BRIEF REVIEW OF QOOBA (DERMATOPHYTOSIS) & ITS MANAGEMENT IN UNANI PERSPECTIVE

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ABSTRACT

Qooba (Dermatophytosis) is a type of skin disease, according to Unani physician it as roughness which appears over skin surface which is associated with itching scaling & dryness, sometime fish like scale shed off from the skin, the rough area may appear black or red in colour usually the periphery is red and occasionally yellowish fluid discharge from it.1 Fungal Disease have a globally distribution and are common, due to fungal infection approximately more than one billion people every year is affected.2 As per the recommendation in the American Academy Of Family Physician (AAFP) antifungals should be continued for management of Ringworm, but some systemic antifungal drugs can cause hepatotoxicity.3 In modern Medicine Various antifungal agent both topical and systemic have been introduce for effectively treating dermatophytic condition. The commonly used drug include azole like itraconazole, fluconazole, allylamines drugs like terbinafine and griseofulvin. The longterm drug of mainstream medicine is not advisable due to drug toxicity and their various side effect. In unani medicine the principle of management is focused at the alteration or removal of morbid material, which is the main culprit for pathology leading to development of Qooba. Through this paper an attempt has been made to highlight the strength of Unani medicine in Qooba (Dermatophytosis).

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INTRODUCTION

Qooba (Dermatophytosis) is a type of skin disease, according to unani physician it as roughness which appears over skin surface which is associated with itching scaling & dryness, sometime fish like scale shed off from the skin, the rough area may appear black or red in colour usually the periphery is red and occasionally yellowish fluid discharge from it.4 Qooba have many synonyms like Daad, Dadru.5 Dermatophytosis, Ringworm, Superficial Dermatomycosis, Tinea, Dermatomycoses.

Literature Review

Qooba is a roughness which appears over the surface of the skin in which the skin becomes peeled and scales shed off at the start it appears as a small spot over the skin surface which spread peripherally to develop a large surface area in a annulated pattern.6 It resemble sa’afa, especially sa’a’fa e yabis. It may be huzaz but according to some huzaz is the Qooba of the scalp. (kerion in scalp)

Historical Background

Ismail jurjani stated in Zakheera khwarjam shahi, The Persian name of Qooba is paryun and in hindi it is named as Daad. He describe the two main cause for the existence of Qooba. One is khilt-e-bad (noxious humour) and second is Quwat-e-tabiyat (corrective faculty)7 Ahmad Tabri said in Moalejat-e-Buqratiya as

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that Qooba is very similar to urticaria, affect the external surface of skin, usually it is round in shape and it affect large surface of the body. Hasan Al Qamri stated That Qooba is caused by sanguine humour which is burnt and converted into melancholic humour, when Qooba is reached to muscular part it is termed as daadkagzi. In daadkagzi infection will be superficial & If infection invasion is up to the subcutaneous tissue is called Bhainsadaad. Zakariya Razi stated in his book Al-Havi-Fit-Tibb Qooba its classification treatment. He classified Qooba into Qooba ratab and Qooba Yabis, in addition to this he explored that local application of oil is beneficial to treat the Qooba.

Ali Ibn Abbas Majoosi stated in his well known book Kamil-us-sana’a that Qooba originate from Ehtraq-e-Dam (burnt blood), he also discussed its causes, clinical presentation and its treatment. Azam Khan explained Qooba as roughness over skin associated with itching & scaling and red edges, he also discussed its prognosis & complication.

Etiology :-
Qooba is caused by morbid matter due to viscous matters. If the matter is hot and has less fluid that there will be Dry Qooba. The Dry Qooba occur due to melancholic humour and the moist one due to melancholic humour mixed with blood . It may be due to the mixture of lateef khoon and mirra sauda (abnormal black bile) and sometimes due to the intermixture of ghaleez ratubat (viscous substance) with balgam e shor (abnormal phlegm). Ufunat is also one of the causes of Qooba as written in Akseer e Azam. Quwat e tabiya is also responsible for Qooba. It deviate khilt e bad (noxious humour) from vital organs towards the skin surface, rendering them safe hence any alteration in the Quwat e tabiya may predispose to Qooba.

Allama Hakeem Kabiruddin explained Qooba in Tarjuma-e-kabir (shara-e-asbab) He states that It is contagious in nature caused by a particular type of madda (maddatul Qooba). If the humour develops the properties of hiddat, borquait and saudaviut due to presence of maaddatul Qooba, it might produce Qooba and may complicate it.

Rabban Tabri in his book firdosul hikmat he mentioned that improper functioning of Quwat-e-hazma results into faasid blood (viscous blood) which then circulate to the whole body as a result of which itching arises, it also result in Qooba. This faasid blood contains ghilzat and baroodat also the case is if hiddat comes into faasid blood and the amount of ratoobat declines then it may cause the formation of dry Qooba.

Classification :
As per Unani Classical Text also specified by eminent physician as well as writers of unani system of medicine. The clinical presentation and Classification of Qooba has been explained s per the causative substances.

Qooba Damvi: it shows something which appears to be a reddish discoloration followed by oozing on itching. It is produce by dam (blood), burnt and converted into sauda (black bile). It disappears easily on treatment.

Qooba Saudavi: it shows a whitish discoloration this is produced by balgam that becomes hot and saline and converts into sauda. It is produce by sauda, which is caused by ehtraq (combustion) of balgam maleh (saline balgam)

Mutaqashshir: scaling might be caused due to extreme dryness, sometimes it may be deep seated and resemble bars-e-aswad, it may appear like slough.

Ghairmutaqashshir: it does not have scale.

Saeekhabees: it is spreading in nature and its cure is not easy.

Waqif: it is localized and non spreading in nature.

Haad: it is acute in condition which persist for short duration and is easily curable.

Raddi: it has poor prognosis and is not easily curable.

Kaghzidaad: when the disease is superficial.

Bhainsadaad: when the invasion is up to the subcutaneous tissue.

Qooba khabees (malignant): that predisposes to Juzam (leprosy). This condition develop due to the hiddat, khabasat & kasafat of the causative organism.

Jarabia: in which itching predominates and commonly involves the area of the skin over the scrotum.

Akuta: it is a type of Qooba found on the back & dorsum of hand.
Modern classification of Dermatophytosis

Pathogenesis

Tabiyat (Natural power) is the dynamic force which pulls out the morbid matters from Aaza e Raeesa and throw out them towards the surface of the skin. This morbid matter is combined of Akhlat e Harra wa lateefa mixed with Akhlat e Arzia wa ghaleeza. Due to this Dissimilation in the quality of Akhlat, the disease spreads in both Direction. It spreads rapidly due to the Hiddat and latafat of the Madda. The disease fluminates and improve faster if there is power of Akhlat e Harra in the causative material, while it develop and improve slowly if Akhlat e Arzia in excess. In most of the unani literature the cause of Qooba is describe to the humoural imbalance. If the humour develop the properties of hiddat, borquait and saudaviut to the prescence of maaddatul Qooba, it might produce Qooba and may
complicate it.\textsuperscript{13} Regarding etiopathogenesis Ahmad Tibr\textsuperscript{14} said that pathogenic irritating matter escape out from minute capillaries resulting in the formation of hyperpigmented papule which later spreads and takes large circular shape.\textsuperscript{14}

**Treatment**

In Unani management of Qooba\textsuperscript{15} is usually according to contributing substance, Like akhlat (Humors), clinical sign and symptoms. Unani medicine follows the principle Nuju\textsuperscript{16} wa Istefrag. Which aims is tankiya Badan. In most of the cases of Qooba occur due to deranged sauda therefore in most of the cases treatment is aimed to removal of sauda from the body. The drug having the properties of effect of taheel, taktee and taleef are used to ghaleez maadda for haar and rakeek maadda, which drugs having the property of taskeen and tarteeb are used. treatment is aimed to removal of morbid matter from the body. Apart from this several Tadbeer (Regimental therapies) is also stated in the management of this disease.\textsuperscript{3} Fasad and Hijama bil shurt (wet cupping) has also been said to be good by Unani physician.

**Qooba E Damvi:** Fasad is performed at a nearest possible site for the removal of morbid matters. Ghassal advia should be applied locally. For local application drug following drug can be used as a paste Kharpaza, Nakhood, Ushna, Arad Baqla, Samag Arabi, samag Farsi, Ushq & Vinegar, Rogan Gundum\textsuperscript{6}

**Qooba E Saudavi:** This is the worst among all the type of Qooba and it does not respond easily. Therefore removal of morbid sauda matter is essential. Use of Matbookh aftimoon and laughazia with aab e halela siyah and zabeeb is indicated for the same. Fasad (Venesection) of Vareed e Basaleeq is also indicated.\textsuperscript{4}

**Qooba E Ratubi:** Matbookh Aftimoon a & Ayaarif Fekra for the removal of morbid fluid is used.\textsuperscript{7} For local application - Aqlimia Zahab & Hartal should be groundin guhna\textsuperscript{8} and gul e surkh mixed into vinegar. Aspand, kandash, Turbud ground and mixed with vinegar. Grounded Afsafida root mixed into vinegar can be massaged over the affected area, Also the saliva and the tartar of a fasting person may be applied locally.\textsuperscript{8}

**Treatment Depending On The Morphology Of The Disease:**

If the disease is acute superficial and localized local application is usually enough for example Roghan Gundum, Roghan Alsi, Roghan Badam Talkh, Roghan Narjil, Butter & Ghee. Was mixed with kateera and sibr can also be used as Tila.\textsuperscript{18} If the disease is at a stage where it has penetrated beyond the skin into the muscle then relatively more potent drug like ushq mixed with vinegar should be applied after leeching.\textsuperscript{78} If the disease is chronic and situated in deeper tissue then the management is started with the removal of morbid saudavi matters from the body by fasad (Venesection) & ishal (Purgation). For local application very potent drugs which are haad and Muhammir such as Hartal and Khardal are used until fresh bleeding occurs, after this healing is facilitated by the use of appropriate drug.\textsuperscript{15} Hijama bil shurt (Wet Cupping) over the lesion and Hammam are also indicated in this stage.\textsuperscript{16}

**Some formulation for local application by eminent Unani scholars are**

Vinegar + Ushq / Rswat / Murmuki / Asafetida / Radish seed / Hummas / Zarawand Madharaj / Samag Arabi / Roghan Badam talkh.\textsuperscript{20} Vinegar + Zarawand Zarnikh + Ushq + Roghan Gundum + Muqaf + Waj + Khardal\textsuperscript{20} Vinegar + honey + Cinnamon\textsuperscript{20} Honey + Gaarlic + Suddab /Chuqandar water /\textsuperscript{20}Ushq + Henna + Nakchikni Sulphur + Waj + Sibr + Kundur + Samag e Arabi\textsuperscript{7}

Sulphur + Tukhm Shadnaj/ ilakul batam\textsuperscript{21} Sulphur + Sugar + Opium + Kaat safed\textsuperscript{21}Curd + Olive oil + Saboos Gundum\textsuperscript{21}Mom Zard + Zuft Romi\textsuperscript{20}

**some compound drugs fo Qooba:**

Habb E Qooba \textsuperscript{20}Habb E Daad \textsuperscript{20}Marham E Daad \textsuperscript{20}Marham Zararih \textsuperscript{20}Marham E Qooba, Roghan E Qooba.\textsuperscript{21}

**CONCLUSION**

From this review article it is concluded that Qooba is very well documented in unani classical manuscript. Unani physicians described the etiological factor, types, pathology, clinical features, treatment in detail, they used many single, compound drug and also local application drugs in the management of Qooba. In most of the cases of Qooba occur due to deranged sauda therefore treatment is aimed to removal of morbid matter from the body.

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