Kafoor over the lesion twice a day, and keep it there for 2 hours and advised to continue the treatment for 45 days.

**Duration of Study:** 45 days

**Assessment:** The patient was assessed on the 0<sup>th</sup> day, 15<sup>th</sup> day, 30<sup>th</sup> day, and 45<sup>th</sup> day. Assessment of eczematous lesions was done by EASI (Eczema area and severity index), POEM (Patient oriented eczema measure), and itching severity was graded by VAS (visual analogue scale).



Figure 1: At baseline



Figure 2: On 15<sup>th</sup> day



Figure 3: On 30<sup>th</sup> day



Figure 4: On 45<sup>th</sup> day

Table 1: Ingredients of Marham Kafoor

Ingredients	Quantity
Kafoor (Cinnamomum camphora)	15 g
Mom (Wax)	150 g
Roghane Kunjad (Sesamum indicum)	450 ml
Safaidda Kashgari (Zinc oxide)	60 g
Safaiddi Baiza Murgh (Egg-white of Hen's egg)	05
Alkahal Khashabi (Methylated Spirit)	20 ml

Table 2: Assessment of eczema

	EASI	POEM	VAS
0 <sup>th</sup> day	21	23	9
15 <sup>th</sup> day	16	18	7
30 <sup>th</sup> day	9	12	5
45 <sup>th</sup> day	4	5	3

**RESULTS**

The patient's symptoms and signs significantly improved with Marham Kafoor, as shown by the pictographic presentation in Figures 1-4 and Table 2. Other signs and symptoms like; serous discharge, and burning sensation also improved. After 45 days the roughness of the skin was turned back into softness, skin became

soft and almost clear. At the end of the study, there were only a few eczematous spots on the dorsum of the foot.

**DISCUSSION**

In our case report, a 50-year-old man who had eczema over the left foot was studied for 45 days. Conventional medicines adopted

in the present day are usually restricted to short-term solutions and carry several obnoxious side effects and the relapse rate is high. Unani formulations provide an opportunity to manage various skin diseases with the least side effects and relapse. The results of this case study showed significant improvement in the management of eczema.

Nār Fārsī is a typical skin condition that interferes with the patient's social and psychological well-being as well as their outward appearance. Nār Fārsī is caused by abnormal accumulation of khilte Safra (yellow bile), and khilte Sauda (black bile).<sup>15</sup> Additionally, excessive khilte Dam (blood) quality and quantity is a contributing factor.<sup>15</sup> The main aspect of treatment in Nār Fārsī is the removal of cause and evacuation of morbid material i. e. khilte Safra wa Sauda. For this purpose, in the Unani system of medicine, Majaffif (absorbent), Muhallil (anti-inflammatory), and Mubarrid (refrigerant) drugs should be applied topically.<sup>15</sup> On the basis of the aforementioned principles, Marham Kafoor for topical application was chosen in the treatment of Nār Fārsī.

Due to various pharmacological actions of Marham Kafoor like Mujaffif (absorbent), Muhallil (anti-inflammatory), and Dafe Taffun (anti-septic), significant improvement was seen in assessment scores.<sup>15</sup> The ingredients present in ointment have various known pharmacological actions such as anti-inflammatory, anti-pruritic, antibacterial, and antioxidant activity of Kafoor (*Cinnamomum camphora*), healing properties of Safeda kashgari (Zinc oxide) and Safedi Baiza-e murgh (Egg-white of Hen's egg) and emollient effect of Mom (Wax) and Roghane Kunjad (*Sesamum indicum*) which may be responsible for significant improvement in all assessment scales.<sup>16-18</sup> Some of the potential limitations inherent in this study comprise the short duration of the study and limited parameters of assessment.

## CONCLUSION

This case study provided important information regarding the usefulness of Unani drugs in the treatment of eczema. It has demonstrated that the management of eczema with local application of Marham Kafoor has produced significant improvement in the patient without any side effects. Hence, it is concluded that compound medicine can be used safely and effectively for the treatment of eczema. However, more advanced studies need to be carried out.

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