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A Case Study on Efficacy of Herbal Formulation in the Management of Chronic Eczema

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ABSTRACT:

In December 2021, a female patient of 16 years old came to the Ajmal Khan Tibbiya College, AMU, Amraaz e jild wa zohrawiya OPD with complaints of fissuring, itching, and swelling almost covering both dorsal and plantar aspects of feet. The other body regions were excluded and history reveals that these conditions remain almost all the time in all seasons but usually aggravate in winters. Most of the lesions were changed into deeply fissured lesions. The herbal medicine in the form of decoction was given orally and *Marham e Hina* with *Roghan naarjeel* (coconut oil) was used as a local application over the lesion. The study revealed that Medicine was found effective in the treatment of chronic eczematous dermatitis. The test drug is also found to have the property to stop the development of new eruptions. The study concludes that given medication is effective in the management of chronic eczematous dermatitis that's why there is a need for further study on a larger sample size in patients with chronic eczema for the confirmation of the safety and efficacy of used herbal preparation.

KEYWORDS: Chronic eczematous dermatitis, decoction, eczema, fissured, lesions, *Marham e Hina*, *Roghan naarjeel.*

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INTRODUCTION:

Eczema is the most common inflammatory skin disorder, or an inflammatory response of the skin. Eczema may manifest as acute or chronic, but the hallmark of chronic eczema is lichenification. This skin condition may manifest with features like erythema, edema, vesiculation, and exudation, crust formation, itching, and

burning. [1] There are about three stages of eczema, and clinically, eczema may start at any stage and tend to evolve into another stage. Most of the time, eczema resolves itself without any treatment. The common features of eczema include scratching, and irritation, but some degree of itching is a cardinal feature of eczematous inflammation. [2] Eczema's most common and most disabling symptom is itching, which directly puts a negative impact on the quality of life of an individual. One of the most common and important causes of treatment failure in mild-to-moderate eczema is the underuse of topical treatments. [3]The prevalence of eczema is 2 to 3% among all dermatological disorders. Contact dermatitis seems to be the most common cause of eczema.

The humoral theory is considered the backbone of the Unani System of Medicine. It explains various functions of the body, ranging from providing nutrition to the beautification of the body, depending on the equilibrium of all four humors.[4] In the Unani system of medicine, the pathology of disease revolves around all four humors that are *khilt e ahmar, khilt e abyaz, khilt e asfar, khilt e aswad*. The contact dermatitis or *iltihab e jild taluqqi* may be allergic contact dermatitis or irritant contact dermatitis. Besides the available effective treatment in modern medicine, it is difficult to control its relapse and to provide a complete cure of this disease condition but the Unani system of medicine adopts a holistic approach and works on *Akhlaat e arba,* and via maintaining their equilibrium it offers the cure of dermatological disorders. [5] *Ibn e sina* a renowned Unani physician explains this ailment as similar to fire-like sensations. He describes its cause as *akkal, haar and lazeh* matter that spread to the different regions of the body by admixing with *dam, Balgham* or it may be taken as the mixing of bilious matter with *saudawi*matter. In other words, we can explain it as mixing of *haad akhlat* with *khilt e raqeeq*. *M.H.Qumari* explains it as a type of itch which is severe and unbearable and appears due to *hiddat e dam. Razi* explains this ailment as a condition associated with burning and pruritus which is followed by the blister formation filled with clear fluid. [6],[7],[8],[9].

CASE HISTORY:

A 16-year-old female had a history of fissuring cracking and swelling over feet involving both planter and dorsal aspects(Figure-1 and 2). She was the Sufferer of this condition for a long time and took treatment from various places but didn't get relief. The history of the patient reveals that the condition remains almost the same in all seasons with aggravation in winters. On systemic examination, no abnormality was detected in CVS, respiratory, GIT, and Musculoskeletal but dermal examination shows cracked, fissured areas on the planter region with bleeding and swelling with serous fluid discharge over the dorsal aspect of feet and their fingers. The rest of the regions of the body were excluded. The personal history of the patient was taken; the patient was a student and belongs to a lower-middle-class family. She has no positive history regarding similar condition in the family, addiction, and

allergy to some drugs, food, and any other environmental factor.

On thorough examination, the patient was diagnosed with a condition of chronic eczema with exacerbation in winters. The patient was advised to get admitted to the hospital but she refused that's why we allowed her to stay at home and follow our prescription and do a follow-up after every week. She was given the decoction of three herbal drugs i.e. *sarphooka* (*Tephrosia purpurea* Linn.), *gul e mundi* (Spharanthus indicus Linn.), *afteemoon* (*Cuscuta reflexa* Linn.) due to their therapeutic effect which is based on humoral theory mentioned in Unani literature. The drugs were taken in equal proportion in the decoction as one dose of decoction contains 6gm of each above-mentioned drug and locally *marham e hina* a Unani formulation prepared in Dawakhana Ajmal Khan Tibbiya College, Aligarh Muslim University was applied after mixing this *Marham* with freshly prepared coconut oil. The constituents of *Marham e Hina* were taken from classical literature on the basis of their therapeutic effects which includes *Hina oil* (*Lawsonia inermis Linn*), *Kapoor* (*Cinnamomum camphora Linn*), *Sat podina* (*Mentha arvensis Linn*), *Sat ajwain*(*Trachyspermum ammi Linn*), *Mom khalis* (Beeswax), *white Vaseline.* The above-mentioned medicine was given for 2 months in which decoction 30 ml was given twice daily and *Marham* was applied at night and in the morning and follow up is done after every week. During the entire period of treatment, the patient doesn't show any sign of relapse. The patient after completion of treatment remains well and eczema-free.

RESULT: The result shows an improvement in the above mentioned condition with the use of decoction and topical agent.



Figure-1: Eczema at planter surface in



Figure-2: Eczema at dorsal surface in

both foot



Figure-3: During treatment planter surface

both foot



Figure-4: During treatment dorsal surface



Figure-5: After complete relief at planter surface of booth foot



Figure-6: After complete relief at planter surface of both foot

DISCUSSION:

The term eczema is derived from the Greek word ekzein, which means to boil over. Asthma and eczema are considered to be a disease with similar feature but the only difference between these diseases are that they are localized to different regions of the body one affect lung and the other affect skin. There are various aggravating factors for eczema such as dust, domestic water hardness, mites, increased calcium & magnesium, soap, shampoo, lather in hard water, and other chemical irritants. [10] In one case study done by Ayurvedic physicians over a case of eczema in which some Ayurvedic medicines and purgation therapy was done and the result shows improvement in the eczematous changes after one month of treatment. [11] A study carried out at Ajmal Khan Tibbiya College over 30 patients in which herbal formulation containing Hina, black cumin, and olive oil the mixture of all

three drugs in the form of oil were applied 6 hours apart in a day for 42 days. The result shows a significant reduction in itching burning papules and vesicles. [12] On the ground of previous research carried out by Unani scholars over herbal medicine the present case study was done and the result of the study shows a significant decrease in disease condition with almost clearing of the skin.

We have use the drugs *sarphooka* (*Tephrosia purpurea* Linn), *gul e mundi* (Spharanthus indicus *Linn…*), and *afteemoon* (*Cuscuta reflexa Linn…*) in the form of decoction in which *sarphooka* have anti-microbial activity,[13] *gul e mundi* have anti-inflammatory, analgesic and wound healing activity,[14] and afteemoon shows Mukhrij-i-Sawda(purgative of black bile) action and *musaffi e dam* (Blood Purifier) action.[15],[16],[17]

The topical application medicine includes *marham e hina* the constituents of *marham e hina are* Hina oil(*Lawsonia inermis Linn*), shows wound healing properties,[18] Kapoor (*Cinnamomum camphoraLinn…*), shows anti-microbial and anti-inflammatory activity,[19] Sat podina (*Mentha arvensis Linn…*), shows anti-microbial and anti-fungal activity,[20] Sat ajwain (*Trachyspermum ammi Linn…*), shows anti-inflammatory effect, anti-fungal and anti-bacterial effect,[21]Mom khalis (Beeswax) anti-microbial, anti-fungal, moisturizer,[22],[23]and *white Vaseline* shows moisturizing effect.[24]

Follow Up: Fortnightly with no reported relapse.

CONCLUSION:

The above-mentioned drugs, both oral and topical, were found to be effective in the management of chronic eczema. The mentioned drug doesn't cause any adverse reaction during the entire period of treatment and was well tolerated by the patient.

Limitation of study:

Further study on a larger sample size with longer follow-up is required. So that complete cure can be achieved with the use of the mentioned drugs, which will give more confirmation regarding the efficacy and safety of the drugs.

Consent of the patient:

The consent of the patient has been taken for publication of the case details and accompanying images without disclosing the identity of the patient.

Conflict of interest: The author declares that there is no conflict of interest.

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