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Review Article

Narfarsi (Eczema) in Light of Unani Conception: A Review

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ABSTRACT

Eczema is a typical pattern in skin characterized by erythema, excoriation, exudation, dryness, cracking and pruritus which can be either acute or chronic. In developed countries prevalence of Eczema is estimated to 2-10%. It is presented in both acute and chronic form, usually with severity of sign and symptoms. In Unani system of Medicine it is called *Narfarsi* means like fire because of severity of signs and symptom the term was given. It is caused by *safravi maddaa* (bilious matter) is admixed with *damvi madda* (Sanguineous matter) which occur due to multiple factors like extreme condition of environment, presence of *lazeh madda* (irritative matter) like chemicals, daily uses materials even clothes, ornaments. Hypersensitivity of skin is key factor for occurrence of the same. It is characterized by itching, soreness, and variable degrees of signs including dryness, erythema, excoriation, exudation, fissuring, hyperkeratosis, lichenification, papulation, scaling and vesiculation. Diagnosis is based on clear sign and symptoms apart from this a clinical diagnostic criteria is used named Hannifin and Rajka's criteria and also some specific investigations are available for specific type of Eczema. There is detailed management description included no of single herbal and compound herbal formulas as well as Dietotherapy and regimes are mentioned by Unani scholars in their classical literature which are safe and effective in treatment of *Narfarsi* (Eczema).

Key words: Eczema, *Narfarsi*, Unani, Herbal, madda

INTRODUCTION

Narfarsi (Eczema) is one of the commonest and oldest diseases of the skin. The term *Narfarsi* was first used in Persia or the person who used this term was native of Persia and associated with intense itching and burning that's why it is called *Narfarsi*. [1] It is characterized by itching, soreness, and variable degrees of signs including dryness, erythema, excoriation, exudation, fissuring, hyperkeratosis, lichenification, papulation, scaling and vesiculation and can affect any person irrespective of age and sex. [2-3] Histologically, the clinical signs are reflected by a range of epidermal changes including spongiosis (epidermal edema) with varying degrees of acanthosis and hyperkeratosis, accompanied by a lymphohistiocytic infiltrate in the dermis. [3-4]

Narfarsi (Eczema) is a chronic inflammatory disease which affects 2-10% of the world's population. [5-6] Prevalence of eczema varies according to its different types. Onset of atopic dermatitis is very common in early life especially in infants and school going children with slight male predominance. [5] But some types like nummular and contact eczema is found in adults and aseptic eczema found in old age people. [6] Clinically it is diagnosed by Hanifin Rajka's criteria. [7-9] *Narfarsi* had been treated by different physicians since ancient times but their treatment received popularity at particular time periods or certain geographical regions, In *Unani*

system of medicine a number of single and compound drugs and regimes are being used in the management of *Narfarsi* since Greco Arabic period. [10-12] Oldest known papyrus written by the primitive Egyptians named as the '**Ebers Papyrus**'(1550 BC) , a well known medical document, described remedies for 'itch' of the skin in its dermatology division. [13] Various types of discussion about dermatological diseases and cosmetics are described in **Ebers Papyrus** (1550 BC). Maximum portion of the Papyrus is committed to dermatological disorders. Except emphasis on hygiene the Greek physicians followed the same line of treatment of skin diseases as followed by Egyptians. [14] **Hippocrates (Around 400 BC)** presented a causal detail for skin diseases and mentioned that the dermatological variations occur due to internal humoural imbalance. Although the term Atopy is derived from Greek word but it is relatively new. The first recognized individual who suffered from Eczema was Emperor **Octavianus Augustus (63BC -14 AD)** with features of 'itchy skin', 'seasonal rhinitis. His grandson **Emperor Claudius** and great grandnephew **Britannicus** also suffered from this problem. That's why the first family history of Atopy is acknowledged in **Claudian family** of Emperors. [15] According to ***Jalinoos* (129AD-200 AD)** the eruptions appear on body when *Dam* (Sanguineous matter) mixed with *Safra* (Bilious matter). [16]

Dermatitis presents with pruritic, erythematous lesions with or without distinct margins. Such lesions pass through the stages like acute stage present with vesicles, sub-acute stage present with scaling and crusting and chronic stage present with Lichenification. Primary lesions include macules, papules, vesicles, or plaques and secondary lesions include fissuring, discharge, crusting, and Lichenification frequently follow. [17]
Eczema is an inflammatory responses of the epidermal skin, presented as Erythema, scaling, edema, and vesiculation, oozing and itching. These signs and symptoms vary from mild to severe paroxysms usually interfere with daily work. One of the important features of Eczema is that this is non contagious. [18]
According to Modern System of medicine Eczema is classified into following categories: [19]

Endogenous Eczema	**Exogenous Eczema**
Seborrhoic Dermatitis	Irritant Contact Dermatitis
Atopic Eczema	Allergic Contact Dermatitis
Nummular Eczema	Photo Dermatitis
Pompholyx Eczema	Infectious Eczematous Dermatitis
Asteotic Eczema	
Static Dermatitis	
Lichen simplex chronics	

EPIDEMIOLOGY AND PREVALENCE

Epidemiological studies suggest a marked increase in the prevalence of Atopic Eczema from the last decades, worldwide prevalence rates for children range from 0.2–24.6% [20, 21] while the incidence has shown a 2 to 3 fold increase in the past 3 decades in developed countries. [22]

From last decade the collective incidence of Atopic Eczema had risen from 13.2% to 19.7%. The reason for this steady rise in the prevalence of Atopic diseases is not clear, but there are a number of possible environmental factors. One out of ten school children is affected by this disease now-a-days. Exposure to allergen either in utero or during childhood have been shown to have a role in the etiology of Atopic Eczema. [23]

AETIOPATHOGENESIS

Ibne Sina (**980-1037**) described it as a condition with Eruptions having burning sensations just like fire. The causative matter is *Akkal* (corrosive), *Haar* (hot) and *Lazeh* (irritative) type that may spread with *Dam* (Sanguineous matter) or *Balgham* (Phlegmatic matter) and it is produced when Hot humor (Bilious matter and sanguineous matter) is mixed with dry *khilt* that is *Saudavi madda* (Melancholic matter) moreover he added that *Narfarsi* results from *haad Akhlat* mixed with *khilt e raqeeq* (*Safra*). [10]

M. H. Quamri described '*Narfarsi'* is a type of Itch related to very severe non bearable burning, it occurs in skin with vesiculation

and the vesicles are filled with dilute liquid. It is due to increase of *hiddat* in *khilte Dam* (Sanguineous matter). [11] *Razi* said that in *Narfarsi* there is burning sensation with pruritus after that blister is formed and filled with a dilute substance. [12]

Basically two factors cause Eczema first is an allergic or a sensitive skin, and second one is exposure to an irritant. [18] According to modern system of medicine, the etiology of Atopic Dermatitis is unknown. Previously it was considered that IgE-mediated immediate and late phase reactions play a major role in the development of Atopic Dermatitis. Recent studies reveal that a variance involving two subsets of T helper cells, Th1 and Th2, may cause the pathogenesis of Atopic Dermatitis including the overproduction of IgE. [4,22] Following are some general causes which predisposes Eczema, Allergy, debility, age, familial predisposition and psychological factors are important in Eczema. It occurs in infancy, puberty, and old age. [7] Some local factors like varicose veins, hypostasis, Ichthyosis, xeroderma, a greasy skin, hyperhydrosis, predispose to Eczema. Exciting factors that are chemicals, plants, clothing, medicaments, infections, drugs, diet, sepsis and all factors impose or only auto sensitization of integumentary system alone moreover extreme condition of environment also cause the same. [17] Patient with Eczema usually presents with a history of allergy in the form of asthma, hay fever and allergic rhinitis due to familial sensitiveness. [7-18]

Atopic Eczema (AE) is a common chronic skin disease which primarily affects children but may extend into adulthood. Mutations of filaggrin and abnormalities of stratum corneum ceramides are currently considered to be major etiological factors of Atopic Eczema. [21-22]

DIAGNOSIS

It is based on clinical features described above and now day's criteria named Hannifin and Rajka's criteria [8-9] for diagnosis of Atopic dermatitis. Apart from this many suitable investigations are available to confirm the specific type of dermatitis.

Investigations

IgE level in serum: It is very helpful to measure IgE level especially when the typical presentation of Atopic Eczema is not present particularly when the distribution of Eczema is atypical and there are no conditions of other Atopic illness. It gives support to clue about specific environmental allergens e.g., horse dust mite, pollens and food, Pet Dander. It elevates the level according to severity of disease. [3, 17]

Patch tests: There are specific antigens for every allergen due to Atopy and this test gives specific clue about the antigen. In this procedure an allergen is applied to the back of patient under occlusive dressing and leaved for 48 hours. Then the patient is examined for hypersensitivity reactions (erythema, edema or papulovesicles). This test is performed by physician with special expertise. Patch testing is often helpful in evaluation of chronic Dermatitis. [3, 17]

Prick test: the indications are same as for specific IgE but are less commonly performed. [19,21]

MANAGEMENT [10-11, 20- 25]

Principles of treatment (*Usool ilaj*)

The principle of treatment is aimed at the alteration or removal of morbid material, which is the actual culprit for the genesis of pathology leading to development of *Narfarsi*. Since the disease is chronic in nature which cannot be easily overpowered with a unidirectional onslaught therefore, a multidirectional approach of treatment has been envisaged by Unani physicians for the treatment and the drugs having *Mussafie dam* (blood purifier), *Muhallil* (resolvent), mobarrid (refrigerant).Once the disease causing substance is removed from the body, inflammation is resolved and proper healing taken places, the chances of recurrence will automatically minimize. The following and above described methodology adopted by above phyian.

***Istafragh* (Evacuation)** *Akhlat e Fasida* (morbid matter) can be eliminated by the

process called ***Istafragh***. These *Akhlat e Fasida* should be eliminated because these are harmful for the body. The following methods may be used for ***Istafragh*** **(evacuation)**

Tareeq (diaphoresis), *Ishal* (purgation), *Idrar* (diuration), *Qai(*vomiting), *Fas'd* (phlebotomy), *Hijama* (cupping)**,** *Irsal e Alaq* (leeching)

***Tabreed wa Tadeel (*cooling, normalization)** In fact *Tadeel* means to bring back the actual *Mizaj* of *khilt*. The *akhlat become fasid (*abnormal) the Tabiyat expels out these *Akhalate Fasida* towards skin. Below the skin these produce *sozish* and *laza* (burning and irritation). *Tabreed* is mainly required for this type of *Khilte Fasida*. Similarly *Tadeel* is done with the objective of normalizing the qualities of *Safra*. For this purpose various drugs have been mentioned in Unani texts. Some of them are as under.

Commonly used single drugs are:

Aloobukhara (Prunusdomestica),
Haleela (Terminaliachebula),
Baleela (Terminaliabelerica),
Ushba (Hemidesmusindicus),
Unnab (Zizyphussativa),
Mundi (Sphaeranthus indicus), Sarphoka (Tefrosia purpuraea),
Chobchini (Smilaxchina),
Afsanteen (Artemisiaabsintheum),
Redrose (Rosa Damascene)

Commonly used compound formulations are:

Arqe Mundi, Arqe Shahtra, Sharbate Unnab, Sharbate Musaffi, Joshanda e Musaffi, Itrifal Shahtra

Local application of *Mohallil, Mudammil, Murakhkhi*: *Ibn Sina* and other Unani attibba emphasised the use of drugs having above mentioned qualities locally.

Roghan Gul (Oil of Rosa damascene), Roghan Kameela (Oil of Mallotus Phillippinensis)
Roghan zaitoon (Oil of Olea europea)

***Ilaj* (Treatment):**

Compound formulations for local application:

Rasot one part, *Kafoor* one part and make powder and mix this powder in *Loab e Aspagol* and *Loabe Bartang* then put a cloth in this compound till cloth gets soak in the compound then put this cloth at diseased site. If patient feels comfort then leave it but if any discomfort is felt then remove the cloth.

According to ***M.H Quamri*** the treatment of *Narfarsi* is to open *Fas,d* first and then use cold beverages like *Aash Jao, Aab e loki*, and *Loaab e Aspagol*.

Safeda, Kafoor, Murdarsang, Sandal Safaid, all should be powdered and mixed in *Arq e Ghulab* and apply locally where vesicle occur.

According to ***Ismail jurjani*** first open *Fas,d* and then normalize the temperament by decoction of *Haleela* and *Tamarhindi* and after that give *Aash jao, Kadu* and *Khayarain*. Then apply *Marham e Asfedaj* locally moreover *Ghile Armani* mixed in *Sirka* locally and apply *Marhame Asfedaj* at vesicles

Marham e Safeda at vesicles after evacuation of pus, and apply *Gile Armani* mixed in *Sirka* and *Arqe Ghulab*

According to ***Dawood Antaki*** first give *fas'd* for ***tanqia e Safra***. Then orally *Maa us Shaeer, Arq e Banafsha, Arq e ward, Tabeekh Turmus* with *Sirka* and *Shahad* and *Arq e Ghulab(Ward),* For local application *Marham e Asfedaj* with *Zafran* and *Aas* leaves.

Nuskha e Tila: Sapeda, Murdarsang, Sandal Safed and some amount of *kafoor*, mix all these in *Arq e Ghulab* and make *Tila* on diseased site.

CONCLUSION

Narfarsi (Eczema) is a multifactorial disease of skin that affects a large group of population and become a major health problem. Despite of widely available therapies for management of *Narfarsi*, definite treatment is still a challenge. Unani medicine in this regard can provide a safe and effective treatment. This is certain that instead of trying to put a complete knowledge there is a limitations in this

review paper. So a complete and full study is needed on *Narfarsi* based on Unani literature and a long term clinical trial with adequate sample size to establish treatment duration is recommended.

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