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EVALUATING THE EFFICACY OF *MARHAM QUBA* AND *HABB-I-RAAL* IN THE MANAGEMENT OF *DĀKHIS* (PARONYCHIA): A CASE REPORT

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Case Report

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ABSTRACT

Paronychia is an inflammatory condition of the nail folds that can be acute or chronic. Acute cases are typically caused by infections, while chronic paronychia is often linked to irritants. In Unani medicine, the condition is referred to as "*Dākhis*" characterized by warm swelling due to the accumulation of morbid matter around the nail. Treatment involves a combination of regimenal, dietary, and pharmacological therapies aimed at reducing inflammation and promoting healing.This case study presents a 30-year-old female with a 4-week history of swelling, tenderness, and discomfort around the nail bed of her middle finger, worsened by frequent exposure to water and detergents. She was treated with Unani formulations, ***MarhamQuba*** and ***Habb-i-Raal***, along with lifestyle modifications to avoid irritants. Pain and swelling were monitored using the Visual Analog Scale (VAS). At baseline, the pain VAS was 8 and the swelling VAS was 7. After 1 week, pain VAS decreased to 5 (37.5% reduction) and swelling to 4 (42.86% reduction). By the end of 2 weeks, pain VAS reduced to 3 (62.5%) and swelling to 2 (71.43%).The results demonstrate significant improvement, highlighting the efficacy of Unani therapies in managing paronychia through natural remedies. Further studies are recommended.

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Keywords: Paronychia, Nail disorder, nail infection, unani formulation, *azfār*, herbal.

INTRODUCTION

Paronychia is defined as inflammation of the fingers or toes in one or more of the three nail folds. The condition can be acute or chronic, with chronic paronychia being present for longer than six weeks. Although both results from loss of the normal nail-protective architecture, their etiologies are different, thus their treatments differ. Infections are responsible for acute cases, whereas irritants cause most chronic cases. Acute paronychia usually involves only one digit at a time; more widespread disease warrants a broader investigation for systemic issues.(1,2)

The most common cause of acute paronychia is direct or indirect trauma to the cuticle or nail fold. Such trauma may be relatively minor, resulting from ordinary events, such as dishwashing, an injury from a splinter or thorn, onychophagia (nail biting), biting or picking at a hangnail, finger sucking, an ingrown nail, manicure procedures (trimming or pushing back the cuticles), artificial nail application, or other nail manipulation.(3-5)Such trauma enables bacterial inoculation of the nail and subsequent infection. The most common causative pathogen is *Staphylococcus aureus*, although *Streptococcus pyogenes, Pseudomonas pyocyanea,* and *Proteus vulgaris* can also cause paronychia.(3,6-7)

Treatment of chronic paronychia includes avoiding exposure to contact irritants and appropriate

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management of underlyinginflammation or infection.(8,9) A broadspectrum topical antifungal agent can be used to treat the condition and prevent recurrence.Application of emollient lotions to lubricate the nascent cuticle and the hands is usually beneficial.(10)

In **Unani medicine, Paronychia**is referred to as "*Dākhis*"**,** means an abscess or localized swelling with pus, around the *azfār*(nail).*Dākhis*is described as a **warm swelling** (*warm-i-haar*) caused by the accumulation of **morbid matter (*fasidmaddah*)** around the nail, leading to pain, redness, and sometimes pus formation(11-14).

Causes (*Asbab*)(11-12):

- An imbalance of humors, particularly *Dam* (blood) or *Safra* (yellow bile), leading to inflammation or infection.
- External factors like trauma, improper nail care, or exposure to irritants.

In Unani medicine, the treatment of *Dākhis* (paronychia) includes *Tadbeer* (Regimenal Therapy), such as applying warm poultices (*Joshaanda*) to soften the area and promote pus drainage, along with fomentation to reduce inflammation. *Ilaj Bil Ghiza* (Dietary Therapy) advises avoiding warm, dry foods and emphasizing moist, cooling foods to balance the humors. *Ilaj Bil Dawa* (Pharmacotherapy) involves using *Munzij*(concoctives) to mature the abscess and *Murakkab Zimaad* (ointments) for cooling and anti-inflammatory effects. If needed, *Shart*(incision) may be performed to drain the pus and aid healing (11-14).

MATERIAL AND METHODS

Case presentation

A 30-year-old female patient visited the OPD of RRIUM, Srinagar, on September 3, 2024, with a complaint of swelling, tenderness, itching, and discomfort around the nail bed of the middle finger of her right hand for the past four weeks. She reported that the symptoms started gradually and has progressively worsened over time. The patient denied any history of trauma or injury to the affected finger but mentioned frequent exposure to water and detergents due to her household activities. She also noticed intermittent redness and mild throbbing pain in the area, which occasionally hindered her daily tasks. After that, her physical examination was performed, no significant abnormality was found during examination and her vitals was in normal range.She has no significant past medical history of similar episodes or other chronic conditions and is not on any regular medications. There was no history of systemic symptoms such as fever or chills. Patient has no history of diabetes mellitus, Hypertension or any other systemic diseases.After successful systemic and local examination, patient diagnosed with paronychia.

Therapeutic Intervention

Patient was prescribed *Marham Quba*(see Table 1)and *Habb-i-raal*(see table 2)which are commonly used medicine for skin and blood related disorders in Unani. Before starting the treatment an informed consent was taken and patient was informed about the unani medicine and treatment given to her. Picture of the affected nail was taken at baseline and after treatment.Additionally patient was advised to avoid household chemical i.e., soap, detergent, and others commonly used substances during treatment.The treatment was given for 14 days and the patient underwent follow-up assessments for once a week.

Habb-i-raal- 2 tabs BD after meal with water

Marham Quba- locally applied on affected nail in night.

Habb-i-Raal

Table 1: Cconstituents of *Habb-i-Raal.*

S. No.	Drug name	Quantity
1.	*Ralsafed* (resin of *Vateria indica*)	75 g
2.	*Gondkekar* (Gum of *Acacia nilotica* (L.) Willd.)	25 g

Marham Quba

Table 2: Constituents of *MarhamQuba*

S. No.	Drug name	Quantity
1.	*Sindur* (red lead oxide)	50 g
2.	*Safedakashghari* (lead Carbonate)	50 g
3.	*Sabun* (soap)	200 g
4.	*Rawghan-i-sarson* (Mustard oil)	200 g
5.	*Momzard* (bee wax)	350 g
6	*Simabbanafshi* (Mercuric Sulfide)	20 g

Assessment

Objective assessment was done through VAS(visual Analog Score). Patient was asked to score Pain and swelling on VAS from 0 to 10 at baseline, follow-up and after treatment.

Results

The patient's pain and swelling were evaluated using the Visual Analog Scale (VAS) at baseline, after one week, and after two weeks of treatment(see table 3). At baseline (Day 0), the pain VAS was 8, and the swelling VAS was 7. After 1 week (Day 7), the pain VAS decreased to 5, reflecting a 37.5% reduction from baseline, while the swelling VAS decreased to 4, showing a 42.86% reduction. By 2 weeks (Day 14), the pain VAS further decreased to 3, a 62.5% reduction from baseline, and the swelling VAS decreased to 2, showing a 71.43% reduction. These results demonstrate significant improvement in both pain and swelling, indicating the effectiveness of the Unani treatment regimen.

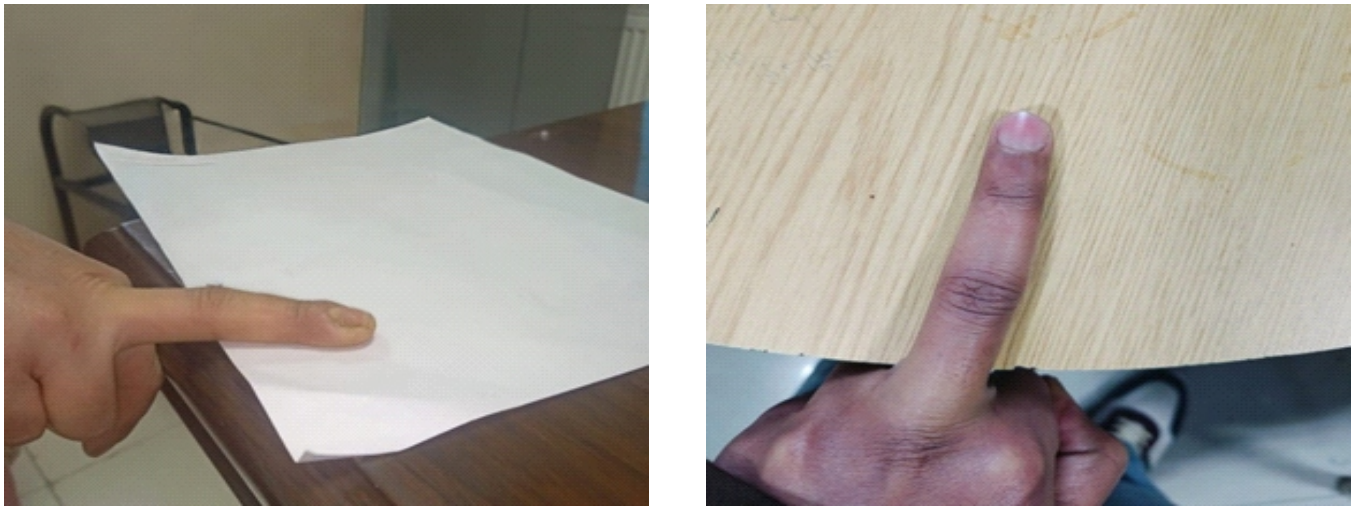

Fig 1: Photo of affected nail at baseline(a)and after treatment(b).

Table 4: Showing result from baseline to after treatment

Assessment Time	Pain VAS	Pain Reduction	Swelling VAS	Swelling Reduction
Baseline (Day 0)	8	-	7	-
After 1 week (Day 7)	5	37.5%	4	42.86%
After 2 weeks (Day 14)	3	62.5%	2	71.43%

DISCUSSION

Paronychia, an infection of the nail folds, is commonly managed with antifungal agents and topical steroids in conventional medicine. In this case, a 30-year-old female with chronic paronychia was treated using Unani medicine.

The ingredients used in *Marham Quba* and *Habb-i-Raal* possess significant therapeutic properties that make them effective in treating paronychia. In *MarhamQuba, Sindur* (red Lead Oxide)[15] acts as an antiseptic and astringent, helping to dry wounds and prevent infections, while *SafedaKashghari* (lead carbonate)[15] provides cooling and anti-inflammatory effects to soothe irritation. *Sabun* (Soap) serves as a cleansing agent, ensuring debris removal for better absorption of the ointment, and *Rawghan-i-Sarson*(Mustard Oil)[16] offers antimicrobial and warming properties, improving circulation and softening tissues. *Momzard*(Bee Wax)[17] acts as an emollient, retaining moisture and protecting the wound, whereas *SimabBanafshi*(Mercuric Sulfide)[18] is a potent antimicrobial agent that controls localized infections. In *Habb-i-Raal, Ral Safed*(*Vateriaindica* gum)[19] serves as an antibiotic,antiseptic and anti-inflammatory agent, promoting wound healing, while *GondKekar* (Acacia Gum)[20] has cooling and astringent properties that reduce swelling and aid tissue repair. Together, these formulations provide antimicrobial, anti-inflammatory, and wound-healing effects, effectively alleviating pain and swelling while facilitating the healing process in paronychia.

While this case indicates a positive outcome, it is essential to consider that individual responses to treatment can vary. Further research, including controlled clinical trials, is necessary to establish the efficacy and safety of Unani treatments for paronychia. Additionally, integrating traditional remedies with conventional medical approaches may offer a more comprehensive treatment strategy for patients with paronychia.

CONCLUSION

This case report demonstrates the potential of Unani medicine in effectively managing chronic paronychia. The patient experienced substantial relief, with significant reductions in pain and swelling within two weeks of treatment using *MarhamQuba* and *Habb-i-Raal*. These formulations, rich in antimicrobial and anti-inflammatory properties, facilitated healing and addressed the underlying inflammation. The outcome reflects not only the therapeutic value of traditional remedies but also their relevance in modern healthcare. While the results are promising, larger clinical trials are necessary to confirm these findings and explore how Unani medicine can complement contemporary approaches to managing similar conditions.

Limitation of Study

This single-case report lacks generalizability and a control group, limiting the ability to confirm causality. The short follow-up period and reliance on subjective assessments like the VAS further restrict the study. Larger, controlled trials are needed to validate these findings.

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