



A COMPREHENSIVE REVIEW OF *NAR FARSI* (ECZEMA)

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ABSTRACT

Eczema (*Nar Farsi*) is a very common skin inflammatory disorder, which is characterized by Itching, Dryness, Erythema, Edema, Exudation, Excoriation and Lichenification. It is type of dermatitis in which inflammation of the epidermis occurs. It does not have a known specific etiology. Diagnosis of eczema is made clinically by Hannifin and Rajka's criteria. It is caused by excess production of abnormal *Safra* (yellow bile), *Sauda* (black bile) & *Mutaharriq sauda* (burn black bile). *Nar Farsi* is *Persian* term, means "Fire of *Persia*", it indicates the burning symptoms related to this disease. It affects 2-3% of the world's population. In conventional medicine eczema is generally treated with topical and systemic steroids, emollients and oral anti-histaminic drugs, which is also limited due to its side effects. This leads us to look forward for alternative, safe and effective option to treat eczema. Unani system of Medicine is very ancient and rich system of medicine. The ancient Unani Physicians described the management of eczema in details in Classical Unani Literature.

The aim of this review paper is to find out brief description of Eczema alongside its etiological introduction, classification, clinical features, investigations, differential diagnosis, diagnosis, complications and management in Unani and modern medicine and to find out the possible treatment of Eczema as mentioned in classical Unani literature which are safe and effective in the treatment.

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Introduction:

Eczema (*Nar-Farsi*) is defined in modern dermatology textbooks as an inflammatory skin reaction to many substances, exhibiting erythema, oedema, vesiculation, crusting, and lichenification.^[8] Patients' social functioning and sleep habits are impacted by pruritus and skin lesions, and ugly skin lesions may cause patients to become socially isolated. The condition affects the patient's quality of life.^[9,10] As eczema has no

known cure, treatment aims to control symptoms by reducing inflammation and relieving itching. Topical corticosteroids are used as part of conventional treatment for eczema, while emollients or moisturizers are used to treat dry skin.^[11]

Eczema is known by several names in the Unani medical system, including *Chajjan*, *Akota* and *Nar-Farsi*^[1] which is the most frequent and

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ancient skin illnesses. The word "*Nar-Farsi*" was first used in Persia, or the person who used it was a resident of Persia and it was associated with severe itching and burning.^[2]

According to a renowned Unani physician *Hakim Kabiruddin*, Eczema is a skin disorder in which the affected person experiences scorching sensations over the lesions, similar to what occurs when something gets fire.^[3] The great expert in Unani medicine, *Ghulam Jilani*, defined Eczema as a skin condition that causes the lesion to burn as if it were on fire.^[4] According to *Abul Mansoor al Hasan al Qamri*, Eczema is a form of itching that is followed by an unbearable burning sensation, later blisters that contain fluid emerge.^[5] *Ahamad Alhasam Jirjani*, An Unani physician, defined Eczema as a skin illness in his book *Zakhira Khwarzam Shahi*, where liquid-filled vesicles develop and cause painful burning and itching sensations.^[6]

Eczema is derived from the Greek phrase "to boil out" (zema=boil, ec=out), since the skin becomes seeping or boiling in eczema.^[7]

A well-known dermatological condition since the Greco-Arab time is Eczema. In addition to discussing the natural structure and functioning of the skin, Unani physicians also discussed the causes (*Asbaab*), patho pathophysiology (*Maahiyat*), types (*Aqsaam*), clinical manifestations (*Alamat*), therapeutic options (*Usool-e-Ilaaj*), and management (*Ilaaj*) of Eczema.^[13,14]

Conventional treatment for Eczema includes systemic corticosteroids such as methotrexate, cyclosporin, and UV light therapy have been associated with a number of side effects, such as

skin atrophy, hair loss, weight gain, glaucoma, cataract, high blood pressure, osteoporosis, irregular menses, nephrotoxicity, and hepatotoxicity of the liver.^[12] Eczema has been treated with a variety of single and compound medications and regimens in the Unani medical system since the Greco-Arab era.^[15,5,16] Numerous skin conditions can be successfully treated by the Unani medical system. Therefore, this review study aims to address Eczema and Unani medications that have been found to be useful in treatment.^[17]

Synonyms: *Nar-Farsi, Chhajan, Akota*

Epidemiology and prevalence:

All around the world, dermatitis is a prevalent issue. Between 2 and 3 percent of all medical issues seen in practice are related to it. Even with all the misconceptions, the two names dermatitis and Eczema are being used similarly, that's why they are combined together. Successfully diagnosing dermatitis and eczema clinically is the first step in dermatological practice.^[7]

The term "Eczema" is derived from the Greek word "boiling," which defines the microscopic vesicles, or bubbles, that are frequently observed during the early acute phases of the condition but less frequently during its later chronic phases. Since dermatitis refers to inflammation of the skin, it is technically a more general term than eczema, which is only one kind of skin inflammation among many.^[18]

During the latter part of the 20th century, there was a significant rise in the occurrence of atopic dermatitis, asthma, and allergic rhinoconjunctivitis, which resulted in a significant health issue in several nations.^[19]

Etiology in Unani Medicine and Modern Medicine

Unani Scholars	Etiology
Ghulam Jilani[4]	Dyspepsia, Zoaf-e-asab, Niqras , Deedan-e-aama, Excessive heat, Extreme cold
Ismail Jurjani[20]	Ghalba wa hiddat khoon
Kauser Chandpuri[21]	Ghalba-e-safra , Kami sauda
Ali Ibn Majoosi[22]	Damvi madda
Abi Ibn Saddiq[3]	Dentition in children, Zoaf-e-aam, Zoaf-e-asab, Niqras, Waja ul mafasil, Deedan-e-aama, Amraz-e-meda
According to contemporary medicine [7,18]	Exposure to irritants, Allergic or sensitive skin

The development of Atopic Dermatitis was formerly thought to be significantly influenced by IgE-mediated early and late phase responses. Current research indicates that the pathophysiology of Atopic Dermatitis, which includes the overproduction of IgE, may be caused by a variation between the Th1 and Th2 subsets of T helper cells.^[23,24]

Pathophysiology:

Unani doctors say that " Eczema " is a skin condition that manifests as peacock-shaped linear flames of fire and rashes at the site of lesions. In addition to discomfort and intense itching, vesicles (*Muratab dane*) appear over time.^[13] These vesicles eventually collapsed, broken and became dry until crust development and lichenification occurred.^[21] There may be an inflammatory infiltration and varying degrees of dermal vasodilatation, depending on the type of eczema, they could change. Although the pathophysiology of endogenous eczema is still

unclear, that of exogenous eczema, especially initial irritant and allergic contact dermatitis, is well known.^[25]

Types of Eczema:

The following forms of eczema have been classified by ancient Unani Scholars.^[13,14]

Depending on the shapes and discharges of the lesions:

Nar-Farsi Sada

Nar-Farsi Ahmar (Surkhi mael)

Nar-Farsi Naffati (Abladari)

Nar-Farsi Mutaqaiyah (Peepdari)

Nar-Farsi Sulb (The skin's hardness at the leison location)

Nar-Farsi Shaqaqi (skin cracking at the leison location)

Clinically it is divided in the following types:^[18]

Acute Eczema (*Nar-Farsi haad*)

Chronic Eczema (*Nar-Farsi muzmin*)

Depending upon the type of lesion:

Acute phase	Vesiculation, Exudation, Excoriation, Erythema and Edema.
Subacute	Hyperpigmentation, scaling and crusting.
Chronic	Lichenification.

For practical purposes, eczemas are now divided into two main categories: ^[25,26]

1. Exogenous eczema	2. Endogenous eczema
Irritant contact eczema	Atopic eczema
Allergic contact eczema	Seborrheic eczema
Photosensitive eczema	Nummular eczema
Infective eczema	Asteatolic eczema
	Stasis eczema
	Dyshidrotic eczema

Clinical Features:

The following clinical aspects have been described in classic literature; ^[13,14,26]

- Variations in skin tone and colour, such as having more or less colour than normal.
- Severe itching, exudation and redness associated with the blisters on the skin.
- Lichenification, a thickening or leather-like appearance that can result from persistent irritation and itching.
- The patient's age may have an impact on the kind and location of the rash.
- Skin lesions that start on the face, scalp, hands and feet usually appear in kids under the age of two years, however they can also affect adults. In addition to bubbling, oozing, or crusting, the rash is frequently irritating.
- The rash is more frequently found on the inside of the elbow and knees in older children and adults, also the hands, feet and neck may be affected.
- During a severe epidemic, rashes can appear anywhere on the body.
- Severe itching is frequently experienced. It is possible for itching to begin prior to the rash developing. Atopic dermatitis is sometimes referred to as the "itch that rashes" because itching initially occurs, and then scratching

In brief, clinical characteristics vary according to eczema stages as well. ^[18]

Acute Eczema	Chronic Eczema
Erythematous	Diminished exudation
Edematous plaque	Significant scaling
Exudates also have a crusty, scaly appearance	Lichenification
	Cracking in flexural lesions

Investigations:

The above-mentioned clinical features as well as the current Hannifin and Rajka's measurement criteria are used to analysed atopic dermatitis. ^[27,28,29]

Examinations IgE level in serum:

Measuring the IgE level is highly beneficial, especially when the normal eczema presentation is absent, pattern of dermatitis is abnormal and no other atopic diseases are associated. It provides support for concepts on particular

environmental allergens, such as dirt, meals and horse dust pathogen. The intensity increases in accordance with the severity of disease as demonstrated by the severity of the sickness. ^[30,31]

1. Patch Tests:

Due to atopy, each allergen has a unique antigen and this test gives exact data about the antigen. This technique involves applying an allergen to the patient's back over occlusive bandage and leaving it for at least 48 hours. During this stage,

the patient is examined for signs of hypersensitivity (inflammation, swelling or papulovesicles). A doctor with specialized training conducts this test. When evaluating chronic dermatitis, patch testing is frequently helpful.^[32,33,31,30]

2. Prick Tests:

The purpose of these tests is to assist the diagnosis of atopic dermatitis by detecting type 1 hypersensitivity.^[25]

3. **Serological tests:** To determine the IgE and antibody levels in the blood.
4. Bacterial and viral swabs for Microscopy and Culture
5. Skin scrapings for Mycology
6. Skin biopsy (rare)

Differential Diagnosis:^[9,33]

(A)

Psoriasis	Eczema
Moderately itchy	Very itchy
Scratching promote bleeding	It promotes oozing
Plaques well defined	Plaques not so well defined
Silvery scales	May be scale and crust
Auspitz sign positive	Auspitz sign neative

(B)

Scabies in infants	Infantile Eczema
Burrows present	Absent
Special pattern of lesions on palms	It spares palms, soles & genitalia
Typical lesions in family members	May be atopic diathesis in family

(C)

Dermatophytic infections	Eczema
Annular lesions (centre clear).	Discoïd lesions
Minimal exudation/crusting	Exudation, crusting and lichenification
Potassium hydroxide mount for fungal hyphae shows fungal hyphae	Negative

Diagnosis:

- The following characteristics are used to diagnose eczema.
 - The appearance of the skin.
 - Healthy personal and familial histories of the patients.

- Signs and symptoms and skin testing for allergies, skin rashes that appear only on particular body parts resulting from exposure to a particular chemical may be beneficial in the diagnosing process.

- Plaques with itchy exudatives and papulovesicles on the edges.
- Skin biopsy (for the purpose of identifying malignancy)
- In untreated lesions, lichenification might be noticeable.

Complications:

Dermatological complications	Psychological complications
Viruses, fungus or bacteria-related skin infections.	Depressive disorder
Long-lasting scars	Being anxious
Contact dermatitis	Lack of ability
Erythroderma	Economic and social problems

Management of eczema in Unani medicine

Principles of Treatment^[13,34]

- *Izala-e-Sabab* (Treat the reason)
- *Tanqiya-e-Muwad* (for evacuation of bad elements)
- *Musaffiyat-e-Dam* (Blood purifier)
- *Mana-e-Ufoonat-e-Jild* (Antiinfective)
- *Musakkinat-e-Jild* (Sedative to the skin)
- *Mulayyanat wa Mushilaat* if there should be an occurrence of constipation

Treatment of Eczema:^[34,14,13]

<i>Izala-e-Sabab</i> (Removal of causes)	<i>Tanqiya-e-Muwad</i> (For the removal of undesirable components)
Eliminate the root cause of Eczema	<i>Joshanda of Sana makki</i> 5 grams, <i>Saqmooniya</i> 5 grams, <i>Haleela Kabbli</i> 5 grams, and <i>Aaloo Bukhara</i> 5 grams just before taking <i>Musaffiyat-e-Dam</i> (blood cleanser)

Musaffiyat-e-Dam (Blood purifier) and *Mana-e-Ufoonat-e-Jild* (Anti-infective)

Single drugs (Mufradat)	Compound drugs (Murakkabat)
<i>Gul-e-mundi</i> (<i>Sphaeranthus Indicus</i> Linn.)	<i>Habb-e-Musaffi Khoon</i>
<i>Sarphoka</i> (<i>Tephrosia purpurea</i> Linn.)	<i>Majoon Ushba</i>
<i>Unnab</i> (<i>Ziziphus jujuba</i> Mill.)	<i>Safoof-e-Ushba</i>
<i>Shahtra</i> (<i>Fumaria indica</i> Pugsley)	<i>Sharbat Murakkab Musaffi khoon</i>
<i>Chiraita</i> (<i>Swertia chirayita</i> Roxb.)	<i>Itrifal Shahtra</i>
	<i>Sharbat Unnab</i>
	<i>Sharbat Nilofer</i>
	<i>Arq-e-Shahatra</i>
	<i>Arq-e-Mundi</i>

Musakkinat-E-Jild (Dermatological Sedative) and Mana-E- Ufoonat-E-Jild (Antiseptic):

Henna (25 grams) and black cumin (25 grams) leaves should be dried and crushed before being blended with 200 millilitres of olive oil and heated until burned or charred. The mixture has to be divided, the filtrate placed in a plastic container, and the affected area applied four times a day.^[17]

For relaxation use *Marham Safeda Kafoori*.

Apply *Sandal*, *Murdarsang*, and *Kafoor* after combining in *Arq-e-Gulab*.

Management in Allopathic Medicine:^[9,26,35]

Remove the triggers:

Factors that aggravate the rash or skin, such as allergies or irritants, should be avoided. Wool and lanolin, alcohol, fragrances, dyes, and other substances are examples of irritants.

Hydration:

Apply creams, lotions, or ointments (like petroleum jelly) on the skin 2-3 times a day to keep it moisturized.

Acute localized lesions:

Soaks are used, then corticosteroids are applied topically.

Infected lesions:

Topical or systemic corticosteroids and antibiotics are used in this situation.

When treating eczema, other therapies that may be employed include:

Oral antihistamine medications are used for reducing extremely itchy skin.

If there is an infection on the skin, antibiotic creams or tablets might be used.

A medical procedure called phototherapy involves carefully exposing your skin to ultraviolet (UV) light.

CONCLUSION:

Eczema is an inflammatory reaction to the skin; it

is not a fatal illness. The condition known as "*Nar-Farsi* " was widely documented by ancient Unani physicians who had extensive knowledge in the etiology, types, pathophysiology, sign and symptoms. In the treatment of eczema, they have used several single, compound and locally appropriate medications. However, particular herbal medication requires scientific support for treating eczema.

CONFLICT OF INTEREST

None declared

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