

Efficacy of Unani Formulations on *Bars* (Vitiligo): A Case Study

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ABSTRACT

Bars (Vitiligo) is also known as leukoderma. Leukoderma, a Latin word, meaning “white skin” is caused by the destruction of melanocytes; the cells responsible for skin colour. It is a common pigmentary disorder. It is idiopathic, acquired, circumscribed depigmentary condition. It is characterized by the appearance of white patches on the skin. In Unani Sytem of Medicine, it is described in details. As per Unani concept it is a Balghami disorder and can be easily treated by using Unani Usool-e-Ilaj. In the present study the patient was suffering from Bars from about one and a half year. He took the treatment but got no relief. But in the present study he responded to Unani Treatment in only 15 days. Unani treatment is very easy and effective for the Bars.

Keywords: Bars, Unani Medicine, Usool-e-Ilaj, Balghami

INTRODUCTION

Bars (vitiligo) has been defined in ancient Unani classics as an idiopathic achromia in which skin loses its colour. It may be localized or may spread and become generalized. The disease condition may be stable aggravating or stubborn. Leucotricha is also sometime associated with Bars.

Bars (Vitiligo) is becoming a common social as well as dermatological problem which has affected 1-2 percent of the world population.¹ In India the incidence among dermatology outdoor patients is estimated to be between 3 and to 4 percent.² It is defined as acquired de-pigmentation of skin which results from the destruction of melanocytes. On a coloured skin the condition is visibly striking since the patient has two contrasting colours on the body. Although it is only cosmetic in nature, it has devastating effect on the psyche of the patient as it distorts the body image and causes extreme fear, anxiety and concern. Its dermatological, metabolic, cosmetic, social and genetic role is well documented.^{3&4} Absence of the pigment is the only symptom and presents no textural changes and is clinically normal in every aspect except for sensitivity to solar irradiation. Vitiligo, in modern medicine, is defined as acquired, cutaneous achromia, characterized by various size or shape, single or multiple patches of milky white colour usually presenting hyperpigmented borders and a tendency to enlarge peripherally.⁵ It affects both the sexes, and 17.8 percent of the vitiligo cases give a positive family history.⁶

Bars (Vitiligo) has been defined by ancient Unani physicians as a skin disease. Its aetiology and treatment has been discussed in detail in the classics of Unani Medicie.⁷⁻¹⁴

The disease occurs due to domination of phlegmatic humor in the blood, and due to weakness in *Quwwat-e-Mughaiyirah* (altering power) in the organ. As far as the symptoms are concerned, the organ becomes white, even the hairs also turn white.¹⁵

According to Jalinoos (Galen) (130-200 AD) as mentioned in the manuscript *Moalijat-e-Buqratiya* (10th century AD), the cause of Bars is the weakness of *Quwwat-e-Mughaiyarah wa Mushabbiha* (transformative faculty) in the organs.⁷ Rabban Tabari (810-895 AD) while describing the aetiology of *Bars* in his famous book *Firdaus al-Hikmat* says:⁸

"*Fasad-ud-Dam* (impairment of blood) and *Burudat-ud-Dam* (coldness of blood) are the main causes of *Bars*. If the digestive faculty of the body cannot digest the food properly the blood of the whole body becomes impure. When this impurity occurs due to *Balgham* (phlegm) or coldness, appears the *Bars*."

CASE STUDY

A 8 years old male formed the subject of the study in the OPD of hospital of University College of Unani, Baghghi Khana, Tonk (Rajasthan) with the complaint of white patch (depigmentation) of the size of about 15mm × 32.5 mm on both the upper eye lids from about one and a half year. The size of the patch increased gradually. Patient had no itching or swelling at the site of patch. There was no history of skin allergy, photosensitivity or any other skin problem. Also there was no family history of *Bars*. Patient had already taken the allopathic and homeopathic treatment but got no relief.

Before starting the treatment of the patient, his *Mizaj* was assessed on the basis of *Ajnas-e-Ashrah*. On the basis of *Ajnas-e-Ashrah*, *mizaj* of the patient was found to be *Balghami*. So the following drugs were used.

1. *Majoon-e-Dabeedulward* 3 gram twice a day
2. *Sharbat-e-Murakkab Musaffi-e-Khoon* 10 ml twice a day
3. *Arq-e-Ushba* 15 ml twice a day
4. *Arq-e-Mundi* 15 ml twice a day
5. *Safoof-e-Babchi* and *Safoof-e-Panwar* each 5gram put in water at night and filter the mixture in the morning. Use the liquid orally and made a paste of filtrate with *Sirka-e-Jamun* and applied the paste locally on the white patches.

Patient was also advised to avoid the foods that produces *Khilt-e-Balgham* like cold drinks, juices, milk, dairy products, sugar and sweets, cold vegetables and fruits. And patient was recommended to take the food that may improve the digestion and metabolic activities that included hot and dry foods like *masaleh jaat*.¹⁶

The patient was advised to visit the OPD after every 15 days for follow up.

RESULTS AND DISCUSSION

On follow up, patient was assessed for any side effects of the treatment and the size of the depigmented patch. The pigmentation of the white patches started after 15 days. On the third visit i.e. after about one and a half month of the treatment, more than 90% of both the patches were healed. Pigmentation of the patches took place from periphery to center. Treatment and diet of the patient is still continued to avoid recurrence of the disease.



Before Treatment

After Treatment

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