ENGLIGHTNING THE HOLISTIC CONCEPT OF BAHAQ-E-ABYZIN
UNANI SYSTEM OF MEDICINE: REVIEW OF LITERATURE.

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ABSTRACT

The study of skin, the science of dermatology, has undergone significant transformations throughout the centuries. From the first descriptions of skin diseases in Egyptian papyri and in Hippocratic writings to the first treatises on dermatology, important individuals and discoveries have marked the specialty. A comprehensive description of Amrazejild (skin diseases) is available in classical Unani literature. Ancient Greco-Arabic scholars have described Bahaq-e-Abyaz (pityriasis) in detail along with etiopathogenesis, clinical features, complications, and management in their treatises. Ancient Unani scholars have been treating Bahaq-e-Abyaz successfully since antiquity. They have mentioned and practiced a compendium of single as well as compound herbo-mineral formulations for the treatment of Bahaq-e-Abyaz. It is important to provide a historical synthesis for the medical community to recognize and understand the holistic concept of Bahaq-e-Abyaz along with the treatment as mentioned in classics of Unani medicine.

INTRODUCTION

In the Unani system of medicine, Hippocrates (460-370 BC), founded the concept of four humor forms the basis of health and disease. The basic etiology of Bahaq-e-Abyaz is derangement in quality or quantity of Balgham inside the body.

Ibn Sina (980-1037 A.D.) the author of “Al Qanoon Fil Tib” an encyclopedia of medicine, served as a standard text book of medicine in Europe till 17th century A.D. extensively described the etiopathogenesis, types, clinical presentation and treatment of Bahaq. He described that Bahaq-e-Abyaz is the hyperpigmentation of skin occurring superficially as a result of weakness of quwat e mughaiyarah of skin. M H Qamari (9th Century A.D.) quoted in “Ghina Muna” that Bahaq-e-Abyaz is a type of humoral disease occurring due to alteration in the quality and quantity of Balgham.

Majoosi (930-999 A.D.) discussed Bahaq-e-Abyaz, its

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aetiology, clinical presentation and treatment in his treatise “Kamilus Sanah”. According to him Bahaq-e-Abyaz is a superficial and mild hypopigmentation of skin. It is small, round in shape and appears suddenly [5]. Najeebuddin Samarqandi an eminent unani scholars of 13th century A.D described the aetiology, clinical features, treatment and prophylactic measures of both Bahaq and Bars in detail in his treatise “Al/Asbab wa Al Alamaat”. [6]

ETIOPATHOGENESIS
According to the Unani doctrine, Bahaq is a humoral disease occurring due to the alteration in the quality and quantity of either Balgham (phlegm) or Sauda (black bile). Excessive accumulation of abnormal phlegm results in whitenedis colouration of skin (Bahaq-e-Abyaz) while the excess accumulation of morbids black bile leads to blackdis colouration of skin (Bahaq-e-Aswad). [4][7][8][9]

Raban Tabri, a legendary Unani Physician and author of his famous book “Firdausul Hikmat” says that the actual pathogenesis of Bahaq is attributed to Fasade dam (blood impairment) and Buroodat dam (coldness of blood). If the blood impairment occurs due to Sauda, then Bahaq-e-Aswad is produced and if blood impairment is due to Balgham, Bahaq-e-Abyaz or Barsis produced. He further says that if blood impairment is due to Ghaleez Ratoobat (thick humour) and Hiddatedam (abnormal heat in blood), then Kharish (pruritus) develops and if the cause of blood impairment is Buroodat wa Ghilzate dam (coldness and thickness of blood), then Qooba (Dermatophytosis) results. [10]

Ibn Zohar (11th century A.D), a well known Unani Scholar and author of “Kitabul Taisir” described that Bahaq-e-Abyazis a metabolic disease occurring due to Zoafe Hazm of organs while Bahaq-e-Aswadis a black patch on skin caused due to the accumulation of melancholic humour. [11]

Ibn Rushd (12th century A.D.) stated that Bahaq usually occurs due to weakness of Qwate Mumayyeza of liver or malabsorption of sauda in spleen or due to Suemizaj (dysmenorrhea) of vessels that result in excess production of sauda inside the body [11]. Some authors suggested that Bahaq-e-Abyaz may also occur due to personal unhygienic conditions, use of dirty and untidy garments, and intake of heavy and flatulent food items. [12][13]

CLASSIFICATION
Depending upon the nature of causative humour involved, Bahaq is classified into two types viz; [10][14][15][16]

1. Bahaq-e-Abyaz commonly name das Cheep is hypopigmentation of skin occurring due to the accumulation of morbidsphlegm in the body.

2. Bahaq-e-Aswad is hyper pigmentation of skin caused due to the excess accumulation of black bile in the body.

CLINICAL PRESENTATION
The typical clinical features of Bahaq-e-Abyaz as described by Unani scholars are hypopigmentation, scaling of skin associated with or without itching. Bahaq-e-Abyaz is a superficial mild hyp pigmenton of skin. [13][4][9][18][17] It is small round in shape and appears suddenly. According to Hakeem Ajmal Khan, Bahaq-e-Abyaz is a whiteness characterized by scaling and itching appearing mostly on trunk (chest and abdomen), cheeks and arms. Initially small white yellow spots appear which coalesce together to form a big depigmented patch. These white patches are slightly raised from the surface of skin but too difficult to be differentiated. [12][13][16]

Mohammad Tabri in his famous book, Moalejate Bugratia, mentioned that Bahaq and Bars are differentiated from each other on the basis of shape and form of lesions. The lesion of Bahaq is round, remains localized and does not spread. There is no scaling and skin colour is slightly different from the normal colour, whereas the lesion of Bars is shiny, smooth and soft to touch and spreading in nature. [17][18]

Akbar Arzani distinguished Bahaq-e-Abyaz from Bars by stating that Bahaq-e-Abyaz remains superficial and does not penetrate deep into the skin. After pricking the needle at the site of Bahaq, blood always comes out and the growing hairs at the site of lesion never turns white even after the chroni city of disease. But the whiteness of Bars penetrates deep into the skin and the growing hairs at the site of lesion are always white. [12][18][19] The authors of Moalejate Nafeesi, Aqsarai and Sadeedi unanimously mentioned that both Bahaq as well as Bars are skin diseases characterized by white patches in which former remains superficial and does not penetrate deep while later penetrates deep in to the skin and muscles. [18][20][21]

Bahaq-e-Abyaz and Bahaq-e-Aswad differ from each other on the basis of their clinical manifestations. Bahaq-e-Aswad occurs mostly in adolescence an discharacterized by the formation of scales in skin just like scales of wheat shell. [13][17][19] It occurs in those people who are obese with prominent vessels and profuse hairs. According to Razi, It is characterized by jamood (stagnation) in skin. [18] While Kabiruddin described Bahaq-e-Aswad as black discoloration of body with irritation, burning and scaling of skin. [20]

The area of Bahaq-e-Abyaz becomes red on rubbing. Bahaq-e-Aswad resembles Qooba in its clinical presentation; just like Qooba, the lesion of Bahaq-e-Aswad is hard and causes itching and peeling or scaling of skin similar to the scales of
fish. Further Bahaq-e-Aswad is easily differentiated from Bars Aswad as the lesion of Bahaq-e-Aswad is soft while that of Bars Aswad is hard. The diagnosis of Bahaq-e-Abyaz is more difficult than Bahaq-e-Aswad. If Bahaq is spreading over large area of body, it is difficult to be cured. 

**TREATMENT:**
Unani system of medicine offers a quite effective treatment of Bahaq-e-Abyaz, which is totally based on the holistic approach. Unani scholar described Bahaq wa Bars together. Thus, as described by Greco Arabic physicians like Ibn Sina, Razi, and Ismail Jurjani in their treatises, the overall management is based on three therapeutic modalities as follows:

1. **Ilaj Nafsani** (Psycho-therapy).
2. **Ilaj Bil Ghiza** (Dieto-therapy).
3. **Ilaj Bil Dawa** (pharmaco-therapy).

(1) **Ilaj Nafsani** (Psycho-therapy)
Bahaq-e-Abyaz and Bars both are associated with social stigma because of cosmetic problems. Usually the patients are depressed psychologically because there is myth in the society that both the diseases are communicable just like Jarb (scabies) and Juzam (leprosy). Therefore, psychological counselling or psychotherapy is the foremost and indispensable part of treatment. The patient and their relatives should be assured first to get rid of their misconception about the disease and its prognosis. Most of the patients are curious about the disease and depressed psychologically. Therefore the psychological care of the patient is essential and it is a part of therapy.

(2) **Ilaj Bil Ghiza** (Dieto-therapy)
Unani physicians suggested that such diets should be given that are easily digestible, produce sufficient pure blood and that have har mitaj. They have recommended the meat of birds and goats in diet. Further, they have stated that the diet should be taken only when it is desired and also advised the intake of digestive tonics 2 hours after meals to accelerate the processes of digestion and absorption. Unani scholars have advised the patients to avoid the intake of such food items that lead to the increased production of phlegm and black bile that are the actual culprits for the genesis of disease. According to Ibn Sarabiyoyn, patients are advised to avoid cold and moist dietary items such as fresh fish, fresh vegetables, fruits, and fatty diet.

(3) **Ilaj Bil Dawa** (Pharmaco-therapy)
It is performed by applying the following steps (Usool):

**Usoole Ilaj and Ilaj of Bahaq-e-Abyaz:**
- **Istifraghor Tanqiya Balgham** (Elimination of Phlegm)
- **Tadeel Mizaj** (Restoration of normal Temperament)
- **Islahe Hazm** (Correction of digestion)
- **Topical application of Jali, Muhammir and Musakhkhin advia in the form of Tila, Zimad and Roghan** (Jelly, ointmentoil).

**Istifraghor Tanqiya Balgham**
Bahaq-e-Abyaz is a chronic disease caused by the excessive accumulation of morbid phlegm. Ancient Unani physicians have suggested that its treatment should begin with the evacuation of excess phlegm from the body through various means. The commonest mode of Istifragh employed for the excretion of phlegm is usually done in three steps;

1. Use of Munzijate Balgham (Phlegmatic Concoctives)
2. Use of Mushilate Balgham (Phlegmatic Purgatives)
3. Tabreed Badan

**Munzijate Balgham**
Bekhe badiyan 7gm, Bekhe kasni 7gm, Bekhe karafs 7gm, Bekhe kibr 7gm, Bekhe izkhar 7gm, Asalassos muqashar 7gm, Barge gauzuban 7gm, Anjeer zard 5 No., Mawez munaqa 8 No., Gulqand asli 15gm.

Patients are advised to take 40 ml decoction on empty stomach twice a day for a period of 2-3 weeks till the symptoms of Nuzj appears. Then, an appropriate dose of Mushilate Balgham is added to the decoction of Munzije Balgham for a period of 3-5 days to induce purgation.

**Mushilate Balgham**
Barge sana 6gm, Turbud 6gm, Turanjabeen 48gm, Ghariqoon 4gm, Moghzamaltas 48gm, Sheerkhisht 7gm, Mubarridat 3. Tabreed Badan

**Tabreed**
This is usually done with the help of Mubarridat to neutralize the side effects of Mushilaton intestines. Commonly used drugs are Lu'abebahidana, Lu'abe ispagol, Lu'abe resha khatni, Sheera unnab, Sheera badiyan, Arqe shahitra etc.

These are used for a period of 2-3 days.

After the completion of Munzi we Mushil therapy, patients are advised to take hot Ma'ajeen, Harirajat and Irefalat. Then the specific drugs of Bahaq-e-Abyaz are advised for topical application.

**Topical Therapy**
Drugs having properties like Jali, Muhammir, Muhallil and Musakhkhin are used locally in the form of Tila, Zimad and
Roghān (Jelly, ointment or oil). Commonly used herbo-mineral drugs employed for topical application in Bahaq are Sirka, Gandhak, Qust, Sheertaj Hindi, Fīfil, Zarneekh ahmar, Zangar, Zaje akhzar, Majeeth, Takhme turb, Kundush, Kharbaq, Shuneez, Zarareeh, Zarnab, Khardal, Natroon, Unsul, Lehsun etc. After the topical application of drugs the affected area is exposed to sunlight for about 5-10 minutes that enhances the process of repigmentation.

Zakaria Razi\(^{(3)}\), an eminent Unani scholar has suggested several means of topical regimens that are beneficial for the ailment. These include continuous Takmeed (fomentation) of affected area with hot water until it becomes hot followed by application of emollient drugs, multiple pricking with needle at the site of lesion and exposure of affected area to sunlight.

PROGNOSIS

According to Ahmad bin Rabban Tabri,\(^{(4)}\) the usual response of the treatment varies from person to person. It depends on duration, site of lesion, size, and type of lesion. The factors supposed to be responsible for the failure of treatment are presence of patches on hands, feet, front of wrists, above the iliac crest, waist, and lips; presence of white hairs on patches; poor nutritional state; presence of helminthic infestation, stress, anxiety, emotional upsets, old age, indigestion, heredity, and constipation.

CONCLUSION

It may be concluded that Bahaq-e-Abyaz is chronic humoral disease occurring because of alteration in the quality and quantity of morbid phlegm beneath the skin and resulting in hypopigmented patches. Under the influence of the accumulation of morbid humors beneath the skin, the normal physiology of skin gets altered and its protective mechanism is lost; consequently it becomes susceptible to infections. Despite the use of numerous newer therapeutic regimens, in Western medicine, Bahaq-e-Abyaz have remained an enigma because of recurrence and resistance of the antibiotics. Greco-Arab medicine axiomatically claims for successfully treating these diseases since a long time without any unwanted effects. The treatment is based on the holistic approach of Munzijwa Mushil therapy along with the topical application of Jali, Muhaunmir, Muhallil, and Musakhkhin drugs. Thus, Unani medicine is preferred over conventional medicine in the treatment of these refractory skin ailments.

REFERENCES


