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### Case Report

# Successful Treatment of Stasis Eczema (*Nar-e-Farsi*) in Unani Medicine: A Case Report

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#### ABSTRACT

Stasis eczema manifests as poorly demarcated erythematous, eczematous patches and plaques of lower legs may associate with dryness, fissure, edema, brown discoloration, erosion, and ulceration. In Unani System of Medicine (USM) various entities like Naar-e-Farsi, Chhajan & Akota resembling to features of eczema. A dreadful skin disorder affects 3-11 % worldwide population. The primary cause is the production of the excess quantity of abnormal Safra (yellow bile), sauda and sauda-e-muhtariqa. In conventional Medicine generally treated with topical & systemic steroids, emollients, and oral anti-histaminic whereas in USM various therapies like Munzij-wa-Mushil to evacuate the morbid materials; moaddilat-e-dam to normalize temperamental derangements, prevent Ajsam-e-Khabisa; Mufatteh Sudad (De-obstruent), Mohallil(Anti-inflammatory), Mundamilqurooh (Wound healer) are found to be very effective. A case 64 years male admitted with itching, pain, swelling over both lower legs, hyperpigmented plaques, oozing, fissuring and crusting, diagnosed as stasis eczema, treated with oral & topical Unani drugs, a significant improvement was observed during 32 days.

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### INTRODUCTION

Stasis eczema is also known as venous eczema or gravitational eczema or venous stasis eczema is a chronic condition of the legs. [nationaleczema.org]. It is distinguished from other types of eczema by being confined to the lower legs in patients with other signs of venous disease (Ashton et al., 2014). It is mainly characterized as poorly demarcated erythematous and eczematous patches and plaques of the lower legs. Dilated and tortuous veins are frequently present on the affected leg. It is associated with dry, fissured, oedematous, brown discoloration, erosion, and ulceration (Habif et al., 2018).

It occurs more likely in middle-aged or elderly however increased incidence is seen in females due to hormonal effect and tendency for DVT during pregnancy. (Griffiths et al., 2016). It begins with pedal edema initially pitting then non-pitting (Khanna, 2016). In USM, stasis eczema is not described as such, instead, the term Nar-e-farsi or Chajan or Akota is used as equivalent which includes all variants of eczema. The cause of Nar-e-farsi as described in classical literature of USM is excessive production of abnormal Safra mixed with Sauda (Black Bile) and Sauda muhtariqa (back bile exhaust) (Sina, 2007; Khan, 1906).

The objectives of this paper are to provide an overview of the literature on stasis eczema and to present a case study, management through USM. Therefore, the management of stasis eczema with the help of Unani drugs was planned for the present study.

## MATERIALS AND METHODS

Case study: A 64 years old male patient came to the Skin OPD with complaints of recurrent swelling over both legs for 10 years. Itching over both legs and recurrent oozing from both legs for 5 years, pain during walking for 5 years. The right leg was more affected than the left leg.

Table 1- Signs and Symptoms Grading Scale.

S. N.	Sign/ Symptom	Base line	10 <sup>th</sup> Day	20 <sup>th</sup> Day	32 <sup>nd</sup> Day
1	Itching	3	2	1	0
2	Swelling	3	2	1	1
3	Oozing	3	1	0	0
4	Fissuring	3	2	0	0
5	Crusting	3	2	1	0
6	Brown Discolouration	3	3	2	2
7	Pain	2	1	1	1

History of present illness: The patient was apparently well before 10 years then he gradually develops swelling over both lower legs mainly around ankle joints. Over a period of time, the patient develops itching and oozing. The itching was localized to the lower leg. He also complains of pain in both legs while walking. The pain was the moderate type, non-radiating, and localized to the lower leg only.

History of past illness: There was no medical history of Diabetes, Hypertension, Tuberculosis, and DVT. No history of any major surgery or trauma.

Family History: There was no familial history like eczema and varicosity.

General physical examination: General appearance; Ill looking. Cyanosis and icterus; not present. Clubbing; negative. Oral mucosa; normal pinkish, no sign of pharyngitis, tonsillitis.

Systemic examinations: CVS; NAD. Respiratory system; NAD. Abdomen; NAD

Dermatological findings on examination: Brown hyperpigmented (hemosiderosis) plaques over both legs. Non-pitting edema present over both lower legs. Oozing, fissuring, and crusting were present.

Treatment: The patient was given both oral and topical treatment and was under observation for 32 days in IPD, National Institute of Unani Medicine, Bangalore.

Table 2. Composition of *Majoon Ushba* (Khan, 1996).

Drug	Scientific name	Dose (g)
Post halelazard	<i>Terminalia chebula</i>	17.5
Post halelakabuli	<i>Terminalia chebula</i>	17.5
Post balela	<i>Terminalia belerica</i>	17.5
Halelasiyah	<i>Terminalia chebula</i>	17.5
Shahtra	<i>Fumaria officinalis</i>	17.5
Bisfaij	<i>Polypodium vulgare</i>	17.5
Turbud	<i>Ipomoea turpethum</i>	17.5
Aftimoon	<i>Custareflexa</i>	17.5
Amla	<i>Embliaofficinalis</i>	10.5
Burge Sana	<i>Cassia angustifolia</i>	35
Ushba	<i>Smilax officinalis</i>	60
Qandsafaid	White sugar	3 time of total drugs



Figure 1: Photograph of Lesion, Day-wise.

Table 3. Composition of *Sharbat Unnab* (Anonymous, 2006)

Drug	Scientific name	Dose (g)
Unnab	<i>Ziziphus jujuba</i>	50
Qandsafed	White sugar	150

Table 4. Composition of Marham-e-Raal (Kabiruddin, 2004)

Drug	Scientific name	Dose (g)
Raal	Oleo Resin of <i>Shorea robusta</i>	10.5
Kafoor	<i>Cinnamomum camphora</i>	10.5
Katha	Extract of <i>Acacia catechu</i>	10.5
Kunjad Oil	<i>Sesamum indicum</i>	60 ml

Oral: *Joshanda Musaffi* 20 gm BDEmpty stomach in the morning and at 6 pm in the evening. *Majoon Ushba* 7 gm BD (Table 2)with plain water after food. *Sharbate Unnab* 15 ml BD after food (Table 3).

Topical *Marham Raal* (Table 4)and dusting powder (*Kafoor* and *Sange Jarahat* in equal amount) for local application twice a day. The patient was advised to elevate his leg end 15°C.

## RESULTS AND DISCUSSION

The patient was carefully observed daily. After 10 days of treatment, oozing was markedly reduced. Swelling, fissuring, crusting, and pain were also reduced. The brown discoloration was persistent. After 20 days of treatment oozing and fissuring were subsided. Itching swelling pain and crusting were also reduced. Brown discoloration reduced slightly.

After 32 days of treatment, itching, oozing, and fissuring were subsided. The pain and swelling were reduced markedly but the brown discoloration was still present. The patient was feeling better.

From the above result, it is obvious that Unani treatment is very effective in the management of stasis eczema. *Joshanda musaffi* has ingredients like *Shahtara*, *Chiraita*, *Gul-e-Surkh*, and *Berg-e-Neem*. They all have *Muaddilate Dam*(Blood purifier)action and extensively used in various skin disorders. *Shahtara* eliminates *Mirrah Safra* and *Sauda Muhtariqa* through diuresis. *Chiraita*acts as a blood purifier with *Mulattif*(demulcent), *Mujaffif* (desiccant), and *Qabiz* (astringent) properties. *Berg-e-Neem* has *Daf-e-Ta'ffun* (antiseptic), *MuaddilDam*, *Musakkin* (analgesic), *Muhallil* (anti-inflammatory) properties. *Afteemoon*, *Halela*, *Balela*, *Bisfaj* all have *Mushil-e-Sauda* (black bile specific purgative) properties. *Ushba* has blood purifying and *Mudir-e-bol* (diuretic) properties. *Marham-e-Raal* has *Mundamil-e-Qurooh* (wound healing), astringent and anti-inflammatory properties. *Sang-e-Jarahat* has *Mujaffif* (desiccant), *Habis-ud Dam* (Haemostatic) properties. *Kafoor* has antiseptic, analgesic, coolant, and hemostatic properties(Khan MA, 1996; Anonymous, 2006; Khan MA, 1906; Kabiruddin

H, 2007; Hakeem MA, 2002; Anonymous, 2013; Kabiruddin, 2004).

## CONCLUSION

It can be concluded from the result that Unani treatment can provide effective and promising results for stasis eczema with the least side effects. However, further clinical trials with a large number of subjects should be carried out to further evaluate the efficacy and safety of drugs used.

## CONFLICT OF INTEREST

None declared.

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